

Wilfrid Laurier University

Scholars Commons @ Laurier

Theses and Dissertations (Comprehensive)

2015

Reproductive (In)Justice: Exploring young women's experiences of reproductive saliency in an oppressive environment

Angele D. DesRoches

Wilfrid Laurier University, desr7890@mylaurier.ca

Follow this and additional works at: <https://scholars.wlu.ca/etd>



Part of the [Community Psychology Commons](#), and the [Health Psychology Commons](#)

Recommended Citation

DesRoches, Angele D., "Reproductive (In)Justice: Exploring young women's experiences of reproductive saliency in an oppressive environment" (2015). *Theses and Dissertations (Comprehensive)*. 1718.
<https://scholars.wlu.ca/etd/1718>

This Thesis is brought to you for free and open access by Scholars Commons @ Laurier. It has been accepted for inclusion in Theses and Dissertations (Comprehensive) by an authorized administrator of Scholars Commons @ Laurier. For more information, please contact scholarscommons@wlu.ca.

Running head: REPRODUCTIVE (IN)JUSTICE

Reproductive (In)Justice: Exploring young women's experiences of reproductive saliency in an
oppressive environment

By

Angele DesRoches

Bachelors of Arts Honors, University of Prince Edward Island, 2012

Thesis

Submitted to the Department of Psychology

In partial fulfilment of the requirements for

Master of Arts in Community Psychology

Wilfrid Laurier University

© Angele DesRoches 2015

Abstract

Young North American women are currently coming of age in a sociopolitical context governed by neoliberal ideology, post-feminist assumptions, agentic femininities, and demographic trends that have lengthened pathways to adulthood. Consequently, the avoidance of early reproductive experiences has become a key requisite governing the success of the young female subject. This project explores the diverse reproductive experiences of eleven young (≤ 24 years of age) women residing in Prince Edward Island, Canada. Prince Edward Island's conservative community culture, anti-choice policies, and limited youth focused sexual-reproductive health services produces a unique experiential setting for young women who encounter reproductive events. Through interpretative phenomenological analysis, 5 superordinate themes were identified in participant's communications; Transformation, Negotiation, Gender as Experience, Gender as Category, and Island Observation(s). These themes highlight how interactions between the larger sociocultural context and the localized environment function to structure young women's reproductive experiences and influence material realities. It was found that young women residing in Prince Edward Island experience distinct barriers to sexual-reproductive health and wellbeing, and that these barriers become particularly oppressive in the context of reproductive experiences.

Acknowledgments

I owe my deepest gratitude to those young women whose narratives are reflected in this work. Your candour, wisdom, courage, and complexity made this analysis rich – and made this project real. I would also like to thank my supervisor Dr. Robb Travers, and the Department of Psychology at Wilfrid Laurier University, for their continued support throughout this process. Lastly, I would like to thank Dr. Colleen MacQuarrie who, as both a mentor and friend, was invaluable to the completion of this thesis.

Table of Contents

Introduction	1
A Review of the Literature	
Process and Procedures	4
Theoretical Framework	6
Youth Sexual- Reproductive Health	12
Reproductive Saliency	16
Reproductive Decision- Making	18
The Young Female Body in Context	21
A Canadian Sexual- Reproductive Healthcare Anomaly	35
Reproductive (In)Justice Study	
Introduction	40
Method	
Reflexivity	42
Conceptual Paradigm(s)	45
Study Design	47
Recruitment	47
Research Conversations	49
Participant Demographic Summary	51
Participant Narratives Summary	53
Instruments	71
Procedure	72
Overview of Findings	77

Results and Discussion	79
Transformation and Negotiation: Structuring Reproductive Saliency	81
Transformation: A new reality	84
Negotiation: Making sense of a new reality	88
Negotiation: What they think	97
Different paths: Different experiences	106
Transformation: A permanent passage	111
Negotiation: A process of making peace	113
Parenting narratives: An inconceivable shift	116
Abortion narratives: Conflicted passing	121
Transformation: A new lens	127
Gender Saliency: Who I am and How I am Seen	132
Gender as Experience: This is so personal	134
Gender as Category: With the way the world is	151
Island Observation(s): The Island(er) effect	161
Conclusion	201
Knowledge Mobilization	207
Limitations and Future Directions	207
References	210
Appendixes	220

Introduction

The traditional social norms that once surrounded the (flawed) concepts of sex, gender, and sexuality are undergoing major revisions all over the globe, and they have been for quite some time (Bromley, 2012; Butler, 1999; Eisner, 2013; Evans, Riley, Shankar, 2010; Gill, 2011; Steinberg, 2008). In the minority world, the destabilization of such identity categories has occurred, and continues to occur, in a larger setting of structural change connected to neoliberalism and a global economy (Arnett, 2000; Brodie, 2007; Côté & Bynner, 2008). The resulting contemporary sociohistorical context is expressed differently in different geographic locations (Côté & Bynner, 2008), and is experienced differently by citizens who continue to be understood and organized through hierarchically constructed population categories (e.g. Webley, 2012). It is possible to argue that the resulting sociocultural amendments have influenced the experience of girls and women in complex and contradictory ways. Throughout history, the female body has often been positioned as a void surface useful for the projection of various social anxieties, and has consequently been the object of ideological tug and pull via moral and political discourses (Duits & van Zoonen, 2006; Eisner, 2013; Gill, 2007; Shaw, 2010). Being read as female is to be simultaneously understood as both subject and object, and entails living in a space of contradiction; performing embodied agency while remaining in power structures that have customarily denied and devalued that agency (Evans, Riley, Shankar, 2010). For this reason youth pregnancy, and young women's encounters with other reproductive events, provides a unique window into our current sociohistorical location (e.g. Shaw, 2010). Such events reflect an experiential phenomenon that has been present throughout human history, but which also sits at the shifting intersection where sex, sexuality, gender performance, gender roles, and transitions into adulthood overlap.

Reproductive events receive meaning through the historical and political contexts in which they occur, and are interpreted and mediated by individual circumstances and perspectives (Koffman, 2012; Shaw, 2010; Tolman, 1994). Historically, in the North American context, young women's encounters with reproductive events have been rendered meaningful through a moral framing with problematization often read through marital status rather than age (e.g. Chabot, Shoveller, Johnson, & Prkachin, 2010; Koffman, 2012; Valenti, 2009). This positioning has been in decline since the 1960's when a rise in secular problematizations of youth pregnancy was observed (Koffman, 2012). Drawing primarily on a social science discourse, this secular framing increasingly problematized age by focusing on issues of maternal maturity, child development, and economic trajectories (Arney & Bergen, 1984; Koffman, 2012). Now manifesting within a social system guided by neoliberal ideology, the political problematization of youth pregnancy has functioned to perpetuate the woman blaming premise advanced through moral constructions rooted in Christian theology (Koffman, 2012; Shaw, 2010). Through the neoliberal paradigm, which promotes individual responsibility and emphasises risk management, a young woman who experiences an unplanned reproductive event is one who has made irresponsible life choices, and must deal with the consequences as an isolated individual (Shaw, 2010). Despite neoliberalism's association with amorality, it is possible to suggest that the effect of such discourses is to broaden the range of those individuals and behaviours socially understood as morally problematic (Macvarish, 2000). In defining youth pregnancy and young motherhood in terms of a social problem, a rationale is created for surveillance and intervention in all areas of a young woman's sexual-reproductive life (Romagnoli & Wall, 2011). Importantly, by positioning the young female body as being "at risk" for unplanned pregnancy, male partners become factored out of the picture; invisible within the constructed issues and

mostly unencumbered by social stigma. Poignantly aware of the negative social connotations, their own insecure social position, and the potential limits early reproductive events could place on their future, the majority of young heterosexually active females seek to delay reproductive events (Maticka-Tyndale, 2008; McKay, 2013).

In North America, sexual activity generally begins between the ages of sixteen and eighteen (Maticka-Tyndale, 2008). The age at first sexual intercourse has remained relatively stable since the 1970's but, as the median ages associated with both marriage and childbearing continues to rise, what has changed is the length of time North American young people live as sexually active singles (Maticka-Tyndale, 2008). The individualism and individualization ushered in through neoliberal ideology (Brodie, 2007) has interacted with these demographic changes in ways that function to hold individual young women personally and exclusively responsible for their sexual-reproductive health - including the prevention of pregnancy (Shaw, 2010). This perspective assumes that young women have both access to the resources needed to prevent pregnancy, and meaningful decision-making power in both their sexual and reproductive lives. As such, this framing erases structural inequalities and issues of marginalization (Chabot, Shoveller, Johnston, & Prkachin, 2010; Fine & McClelland, 2006; Greene, 2006 Shaw, 2010). As a result, young women continue to enter into (hetero)sexual relationships disproportionately liable in terms of sexual activity. Given increased contraception use and the widening availability of emergency contraceptives, the number of young Canadian women experiencing unintended pregnancy has gone through a period of steady decline (Maticka-Tyndale, 2008; McKay, 2013, Savin-William & Diamond, 2004; Steinberg, 2008). However, discrepancies between provincial teen pregnancy rates are increasing, which has now resulted in a slight increase at the national level (McKay, 2013). In the past, most Canadian young women experiencing pregnancy pursued

adoption or marriage (Maticka-Tyndale, 2001). Today, the majority of young women choose abortion or single parenthood (Al-Sahab et al., 2012; Maticka-Tyndale, 2001; McKay, 2013).

This critical analytical project will explore how experiences of reproductive saliency; defined as a period of time when reproductive capability and or decision-making becomes personally relevant, are constructed by young women in a specific location, at a particular historical time of anti-choice pressure; Prince Edward Island, Canada's only province without local abortion services (MacQuarrie, MacDonald, & Chambers, 2014). In the interest of capturing the current sociohistorical location of these constructions, this work will include a combination of cultural analysis and first person accounts. To ensure consistency and comparability among reviewed sources "young women" will be defined in accordance with the United Nations' youth population category. Using education and employment trends as predictors of dependence, the United Nations has defined youth as persons between the ages of 15 and 24 (United Nations Department of Economic and Social Affairs, 2012). Upon providing a review of relevant literature and theoretical concepts this project will highlight the need for further research centered on young women's experiences, and provide a rationale for focusing such research in the analytically rich cultural Island space that is Canada's smallest and most densely populated province (PEI Statistics Bureau, 2013). Subsequently, the Reproductive (In)Justice qualitative research project, aimed at exploring how eleven young residents of Prince Edward Island experienced times of reproductive saliency, will be presented.

Literature Review

Process and Procedures

In 2011, a qualitative synthesis of qualitative and quantitative research was conducted, using an approach similar to Dixon-Woods, Agarwal, Jones, Young, and Sutton (2005), specifically on the topic of abortion stigma to inform a discourse analysis completed by this

author in 2012. Largely guided by the findings of this discourse analysis, a review of relevant theoretical concepts was initiated in 2013. This review largely focused on the notion of choice, and explored many academic works related to the concept of agency-structure duality. Theories of empowerment and the social determinants of health perspective were later explored. It is possible to conceptualize this synthesis as an adaptation of the meta-narrative approach to a systematic review (Greenhalgh, Robert, Macfarlane, Bate, Kyriakidou, & Peacock, 2005) in that a storyline was created to approximate answers to questions such as what is choice, what does it mean to have choice, and how can one choose? However, in order to focus on the structure-agency frame of understanding, this review synthesised the assessments of various thinkers rather than focusing specifically on divergent paradigms. Additionally, in order to attend to concept development, no temporally based restrictions were employed.

Finally, also in 2013, a methodologically inclusive research synthesis approach (Suri & Clarke, 2009) was used to review literature on the topic of young women's sexual and reproductive health, which is generally understood to include issues related to reproductive decision-making (Maticka-Tyndale, 2001). This review was interdisciplinary; involving works undertaken in psychology, sociology, law, women's studies, and the health sciences. This review included both qualitative and quantitative peer reviewed studies, but also attended to different voices by seeking unpublished works such as dissertations, non-academic or popular publications, community documents, and government released data. Pre-determined inclusion criteria were set as follows:

- 1) Works had to be available in English.
- 2) Works had to be produced in Canada, or in locations identified as comparable in relation to youth sexual-reproductive health.

- 3) Works had to include reference to the population of interest (women \leq 25 years of age).
- 4) Works had to be published later than 1999. Note: when cited works in selected documents appeared to be highly relevant, original works were included.

Pre-determined exclusion criteria were created to focus the scope of this analysis on the current state of young women's sexual-reproductive health and young women's experiences related to reproductive saliency. Exclusion criteria included:

- 1) Works could not concern intervention and prevention research focused on behaviour change and the promotion of healthy sexual behaviours.
- 2) Works could not be programme evaluations conducted on sexual health programs.

A keyword strategy was used in various databases, such as Academic Search Complete, EBSCOhost, Medline, PsycINFO, and Google Scholar. The search began very broadly and was gradually narrowed. The initial search, for example, combined the search terms "young adult," "sexual," and "health." The final stage focused specifically on qualitative works reporting on young women's experiences of pregnancy and reproductive decision-making. In all phases of this literature review, search term synonyms were also used to increase completeness. In searching "young adult," for example, the terms teen, youth, adolescent, and emerging adult were also used.

Theoretical Framework

The metaphor of eyeglasses is a useful one to invoke when discussing the concept of a theoretical framework. A theoretical framework can be thought of as the glasses a researcher puts on when investigating a particular phenomenon. They provide the researcher with a focused lens, which frames the phenomenon under investigation and provides a certain situated clarity.

This lens, to some degree, structures interpretations and provides the researcher with the foundation from which to construct a position within the work. Throughout this project four major concepts were integrated to produce a theoretical framework useful in exploring this topic; reproductive justice, agency-structure duality, social determinants of health (SDH), and empowerment. This framework was used to orient in the reviewed research, and was instrumental to the design and data analysis components of the original research project presented in this work.

Historically, the concept of reproductive justice emerged as a social movement and a more nuanced way of thinking about reproductive rights in the late 1980's (Price, 2010; Ross, 1992). The term sprouted from of a growing coalition of women of color; thinkers, authors, organizers, and organizations, who had grown frustrated with the individualistic approach to reproductive rights via the pro-choice paradigm, and who were situating reproductive rights within a larger social justice project (Price, 2010). Based within a human rights framework, the term reproductive justice seeks to transform the way in which reproductive freedom is understood by attending to intersectionality in identity, and by connecting reproductive rights with other, but related social issues: economics, education, immigration, environmental degradation, and globalization (Price, 2010; Smith, 2005). The reproductive justice framework is not only defined by what it is - a more inclusive and holistic approach to reproductive rights, but it is also defined by what it is not – an extension of the pro-choice position. The pro-choice position does not account for inequality among women, and therefore does not reflect the experiences of women marginalized by their age, race, sexuality, (dis)ability, and socioeconomic position (Price, 2010; Smith, 2005; Solinger, 2001; Ross, 1992). The choice paradigm also leaves room for the construction of contingencies; “good” and “bad” choice hierarchies, and the

production of legitimate choice makers (Smith, 2005). Additionally, the pro-choice paradigm fails to articulate women's inherent right over their bodies; rather women are simply offered the freedom to choose, which further reifies the constraints put on women's choices (Price, 2010; Smith, 2005; Solinger, 2001). Evidence of the growing acceptance of this perspective is found in the adoption of the framework by internationally based organizations and committees. The United Nations, World Health Organization, and the Committee on the Elimination of Discrimination Against Women (CEDAW) have integrated a reproductive justice perspective on their relative positions concerning sexual consent, access to contraception, access to abortion, sexual and reproductive health transparency, doctor-patient confidentiality, and conscientious objection (Cook & Dickens, 2009).

The reproductive justice perspective clearly articulates, and demonstrates, how experiences of reproductive saliency are influenced by both an internal and intuitive process (e.g. do I want to parent?) as well as an array of contextual and structural factors (e.g. can I parent without living in poverty?). Considering this tension involves attending to the enduring social science conundrum of agency-structure duality. There is a large body of work focused on delineating the relationship between agency (the ability to do) and the social structures and systems that organize human experience and influence meaning (Baber, 1991; Bernard, Charafeddine, Frohlich, Daniel, Kestens, & Potvin, 2007; Hustedde & Ganowicz, 2002; Willmott, 1999). However, the intention here is not to provide a synthesis of this work, nor is it to return to the philosophical ponderings of voluntarism and determinism from which such reflections arguably originate. Rather including this concept in the theoretical framework of this project is intended to highlight an acknowledgment of the complexity inherent in attempting to gain insight into an experience that is both socially constructed and individually experienced. It

is difficult to imagine how agency and structure can be conceived of separately. Indeed the interrelatedness seems, at this juncture, to be fundamental; human beings constitute structures through their participation, and social structures form human beings who are born into them. In working from this position, Giddens' (1984) structuration theory provides a compatible position. The key component of Giddens' theory has been positioned as the notion of structural duality (Barber, 1991). Giddens' (1984) contends that social structures are both the medium and the outcome of practices within human systems. Structures provide both the "rules" and the "resources," which suggests that structures both constrain and enable agency. Structuration refers then to the conditions managing the continuity or modification of structures (Giddens, 1984). However, Giddens (1984) does not attend to resource inequality, which seriously limits the theory's ability to fully consider the constraining elements of structure. Other researchers have worked to extend structuration theory in a manner that addresses such weakness (Baber, 1991). In the lifeworld of the human being, agency and structure are two sides of the same coin in that they are always operating together and cannot be separated. However, on a theoretical level they are not so interconnected that they cannot be considered separately (Willmott, 1999).

Including a social determinants of health (SDH) perspective allows one lens of the theoretical eye glasses to focus on the structure side of this duality. Social determinants of health are the conditions in which people are born, grow, live, work, and age. These conditions are shaped by how society allocates and distributes resources, and combine to represent the primary factors shaping the health of Canadians (Mikkonen & Raphael, 2010). This approach to understanding health and well-being uses an ecological model to examine the situatedness of human existence in relation to natural and human environments, which are themselves interdependent and interconnected (McQuaid, 2011). Evidence suggests that adolescence is a

second crucial developmental stage in which SDH can impact life trajectories in terms of health and well-being (McQuaid, 2011; Viner, et al., 2012), and it is also a key time for the adoption of health related behaviours (Currie, Zanotti, Morgan, Currie, Looze, & Roberts, 2012; Viner et al., 2012). Interestingly, as the transition to adulthood has become longer and more complex (Arnett, 2000; Côté, & Bynner, 2008), Canadian youth are at greater risk of experiencing structural marginalization than was the case in previous generations, placing young people already negatively impacted by SDH in a kind of double jeopardy (Côté, & Bynner, 2008).

Gender performance and role adoption also becomes increasingly important for youth (Sen & Ostlin, 2008) at this time. In Canada, and elsewhere, gender inequalities permeate everything; the way society is structured, cultural expectations, discursive practices, and so on (Currie et al., 2012; McQuaid, 2011; Mikkonen & Raphael, 2010; Sen & Ostlin, 2008; Viner et al., 2012). Gender is a SDH in its own right (McQuaid, 2011; Mikkonen & Raphael, 2010; Sen & Ostlin, 2008), but the construct also interacts with structural determinants of health; the fundamental structures of social stratification and proximal determinants of health - the factors individuals are exposed to in everyday life (Viner et al., 2012). In Canada, women have less access to systems of power, and consequently have less power to influence (Mikkonen & Raphael, 2010; Sen & Ostlin, 2008). Discriminatory gender norms inform, are absorbed, and are reconstituted within health systems, influencing how such systems respond to women's health issues, and resulting in inequitable health outcomes (Sen & Ostlin, 2008). SDH, including gender and youth status, regulate and constrain access to resources and limit agency.

The concept of empowerment allows the other lens to focus on the agency component of the duality. If one accepts that certain social forces set certain boundaries around human experience, then the challenge becomes illuminating all of the ways in which agency can be

exercised within a context of structures and pressures, and determining how agency can be used in the pursuit of well-being. Empowerment is a construct concerned with obtaining, producing, and enabling power (Nelson & Prilleltensky, 2010). Empowerment, by definition, attends to both the psychological aspects of perceived control and influence, as well as actual ability in terms of social influence, political power, and legal rights (Rappaport, 1987). Empowerment theory is therefore ecological; attending to empowerment demands attention to the relationships between people, groups, organizations, communities, and social structures (McQuaid, 2011; Nelson & Prilleltensky, 2010; Pini, 2002; Rappaport, 1987; Rappaport, 1995). Additionally, the process of empowerment can be conceptualized and analyzed at multiple levels (Nelson & Prilleltensky, 2010). Rappaport (1995) suggests that empowerment may be best understood as an intentional and ongoing process involving critical reflection and participation. Theoretically, as oppressed individuals or groups become aware of their oppression, and engage critically with each other, solidarity increases. As solidarity increases so do relational resources; the harnessing of such relational resources can be an impetus for pursuing access to other resources. Realized empowerment can be understood as the process of recognizing the oppressive forces impacting on one's life, and the action of both individuals and collectives to change the conditions of lived experience (Pini, 2002). As such, empowerment theory provides a "strengths based" perspective from which to explore the experiences of young women in context.

Taken together, the concepts of reproductive justice, agency-structure duality, social determinants of health, and empowerment, provide a transparently political and contextually conscious way of considering and approaching research focused on young women's reproductive experiences. The reproductive justice framework takes a holistic and non-judgemental perspective on issues related to women's reproductive experiences, and demands a

contextualized account of reproductive decision-making. Agency-structural duality highlights a core tension in understanding the human being. Attending to this tension has made clear that describing human phenomena entails constructing the human person as both agentic and constricted. The social determinants of health approach highlights the ways in which life circumstances influence health outcomes and the ability to engage in healthy behaviours. This perspective precludes individualizing and depoliticising inequities in sexual and reproductive health outcomes. Finally, empowerment theory highlights the potential of human agency while acknowledging the embeddedness of the human being in social structures. Empowerment theory provides a model for exposing how, even in oppressive circumstances, human beings exercise agency.

Youth Sexual-Reproductive Health

Young adult, teenager, youth, and many other terms are used to describe a specific period of development in which one is understood primarily in terms of what one is not - a child or an adult. This stage of living in-between is often constructed in the minority world as a natural transitional phase occurring in human development (Halldén, Christensson, & Olsson, 2005). However, it is important to be mindful of the fact that age statuses are socially constructed. It is social developments, longer financial dependence on parents for example, not biology, that are responsible for this extended period of emerging adulthood (Maticka-Tyndale, 2001). The construction of youth as a distinct life phase often clashes with biological human development in relation to sex and sexuality. In contemporary Canadian society, young people are often constructed as being biologically, cognitively, and socially unprepared for sexual activity. However, research continues to show that the age of puberty, and thus biological preparedness for sexual activity, is slowly decreasing (Hansen, Mann, McMahon, & Wong, 2004). Both

cognitive and social development, on the other hand, are very much tied to child rearing practices, the role of youth in society, and the way in which society structures access to resources (Maticka-Tyndale, 2001).

Sexual activity between young people following puberty is by no means new. It has been common all over the globe, across human cultures, and throughout history (Steinberg, 2008). However, the meaning of that sexual activity has been anything but constant. In North American society, for example, the sexual behaviour of young people is often positioned as a social problem (Al-Sahab et al., 2012; Macleod, 2010; Maticka-Tyndale, 2001; Steinberg, 2008). This positioning is largely accepted because of concerns surrounding the spread of sexually transmitted infections (STI's), and the reported negative material impacts youth pregnancy has on the lives of young women and society as a whole (Al-Sahab et al., 2012; Macleod, 2010; McKay, 2013). Adolescent sex is political; both in terms of social policy and ideology. Anita Shaw (2010), for example, illustrates political narratives which position Conservative ideology as moralistic; adolescent sexual behaviour and all related issues are morally corrupt. Liberal ideology, Shaw (2010) argues, is individualistic; neutral on sexual activity, but punitive when the consequences are perceived to negatively impact individual opportunities. Such interpretations are not included with the intent of dismissing social concerns related to youth sexual behaviour. Indeed, the current social structure may legitimate concern. However, these observations are intended to expose the assumptions that facilitate equating adolescent sexual activity with problem status. What is acceptable and not acceptable, and the rationale behind such meaning, is very specific to historical, social, cultural, and geographic contexts (Maticka-Tyndale, 2008).

The World Health Organization (WHO) has asserted that individuals are sexual beings throughout their lives. Accordingly, the influential health authority has defined sexual health as

the ongoing process of physical, psychological, and sociocultural well-being in relation to sex and sexuality (World Health Organization, 2013). Within this framework, reproductive health is understood as a component of sexual health, with a focus on health and well-being in relation to reproductive processes throughout the life course. According to WHO, reproductive health includes the right to control fertility and reproduction (World Health Organization, 2013).

Researchers have suggested that the adequacy of a nation, in terms of the sexual-reproductive health status of young citizens, is not only related to quality sex education and access to sexual health resources, but also by how well youth are integrated into their communities and nations as a whole (MacDonald, Gagnon, Mitchell, Di Meglio, Rennick, & Cox, 2011; Maticka-Tyndale, 2001; McQuaid, 2011). In the Canadian context, this perspective may help to explain provincial and territorial discrepancies in terms of indicators of sexual-reproductive health (McKay, 2013).

The Canadian approach to sexual-reproductive health may be inferred from the Canadian Guidelines for Sexual Health Education, which outlines the objectives to increase informed choice, encourage healthy behaviour, delay the initiation of sexual activity, and deter instances of unplanned pregnancy (Public Health Agency of Canada, 2008). This observable emphasis on individual behaviour is a common, and often criticized, approach to public health (e.g. Nelson & Prilleltensky, 2010). Individualization ignores contextual factors that exist in the socio-political and natural environment that may work against health (Spencer, Doull, & Shoveller, 2012). In 2000, for example, although there were fewer sexually active young people in Canada than in Great Britain or France, young Canadians were still more likely to experience pregnancy (Maticka-Tyndale, 2001). This example offers a disruption to the adolescent sex equals unintended consequences narrative, and highlights the error in creating a linear path from individual choice to health outcomes. Operating from within this simplified position makes it all

too easy to blame young people for what are constructed as individual choices, and makes considering a contextualized picture more difficult (Spencer, Doull, & Shoveller, 2012).

The paternalistic intentions implicit in much of Canada's youth sexual health promotion, which stresses young people's sexual immaturity and inability to do the "right" thing, (Spencer, Doull, & Shoveller, 2012) functions to further disempower youth by perpetuating the assumption that adults are more competent than young people, and should therefore be entitled to act upon - or for - young people regardless of consultation or agreement (McQuaid, 2011; Spencer, Doull, & Shoveller, 2012). In Canada, the sexual lives of young people are also regulated, to some extent, by the criminal code. In 2008, for example, modifications increased the age of consent from 14 to 16 years of age (Department of Justice, 2012). What this legislation amounts to is that citizens over the age of 18 are not legally permitted to engage in sexual activity with persons under the age of 16. However, there have also been legislated peer group exceptions to this law; 14-15 year olds can legally consent to sexual activity when their partner is less than five years older than they are, 12-13 year olds can consent to sexual activity when their partner is less than two years older than they are. A Canadian less than 12 years of age cannot legally consent to sexual activity (McQuaid, 2011). The purpose of such legislation is ambiguous and ignores gendered power relations. Researchers have argued, for example, that the amount of power young women have in negotiating hetero-sexual activity depends on factors outside of age such as race, class, perceived attractiveness, and popularity (McQuaid, 2011; Shaw, 2010; Spencer, Doull, & Shoveller, 2012). It is also reasonable to suggest that associating crime with consensual adolescent sexual activity may actually deter young people from seeking sexual-reproductive health services.

Generally speaking, Canada is thought to be doing moderately well in terms of promoting the sexual and reproductive health of its youth (McKay, 2013; McKay & Barrett, 2010; Maticka-Tyndale, 2001). Young Canadians typically move through a pattern of serial monogamy, involving themselves with one sexual partner at a time (Maticka-Tyndale, 2001). Safer sex practices have increased; youth pregnancy rates rank Canada in the middle of other Western nations (McKay, 2013), and STI's appear to be decreasing among this population (Maticka-Tyndale, 2001). However, negative sexual and reproductive health outcomes are not randomly distributed in Canada; unintended pregnancy, STI exposure, and sexual coercion are all higher within marginalized populations (Al-Sahab et al., 2012; Greene & Faulkner, 2005; Maticka-Tyndale, 2001; McKay, 2013; McQuaid, 2011). Youth are marginalized for various reasons including, but not limited to, race, ethnicity, sexuality, socioeconomic status, and location of residence (Maticka-Tyndale, 2001). Marginalized youth are disenfranchised in terms of their ability to access resources, which has been found to have a persistent impact on sexual and reproductive health (McKay, 2013; McKay & Barrett, 2010; Maticka-Tyndale, 2001). This may be particularly relevant in the case of pregnancy; researchers report that young women who are optimistic about career and educational opportunities are far less likely to become pregnant when compared to young women who feel pessimistic about their future (Al-Sahab, et al., 2012; McKay, 2013; Roberts, Graham, & Barter-Godfrey, 2011; Shoveller, Johnson, Prkachin, & Patrick, 2007).

Reproductive Saliency

As suggested, with the age of puberty slowly declining and the age at first marriage continuing to rise, the expectation that sex will be reserved for holy matrimony has all but disappeared in mainstream Western culture (Shaw, 2010). In Canada, the overall trend for

average age at first birth has been increasing since the mid 1970's and, in 2010, the national average age for first time mothers was 29.6 (Employment and Social Development Canada, 2014). However, Canadian women generally begin their sexual lives more than a decade before this age (Maticka-Tyndale, 2001; Maticka-Tyndale, 2008; McQuaid, 2011). Generally, this translates into a longer period of time between the initiation of sexual activity and the contemplation of personal reproductive aspirations, and creates a situation in which young women require and rely upon contraception access and use for extended periods of time (Ekstrand, Tydén, Darj, & Larsson, 2009; Maticka-Tyndale, 2008). The connection sexually active young women have with their potential reproductive ability is anything but simple (Halldén, Christensson, & Olsson, 2005; Roberts, Graham, & Barter-Godfrey, 2011; Shoveller, Johnson, Prkachin, & Patrick, 2007). In a qualitative study conducted with 10 young women seeking abortion, for example, researchers reported that participants did not seem to believe in their own fertility, and approached the topic of reproductive capability as something esoteric (Halldén, Christensson, & Olsson, 2005). Reproductive saliency is a term used within this work intended to acknowledge this complexity and ambivalence, and can be used to signify a period of time when reproductive ability and or decision-making becomes personally relevant in the life of a young woman. This term is thought to be more inclusive than pregnancy in that it captures young women who experience sexual violence, access emergency contraception, engage in self-harming behaviours intended to induce menstruation, or experience a pregnancy scare. Reproductive saliency can be an extremely stressful event for young women. In this moment they may feel immediately isolated from both the peers and adults in their social networks; peers may be constructed as unable to relate or unable to be trusted, while adults may be constructed as judgemental authorities (McQuaid, 2011).

The meaning of a salient reproductive event, for both young women and social others, is mediated by a host of factors such as; relationship status, age, race, and class (DesRoches, 2012; Koffman, 2012; Roberts, Graham, & Barter-Godfrey, 2011; Shaw, 2010). Statistically, of course, young women experiencing marginalization are more likely to experience reproductive saliency, and experiences of reproductive saliency are likely to further marginalize or stigmatize young women (Koffman, 2012; Maticka-Tyndale, 2001). Unfortunately, likely due to feasibility, there is very little research concentrated on women's experiences of reproductive saliency. Despite the large body of literature focused on young women's experiences of pregnancy, the vast majority of work focuses on specific populations based on reproductive decision. Consequently, the experiences of accessing emergency contraception, abortion, or entering into young motherhood becomes central to the work, eclipsing the larger experience of reproductive saliency itself. Before turning to the decision-making phase it is important to note that young women experience reproductive saliency for a variety of reasons, and it should not be assumed that, because of age, all young women experience such moments accidentally or negatively. When compared to the general population, for example, First Nations' young women are four times more likely to experience reproductive saliency. However, likely because of the higher level of acceptance observed in Aboriginal communities, Aboriginal women are also more likely to report experiencing such moments positively¹ (Al-Sahab et al., 2012).

Reproductive Decision-Making

Canadian data reporting on the average age at which young women experience pregnancy is not available. However, given that approximately half of young Canadian women terminate

¹ The position Aboriginal populations occupy in Canadian society, especially the position constructed for individuals living within Aboriginal communities, should be considered when interpreting this information. However, examining the ongoing impact of colonization on Aboriginal populations, and its connection to the reproductive experiences of Aboriginal women specifically, is beyond the scope of this work and deserving of a separate study.

their first pregnancy and half carry to term (Al-Sahab et al., 2012; McKay, 2013), estimations can be generated by the doubling birthing age data reported by Statistics Canada to account for pregnancies terminated (Statistics Canada, 2012). This would suggest that approximately 400 Canadian women under the age of 15 experience pregnancy, as do 26,000 women between the ages of 15 and 19, and 71,000 women between the ages of 20 and 24. Reproductive decision-making is a complex process influenced by any number of intersecting variables. The reasons approximately half of pregnant young women access abortion and approximately half engage in parenting are not clear-cut or one dimensional (McKay, 2013). However, research would suggest that, local and cultural norms, socialized attitudes towards reproductive choice, religiosity, access to health resources, level of education, socioeconomic standing, perceptions regarding the future, level of relational support, attitude towards sexual partner, and intuitive responses to pregnancy, are all influencing factors (Adamczyk, 2008; Jelen & Wilcox, 2003; Roberts, Graham, Barter-Godfrey, 2011; Savin-Williams & Diamond, 2004). Research has shown that by approximately age 14 most young people have developed the ability to reach decisions in a manner comparable to adults; they are able to reason abstractly about hypothetical situations, identify and evaluate multiple alternatives and consequences, consider multiple factors, and combine them exhaustively to reach conclusions (Ambuel, 1995). A key factor in achieving satisfaction with a reproductive decision appears to be active decision-making (Ambuel, 1995; Halldén, Christensson, & Olsson, 2005; Macleod, 2010). Indeed, an experience of reproductive saliency, followed by a resolution involving a high degree of decision-making power, can lead to personal growth and a sense of achievement for young women (Macleod, 2010).

Regardless of the reproductive decision made, the vast majority of young women who experience pregnancy will encounter stigma. Young mothers, for example, constantly have to

position themselves against the dominant narrative of the irresponsible young person who has made poor life choices (Shaw, 2010). On the other hand, young women seeking abortion services do so in an environment in which the majority of sociocultural narratives position the procedure as offensive (McIntyre, Anderson, & McDonald, 2001). Additionally, many young pregnant women encounter people and positions that assure them, whatever choice they make, they will never recapture the life potential they once had – they are damaged goods (Al-Sahab et al., 2012; Savin-Williams & Diamond, 2004; Shaw, 2010). Many studies have correlated young single parenthood with poverty, and poverty with lower health and well-being outcomes (e.g. Maticka-Tyndale, 2001). However, another body of research has shown that community and family support increases the ability of young mother's to achieve positive outcomes (e.g. Al-Sahab, et al., 2012). Additionally, it has been found that class standing at the time of first childbirth, not age, is the primary determinant of health and well-being (Shaw, 2010), which suggests that the young mother-poverty relationship may have more to do with a pre-existing social disadvantage (Maticka-Tyndale, 2001). Many young women seeking abortion are warned of their 'soul's condemnation,' the physical risk they are subjecting themselves to, and the regret and psychological damage they are likely to suffer. Ironically, abortion is considered medically safer than delivering a full-term pregnancy (Ambuel, 1995), and the American Psychological Association (APA) has taken the position, after reviewing decades of research, that abortion is a psychologically non-significant life event for most women (Adler, 2000).

With so much judgment directed at the young pregnant woman it is easy to see how reproductive decision-making could quickly be coerced by external forces. In fact, one of the most reported reasons young women do not involve their parents, when making reproductive decisions, is a fear that parents will force a specific decision (Ambuel, 1995). Choices in relation

to reproduction are made within complex contextualized systems of meaning – such as the meaning of sexuality, pregnancy, motherhood, and femininity. Such meanings structures are created within systems of social stratification and shifting power relations (Webley, 2012), which determine not only what choices are acceptable, but also what choices are available, and even what choices are imaginable (Spencer, Doull, & Shoveller, 2012). The discourse of choice, for example, can quickly become a means for exercising control when, within the discourse, actors with the authority to make “good” decisions (read adults) are constructed alongside actors perceived as being unable to make the “right” decisions (read young women) (Shaw, 2010). The entire notion of choice rests on the assumption of equality, but this underlying assumption is often left unexamined. This is problematic in that individual young women are held accountable for obtaining and ensuring contraception use, and are held responsible for dealing with any unintentional outcomes of sexual activity (Macleod, 2010). This obscures structural inequalities, allowing society to ignore the fact that the more marginalized a young woman is the less “choice” she will have in any scenario. Within the choice narrative, privileged in Canadian society, only the final decision is made visible – everything else, including lived experience and social context, disappears (Shaw, 2010).

The Young Female Body in Context

The concepts of sex and gender are riddled with categorical assumptions that fabricate a binary view of the human species. Today, the term sex is generally understood as referring to the biological and physiological characteristics currently used to categorize a person male or female at birth,² and gender is recognized as referencing the socially constructed masculine and

² The male- female binary is based on the questioned and contested assumption that the assessment and classification of visible genitalia at birth communicates some natural truth that is fixed and absolute. This postulation is increasingly being exposed as problematic through scientific investigation, and activism efforts led by transgendered and intersex communities.

feminine performance associated with the corresponding sex (e.g. Bromley, 2012). The biologically deterministic notion that sex and gender represent a naturally occurring and complimentary phenomenon, in which gender follows from sex, has been falsified by both the natural and social sciences (e.g. Webley, 2012). However, in the sociocultural context, characteristics constructed as feminine and masculine continue to be linked to a biological sex, and are not equally valued in Western society (Bromley, 2012). Rather than an historical account focused on the origins of gender inequality (e.g. Bromley, 2012; Leacock, 1983), what is of interest in the context of this work is how the constructs of masculinity and femininity continue to be produced and reproduced in a manner that leads to continued male privilege. To be clear, gendered experience cannot be fully considered outside other forms of social categorization. However, to the extent that inequality is a product of gender, gender can arguably be examined independent of other identity markers that may work to produce, ameliorate, or otherwise alter marginalization (Webley, 2012). A gender hierarchy privileging hegemonic forms of masculinity continues to be produced through at least three mechanisms reinforced through gender socialization; paid and unpaid labour, authoritative and physical power, and mental-emotional relational work (Connell, 1987; 2002). As this power differential is historically entrenched, it is embedded in the ideologies that structure society; it is systemic (Bromley, 2012). Social phenomenon that illuminate the continued existence of a gender hierarchy in Canadian society, and are peripherally relevant to this work, include; a gendered pay gap, an epidemic of violence against women, inequities in health research and spending, and a lack of reproductive justice in society (e.g. Bekhouch, Hausmann, Tyson, & Zahidi, 2013; Bromley, 2012; McRobbie, 2011).

As societal beings, our bodies exist within a social context and are constituted through discourse and practice (Fredrickson & Roberts, 1997). Our individual relationship to our

individual bodies is mediated by a host of other social forces and systems of classification; race, class, sexuality, hegemonic gender performance, cis-gendered privilege, (dis)ability status, and so on. Although this work is primarily concerned with the concept of gender, this concern is not meant to discount to the intersectionality that graphs social meaning onto flesh. Rather it is an attempt to focus on a common aspect of a shared experience. Gender socialization, for example; which links sex to bodily aesthetic, behavioural patterns, and emotional and discursive expression, plays an important role in the development of sexuality and sexual behaviour (Kandrack, Grant, & Segall, 1991; Rollerli, 2013; Stewart, 2003). Gender socialization continues into young adulthood, with young people attending to gendered messages that communicate expectations regarding intimate relationships and sexuality (Rolleri, 2013). This information comes from multiple sources in the environment; family, friends, community, the education system, the health sector, and media all contribute to socialization (Kandrack, Grant, & Segall, 1991; Rollerli, 2013; Stewart, 2003). Several research studies have demonstrated a clear association between an adherence to traditional gender norms and negative health outcomes - including in the area of sexual-reproductive health (e.g. Rollerli, 2013; Tolman, Striepe, & Harmon, 2003).

In the North American context, a traditionally feminine gender performance involves passivity, nurturance, peacemaking, relational sensitivity, and a propensity for self-sacrificial behaviour (Connel, 1987). Traditionally then, young (heterosexual/cis) women are socialized into a reactive sexuality; they learn to accommodate the desires and interests of their male partners (Rolleri, 2013). Young women who adhere to a traditional gender performance have been found to be less likely to plan for sex, less likely to engage in safer sex negotiations, and less likely to report satisfaction in sexual encounters (Kandrack, Grant, & Segall, 1991; Rollerli,

2013; Stewart, 2003). Historically rooted in Judeo-Christian theology, traditional femininity has formed the basis of hegemonic femininity in North America for centuries (Hollway, 1984). However, gender norms, including the traits associated with a particular gender, are not stable. As a social construct, the ways in which gender is performed during a particular historical moment is influenced by cultural, political, and economic factors (Fredrickson & Roberts, 1997; Rolleri, 2013). In recent history, changes occurring in all of these areas have impacted on the construction and performance of femininity.

During the latter half of the 20th century, the second-wave feminist movement was successful in challenging the hetero-patriarchal order as well as dominant constructions of femininity, and real political progress for (white, educated, heterosexual) women was made (e.g. Griffin, Szmigin, Bengry-Howell, Hackley, & Mistral, 2012). However, by the beginning of the 1990's things had changed. Although some thinkers described the emerging sociopolitical complexities as a kind of backlash against feminist politics (e.g. Faludi, 1991), it was not so much that the social progress pendulum was swinging back the other way – it was more like the entire apparatus had changed shape. The North American zeitgeist had shifted; by the late 1980's neoliberal ideology was established and hyper-commercialism was ushered in (Brodie, 2007), and by the early 1990's a diluted postmodern ideology was absorbed by the mainstream culture through a project of individual authenticity and expression (Zon, 2013). The capsizing third-wave of feminism(s) seemed caught in the same undercurrent; shifting focus from collective feminist politics to individual feminist politic³ (e.g. Bromley, 2012). The resulting cultural

³ This is not meant to be an outright dismissal of third wave feminism which can arguably be credited for; introducing intersectional analysis, complicating cultural critique, pushing sex-positive feminism, increasing attention to personal narrative and situated knowledge, and advancing do it yourself (DIY) activism strategies like zines, blogs, and performance politics.

climate was ideal for the commodification of feminist energy and the erasure of feminist politics in popular culture⁴ (Gill, 2011).

At the core neoliberalism and postmodernism are fundamentally different ideologies, but they converge at a highly significant location; the individual. Although operating from different logic and assumptions both systems of thought place an isolated individual at the centre of attention; liberating the “I” from the “we.” Relatedly, both ideologies claim the ability of the individual to create and re-create “the self,” and through that proclamation deny the value of regulation or intervention in any sphere (Zon, 2013). Any notion of a collective public good is omitted by the narrow frame firmly focused on the “self,” or that to which the “self” subscribes. Consumer feminism was able to capitalize on that foundation to sell an endless array of products, but, more significantly, was instrumental in creating a false sense of gender equality within the dominant culture (e.g. McRobbie, 2011). The ubiquitous message was that feminism was no longer needed; that the gains and successes achieved by second-wave feminism had successfully disrupted the positioning of women as second-class citizens, and the work that remained could be addressed without a collective women’s movement. Neoliberalism would level the playing field; anti-discrimination laws offered a legal resolution to longstanding social problems like sexism and other forms of gender discrimination (Spade, 2013). Postmodernism would build the playground; sanctioning an infinite stretching of norms so that every individual could decide for themselves what is good, what is valued, and what is right (Zon, 2013).

In mainstream North American culture, political feminism effectively became associated with; the past, the old, the rigid, and the ugly, which successfully fostered a spirit of

⁴ Gill (2011) uses the term commodity feminism to reference the many ways in which the cultural momentum of feminism was harnessed and used to sell various products to girls and women devoid of any political content. The 90’s pop group the Spice Girls, for example, capitalized on a slogan of “Girl Power. The catchphrase “strong enough for a man, made for a women, used by Proctor and Gamble’s antiperspirant brand “Secret,” remains one of the most famous taglines in advertising of all time.

disengagement and disidentification among young women (McRobbie, 2011). Today, many scholars contend that we have entered era of post-feminism (Bromley, 2012; Eisner, 2013; Evans, Riley, & Shanker, 2010; Gill, 2011; Harris, 2013; McRobbie, 2011); a point in history where feminism is taken into account so it can be historically situated, and men and women are assumed as social equals despite the inconvenient fact that they are not. In this way, the post-feminist sociocultural context simultaneously acknowledges and undoes political feminism. Carved out of this era, freed from her mother's burdens, is the isolated individual young woman of today. Anita Harris (2004) describes an idealized "Can Do" girl who is celebrated for her potential in the world. The "Can Do" girl is competent, competitive, and ambitious; she is expected to achieve in education, succeed in the world of work, and prosper in life. As a consequence of her economic productive potential, Angela McRobbie (2011) suggests that the "Can Do" girl ideal generated an increase in the sexual freedoms afforded to many Western women. McRobbie (2011) has described this phenomenon as a "new sexual contract;" an alteration in the social agreements surrounding the sexual status and identity of young women. In this new "contract" women are offered a sex life unrelated to marriage and children, and an increase in ownership over their sexuality. Both Harris' (2004) "Can Do" girl and McRobbie's (2011) "new sexual contract" turn the traditional feminine gender performance upside-down, and feed into the perception of gender equality. This context has without a doubt opened the door to a proliferation of acceptable femininities (e.g. Allen & Osgood, 2009). Unfortunately, without addressing the structures of gender inequality, what young women seem to have inherited is consumer citizenship in the absence of equal citizenship, and a new sexism that operates through the invalidation of collective claims making (Gill, 2011).

As a result of such changes, the gender performance referred to when speaking about traditional femininity offers an insufficient lens for considering femininity today. Femininity is now much more likely to be performed and articulated from within a neoliberal frame; an independent, active, and ambitious feminine modality (Attwood, 2006; Evans, Riley, Shankar, 2010). Two and a half decades ago Michelle Fine (1988) published her widely cited work highlighting the silencing and appropriation of young women's voices in communications involving (female) sexual desire. Today, against the backdrop of the new sexual contract (McRobbie, 2011) many scholars contend a discourse of female sexual desire has finally emerged - albeit not without problems (Gill, 2012; Harris, 2013; Hirschman, Impett, & Schooler, 2006; Scott, 2005). A quick glance around the contemporary landscape of Western popular culture would suggest that young women are indeed offered an increasing amount of opportunity to speak about and display sexual desire (Harris, 2013). Of course there is less agreement on what this actually means for the young women coming of age in this socio-historical context. With public concern expressed over the increasing objectification of women in media (see the rise of media literacy programs), and the pornification of popular culture (see the controversy surrounding the performance of Miley Cyrus and Robin Thicke at the 2013 MTV Music Video Awards), some scholars have been quick to "call out" a reframing of a reoccurring moral panic; the use of the young (white, middle class, heterosexual) cisfemale (able)body to project and address social anxieties surrounding sex and sexuality (Gill, 2007). Typically this argument approximates something like this; the ongoing policing of the female body reflects a continued distrust and disbelief in female agency. As a society, we must learn to recognize and respect the agency of all women - including young women (e.g. Duits & van Zoonen, 2006; Scott, 2005; Taylor, 2006). In short, we must accept young women's ability to make autonomous choices and

also respect those choices - whatever they may be. This refrain is extremely seductive; unfortunately, in the current social context, it is also deeply problematic.

As Anita Harris (2004; 2013) has argued, the long-time push to understand the female person as a sexual subject has, in many ways, been co-opted and integrated into the neoliberal construction of agency; one that is expressed through consumer choice. The discourse of choice is central to the neoliberal project in general; the notion of free individuals making free choices in a free market. Demands to simply respect the choices of young women avoids a more complicated consideration of how power works through subjects by facilitating the construction of self and particular subjectivities (Gill, 2007). In the context of co-opted empowered female sexuality young women are expected to perform a confident, knowing, heterosexual sexiness (Gill, 2012). This technology of sexiness (Radner, 2002) has arguably replaced the purity ideal as the commodity young women are required to offer the marketplace. In this way, sexual empowerment has been subverted through a sexism that demands a certain performance of sexuality while maintaining what have come to seem like timeless double standards (Gill, 2012); her sexuality should be contained within a monogamous relationship, and she must assume a disproportionate amount of responsibility in any sexual exchange. It is true, as was mentioned above, that throughout history women's bodies have been policed through discourse, social processes of victimization, and violence (Harris, 2013). It is also true that understanding the female body as one that is often inscribed with social, cultural, and political allegory does not necessitate positioning her as the place where the power of others play; she is irrefutably capable of the production of power and the enactment of agency (e.g. Duits & van Zoonen, 2006). However, though the neoliberal paradigm, the discourse of choice, and the doxa of young female desire, a new space is opened for policing through those seemly liberatory locations (Gill, 2007;

Harris, 2013); all the while inviting an intensification of interest and stakeholder claims as the capitalization on certain forms of female sexuality have become central to economics (Harris, 2013).

The hegemonic sexually desiring female body is used to sell everything from hamburgers to home insurance, and then that commodified female body is sold back to young women through an array of fashion, beauty, and lifestyle products (Gill, 2007). As this format successfully reproduces much of the contents included in the traditional and heterosexual/sexist frame, it also effectively nullifies claims of a liberatory transition (Harris, 2013). In fact, rather than being correlated with sexual empowerment and authentic expression, exposure to sexually objectifying media has been linked with self-objectification, body surveillance, body shame, and appearance anxiety (Hirschman, Impett, Schooler, 2006; Moradi & Huang, 2008). Much of this research suggests a cyclical process in which sexual objectification exposure promotes self-objectification, which can intensify the impact of later objectification exposure (e.g. Moradi & Huang, 2008). Here the bait and switch becomes visible; the more attentive young women are to the commodified sexually desiring female as a component of ideal femininity, the more concerned they become with being desirable, and the more removed they become from their own authentic embodied desire (Hirschman, Impett, Schooler, 2006). As a result, young women continue to be socialized into a reactive hetero-sexuality; now the desires and interests of her presumed male partners are prioritized alongside of the standards communicated by an increasingly voyeuristic popular culture.

However, the popular culture component does not operate in isolation. Consider neomedicalization⁵; also symptomatic of a neoliberal shift, which makes the perception of being

⁵ As defined by Lippman (2006), neomedicalization is the economically driven creation of disease to sell products, and the framing of normally occurring human experiences as the cause of future diseases.

“at risk” a disease in itself (Lippman, 2006). This concept is relevant here because it provides a frame for understanding how neoliberal policies have shifted health concerns in a manner that prioritizes the individual’s ability to minimize health risks through participation in increased medical surveillance and pharmaceutical interventions (Polzer & Knabe, 2012). In relation to sexual-reproductive health women’s bodies are positioned as inherently risky; they are more susceptible to STI’s and experience pregnancy. Consequently, women, regardless of structural location or social position, are charged with the responsibility of managing that risk – by accessing papanicolaou (pap) tests, STI screenings, the HPV vaccine, and using some form of female contraceptive (Polzer & Knabe, 2012). This is of course added onto pre-existing expectations surrounding young women and sexual-reproductive risk management; socially imagined as the stop breaks in intimate relationships, for example, regardless of the actually ability of individual women to comport themselves in this way (Greene & Faulkner, 2005). Anita Harris (2013) argues that the discourse of female desire does not just intersect with neoliberalism on the consumerism axis, where neomedicalization would fall; it is also mobilized in the promotion of the neoliberal “flexible” labour market. In constructing the ideal young women as one who is empowered and independent enough to delay family formation, the discourse of desire is used to encourage women to focus on themselves - while extending their purchasing power and economic contributions (Harris, 2013). In the case of creating the flexible labour market, it is the actual body of the young woman, rather than a body aesthetic, that is commodified and later subjected to medicalization and pharmaceutical interventions (Harris, 2013). Consumerism can be reintroduced here as, from a biological perspective, the most favourable age for childbearing likely falls between 20 and 30 years of age (Heffner, 2004), and in a sociopolitical context that encourages women who want children to delay this event longer

than what is biologically optimal, a market is arguably created for fertility treatments and other reproductive technologies.

Paralleling the rise of the hypersexualized imagery of women in media, the pornification of popular culture generally, and the evolution of hegemonic femininity and female sexuality (Gill, 2012; Evans, Riley, & Shankar, 2010), are minority world demographic changes that are primarily impacting young people – and impacting young women in particular ways (Arnett, 2000; Clark, 2007; Côté & Bynner, 2008). In a widely cited article, Jeffery Arnett (2000) suggested emerging adulthood as a new and distinct life stage. Arnett (2000) proposed that, in industrialized societies, the experience of individuals falling between the ages of approximately 18 to 25 could be characterized by the postponement of adult commitments related to intimate relationships, occupation, and worldview. This postponement, Arnett (2000) argues, has translated into unparalleled opportunities for this age group to explore and experiment with their own identities and aspirations. Although debated, and largely discredited, as representing a new developmental period in the human life-course (e.g. Bynner, 2005), the term itself is useful for capturing the fact that the transition to adulthood is indeed taking longer than it has in the recent past (Arnett, 2000; Bynner, 2005; Clark, 2007; Côté & Bynner, 2008).

Statistical data focused on adult transitions; such as leaving the parental home, leaving school, and gaining fulltime employment, suggest that the transition to adulthood has slowly been extending since the late 1970's, with a more pronounced delay visible by the mid 1990's (Arnett, 2000; Clark, 2007). For example, in the early 1970's Canadian women were unlikely to continue with postsecondary education and, although many occupied paid positions, the vast majority also married and had children shortly after leaving high school (Clark, 2007). As the role of women in society continued to progress, in terms of opportunities for public participation,

the median ages associated with marriage and first childbirth also started to rise (Arnett, 2000; Clark, 2007; Côté & Bynner, 2008). Arnett (2000) argues that an increase in postsecondary education attendance, and opportunities for career experimentation and advancement, is directly related to the decision of many young people to postpone family formation and related responsibilities. Canadian fertility rates, which have dramatically dropped for women under thirty and have increased for women in their thirties, are often explained by women's increased education attainment and workforce participation (Clark, 2007; Maticka-Tyndale, 2008; Statistics Canada; 2012). Combined, these changes have altered the life-course of young people making the late teens and early to mid-twenties a period of frequent change and instability as opposed to a time for settling into long-term adult roles – as was previously the case (Arnett, 2000; Clark, 2007).

However, when examining youth demographic trends within the larger sociocultural context, the notion that the phenomenon of emerging adulthood is the result of young people choosing longer education paths and periods of dependence over secure fulltime employment and various types of family formation is exposed as being overly simplistic. Under the corporate restructuring that occurred during the late 1980's and early 1990's; which included free trade agreements, an increase in contract and temporary work, and downsizing, the youth labor market in Canada, and elsewhere, essentially collapsed (Côté & Bynner, 2008). Additionally, with falling birthrates and the disappearance of normative retirement trends, younger candidates found themselves, and continue to find themselves, competing with experienced candidates, holding a comparable education, for employment opportunities that pay a living wage (Clark, 2007; Côté & Bynner, 2008). Arnett (2000) positions the resulting vocational trend, where one position after another is tried by an individual, as an exploration opportunity. However, other researchers have

referred to this trend as floundering; a risk management strategy in an uncertain labour market with increasingly declining prospects for young people (Clark, 2007; Côté & Bynner, 2008). In the context of declining earning power and unclear paths forward postsecondary enrolment has increased, arguably making it difficult for young families to form without risking poverty (Clark, 2007). As such, delaying reproductive aspirations is, for many, a matter of rational decision-making. However, when considering the larger context, the free choice description offered by Arnett's (2000) model of emerging adulthood appears inadequate as this "choice" is obviously structurally constrained.

The presentation of emerging adulthood offered by Arnett (2000; 2007) seems slightly utopian precisely because its analysis is contained within a neoliberal framework; the assumption being that individual agency is all that is needed to assess and take advantage of the opportunities on offer. The claim that today's youth are choosing to stay on educational paths longer in order to delay adult responsibility or commitment ignores that the entry level positions traditionally used to situate non-postsecondary graduates in the labour market have disappeared, which has essentially forced the majority of youth to seek educational credentials of some kind (Côté & Bynner, 2008). In Canada, over half of the citizens in their early twenties are attending an education institution full time (Clark, 2007). This credentialism is very much a classed affair, which interacts with other structural forces, as the most privileged student body leaves postsecondary education debt free, the less privileged graduate with moderate to extreme debt, and the most marginalized are blocked from participation entirely (Wright, Walters, & Zarifa, 2013). This situation clearly exacerbates the challenges faced by marginalized youth who become excluded from the participation mechanisms of emerging adulthood, and are offered little in terms of alternatives. In short, although life trajectories continue to be influenced by

structural factors, the sociocultural context has shifted in manner that places increasing demands on personal agency and resources for determining individual life directions (Côté & Bynner, 2008). This structured individualization (Côté & Bynner, 2008) intersects with young women's reproductive experiences as research continues to suggest that young women marginalized by class standing tend to experience motherhood earlier than their economically privileged peers (Clark, 2007; Koffman, 2012; Maticka-Tyndale, 2001). However, in the highly competitive and complex labour market discussed above, the postponement of childbearing is also observed as occurring among Canadian women whose formal education ended after high school (Clark, 2007).

In considering political, cultural, and demographic shifts, it would seem that young women currently occupy an enigmatic position in North American society – intelligible perhaps by the paradoxical nature of the neoliberal structure currently governing that position in society. The partial improvements regarding gender equality in Canadian society have expanded the education and career opportunities available to young women (Clark, 2007), which has subsequently increased the independence of this population. Additionally, as the new sexual contract (McRobbie, 2011) has pushed back the socially appropriate time for childbearing, and postmodern ideology has continued to erode norms around family structure (Arnett, 2000; Clark, 2007; Côté & Bynner, 2008), both the idealization of the nuclear family and the subjective importance women place on finding romantic love and becoming mothers has also weakened (e.g. Bromley, 2012). However, the ability to turn these new freedoms into opportunities is not equality shared by young women. Women marginalized by other factors, such as race or class standing, continue to face obstacles to social participation, which are increasingly obscured by neoliberalism as a far reaching cultural project.

Neoliberal discourses involving choice and agency; employed by Arnett (2000; 2007) as the navigation system of emerging adulthood, and observed as key in the mobilization of new femininities (Attwood, 2006; Gill, 2007; Evans, Riley, Shankar, 2010), produce a ubiquitous directive to make one's life coherent and meaningful through a narrative of autonomy and free will (Gill, 2007). Consequently, as young women contend with the simultaneous, and often skewed, presence of opportunity and risk that marks their reality, they do so within a neoliberal paradox that works complexly to enable and disable agency in tandem (Evans, Riley, Shankar, 2010). Agency can only be enacted within the opportunities and possibilities granted to a subject through participation in the social structure which, at present day, continues to advantage some population categories and disadvantage others (Evans, Riley, Shankar, 2010). In considering this context, it is clear that a more complicated understanding of choice and agency, reflective of our structured reality, needs to be advanced (Gill, 2007). This is not to deny young women's agency, rather it is simply an acknowledgement of the fact that agency is enabled differently for different women by social structures. As such, the choices young women make need to be understood as occurring in a complicated sociopolitical context, which is constantly undergoing changes that are particularly relevant in how young women understand themselves and their place in the world.

A Canadian Sexual-Reproductive Health Care Anomaly

Clearly then, the everyday lives of youth include interdependent ecological factors - cultural, economic, organizational, and relational influences - that must be acknowledged in relation to human experience and behaviour (Roberts, Graham, Barter-Godfree, 2011). Canadian citizens residing in rural areas experience health and social disparities, when compared to urban residents, on a number of measures (Shoveller, Johnson, Prkachin, & Patrick, 2007). In the

province of Prince Edward Island (PEI), approximately half of residents live in what are officially considered rural areas. However, given the size of the Island, 5,660 square kilometres, and the fact that the provincial economy is still largely dependent on farming and tourism (PEI Statistics Bureau, 2012), it may be possible to conceptualize the entire Island as a rural province. PEI has the second highest unemployment rate in the country; 11.3% for adults and 15% for youth. Additionally, 47% of employed individuals earn less than 20,000 annually (PEI Statistics Bureau, 2012). These structural disadvantages (read access to resources and opportunities) have been associated with poorer health outcomes (Roberts, Graham, Barter-Godfree, 2011). Many youth may view themselves as biding their time until they can leave the province in pursuit of better life opportunities (Shoveller, Johnson, Prkachin, & Patrick, 2007).

Prince Edward Island is relevantly unique in the Canadian context for several reasons. As mentioned, it is the smallest province both in terms of geographic size and population – reporting 145,273 residents in 2013 (PEI Statistics Bureau, 2013). Secondly, this province holds the distinction of being the only Canadian province to not offer citizens local abortion services (Clorey, 2007; DesRoches, 2011; MacQuarrie, MacDonald, & Chambers, 2014). Lastly, in the most recent environmental scan of sexual-reproductive health in the Atlantic Provinces, PEI was identified as having the fewest sexual health services available (PEI Caucus on Youth Sexual Health, 2005). That environmental scan was published in 1999, and led to the creation of the PEI Caucus on Youth Sexual Health. The caucus was funded in 2000 by Health Canada to commission the first ever study tasked with exploring the perceptions of Island youth on issues related to sex and sexuality. The caucus went one step further and also invited the participation of parents and professionals (PEI Caucus on Youth Sexual Health, 2005). The project was able to attract participation from 150 youth, who were defined as individuals ages 13 to 24, as well as

45 parents and professionals (educators, youth workers, public health nurses etc.). To initiate the study, a youth poll was conducted to identify the sexual-reproductive health issues important to youth. Four youth driven focus groups were conducted, and four community consultation events were held across the province to enlist the participation of adults (PEI Caucus on Youth Sexual Health, 2005). In 2000, when the caucus began talking with community members, 35% of infants born in the province were to women under the age of 20 (PEI Caucus on Youth Sexual Health, 2005). Of the youth participants, 38% reported being sexually active and 35% reported participating in sexual activity while under the influence of drugs or alcohol. Youth communicated that they were unsure of where to access sexual health information or contraception, and could not identify youth friendly sexual health services. Participants reported feeling isolated from the “adult” world of sex and sexuality, and communicated perceiving disapproval from adults in the community regarding youth sexual behaviour. Youth described sex as being a normal part of their lifeworlds, they reported feeling pressured by peers to engage in sexual activity, and described the attitudes of their Island community as anti-sex. Relatedly, youth cited confidentiality and transportation as major barriers to accessing existing health resources, such as their family doctor (PEI Caucus on Youth Sexual Health, 2005).

Researchers reported that participating parents and professionals subscribed to the uninformed belief that increasing access to information and cultural openness towards to sex and sexuality would lead to greater promiscuity among Island youth (PEI Caucus on Youth Sexual Health, 2005). Research has generally shown the opposite to be true; the more positive and healthy communication had in relation to sex, sexuality, and reproductive health the better health outcomes are likely to be (e.g. Hansen, Mann, McMahon, & Wong, 2004). Additionally, many parents reported the mistaken belief that today’s youth are more informed about issues related to

sex because of media exposure (PEI Caucus on Youth Sexual Health, 2005). Again research has shown the opposite; in Canada a decline in youth's overall factual health knowledge has been reported (Maticka-Tyndale, 2011; McQuaid, 2011; PEI Caucus on Youth Sexual Health, 2005). Island professionals reported fearing disapproval from parents, and the wider Island community, as being a major barrier to engaging with youth in conversations about sexual-reproductive health. The caucus identified the bottom-line as a twofold issue; Island youth are a have-not population in terms of access to resources and community investment, and sex/sexuality continue to be treated as though they are controversial topics in the Island community. At the time of publication the caucus issued several recommendations to the justice, health, and education sectors (PEI Caucus on Youth Sexual Health, 2005).

Statistically, the picture of youth sexual-reproductive health has improved in some areas since the initial work was completed by the PEI Caucus on Youth Sexual Health. The reported age of first time intercourse has gone up slowly, with the majority of youth reporting participating in penetrative sex by 17 years of age (McQuaid, 2011). Young Islanders are also accessing and using contraception more often and, although STI rates for this population has increased by 14% over a five year period (MacDonald, Gagnon, Mitchell, Di Meglio, Rennick, & Cox, 2011), the number of young women under twenty giving birth has gone down considerably; accounting for 5.8% of births delivered in the province in 2011 (Prince Edward Island Reproductive Care Program, 2013). However, the lack of systematically collected provincial abortion data complicates interpreting such calculations. Limited access to sexual and reproductive health resources remains an issue; no specialized services exist for youth outside of the traditional medical setting (MacDonald et al., 2011; McQuaid, 2011; PEI Caucus on Youth Sexual Health, 2005). Access to information had also been raised as a concern (MacDonald et

al., 2013; MacQuarrie, MacDonald, & Chambers, 2014; PEI Caucus on Youth Sexual Health, 2005). However, past attempts to revise the sexual education curriculum were met by such extreme opposition from parents and community members that the conservative curriculum was left without update for over a decade (MacDonald et al., 2011). A new health curriculum, adapted from the program delivered in the province of Alberta, was introduced for grades one through nine between 2006 and 2009 (C. Tandon, Health and Physical Education Specialist: Department of Education and Early Childhood Development, personal communication, August 21, 2014). However, this program's philosophy is rooted in a "healthy choices" model focused on individual behaviour (Prince Edward Island Department of Education and Early Childhood Development, 2009). As mentioned previously, focusing on individual choice is often criticized as an inadequate and ineffective approach to sexual-reproductive health education as it depicts an oversimplified connection between the individual choices of young people and improved sexual health outcomes, which may actually intensify vulnerabilities experienced by young people, and also perpetuates the belief that "bad" things happen to people who make "bad" choices (e.g. Spencer, Doull, & Shoveller, 2012). Additionally, abortion services are only available to young women who are able to leave the province (DesRoches, 2012; Palley, 2006), and youth remain developing within a community culture that refuses to acknowledge them as legitimate sexual beings (MacDonald et al., 2011; PEI Caucus on Youth Sexual Health, 2005).

The interacting factors and systems that affect the sexual-reproductive health of youth are specific to local context, and are also contingent upon broader social phenomena, outlined above, that have changed and continue to change over time (Shoveller, Johnson, Prkachin, & Patrick, 2007). Clearly the social-spatial context of youth's choices, in regards to sexual-reproductive health, can greatly influence the expression of those choices. In light of the sexually

conservative mindset of the Island community, the lack of sexual-reproductive health resources, and youth's relatively low power status, this point is especially concerning in relation to young women and reproductive choice. A Foucauldian discourse analysis, completed by this author in 2012, focused on Island women's experiences with abortion stigma, provided alarming evidence regarding the impact the absence of this medical procedure has on young citizens particularly (DesRoches, 2012). Young women were found to be disproportionately affected by the material barriers to abortion services; needing a referral, needing transportation, needing finances to leave the Island province, and needing accompaniment - but were also found to be disproportionately impacted by local discursive resources that were found to intensify the noted structural barriers (DesRoches, 2012).

Reproductive (In)Justice Study Introduction

Based on the information provided in this review, the following research question was proposed and investigated through the research project discussed through the remainder of this work: How do young Island women experience times of reproductive saliency, and how does PEI's sociocultural context, including lack of local abortion access, influence such experiences? This primary research question seeks to address four identified knowledge gaps:

- A need to consider young women's standpoint, or their contextualized position, on issues involving reproductive choice (Shaw, 2010).
- A need for in depth qualitative studies seeking to understand young women's experiences and needs in relation to their sexual and reproductive lives (Al-Sahab, Heifetz, Tamim, Bohr, Connolly, 2012).
- A lack of research capturing the experiences of rural youth (Roberts, Graham, Barter-Godfrey. 2011).

- An absence of research examining the process of reproductive decision-making in the province of Prince Edward Island - despite the fact that it is the only Canadian province lacking local abortion access.

In fact, two of the three studies focused on the sexual-reproductive health of PEI youth, cited in this work, failed to mention this missing health service (MacDonald et al., 2011; PEI Caucus on Youth Sexual Health, 2005). The one study that did highlight the lack of abortion access also cited research supportive of a “post abortion syndrome” (McQuaid, 2011) without acknowledging the APA’s position that such a syndrome does not exist, and its associated symptomatology is not itself related to the medical procedure of abortion (Adler, 2000; Boonstra, 2008).

In consideration of the identified knowledge gaps and the perspectives of Island youth captured in previous studies (DesRoches, 2012; MacDonald et al., 2011; McQuaid, 2011; PEI Caucus on Youth Sexual Health, 2005) two supplementary questions have also been proposed: How do young women give meaning to salient events in their reproductive lives? And, how do young women experience related interactions with the Island medical community? These supplementary questions provide additional insight into the specific sociopolitical context of reproductive decision-making in the province, which further addresses the gaps associated with standpoint and qualitative experience in young women’s reproductive lives. In other words, these auxiliary questions allow for additional contextualization through the prioritization of the communications offered by young women themselves. The objectives of this study were many, and included: a) engaging in an exploration of young Island women’s experiences of reproductive saliency, b) providing the voices of this marginalized population with a platform from which to be heard, c) co-producing knowledge that facilitates in understanding a lived

experience, d) providing an evidence-based critique focused on the provincial approach to sexual-reproductive health, and e) to present this information to decision makers and the wider Island community in a manner that emphasizes women's health.

Method

Reflexivity

Reflexivity, which Linda Finlay (2002) defines as purposeful self-awareness, aligns with the focus on context and the value of transparency communicated in critical psychology (Nelson & Prilleltensky, 2010). From this perspective, humans conducting value free objective research "on" other humans is largely viewed as an impossible task, and an undesirable goal. Reflexivity is an ongoing process when conducting research, and can partly be understood in relation to validity; a conscious level of self-awareness keeps the researcher aware of their role in the co-creation of the work (McCabe & Holmes, 2009). To that end, it should be noted that this author was born in the mid-1980's, in the province of Prince Edward Island, to two teenage parents who had given their first child up for adoption a year and a half before welcoming me into the world. I am unsure of the specifics surrounding the adoption, but I know the situation impacted my mother negatively and profoundly, and I have often wondered if my own existence is not the result of her attempt at a "do over." Growing up my mother communicated, although largely indirectly, liberal attitudes in relation to reproductive rights. This was not the norm in my home town where fingers were quickly pointed at young women who experienced pregnancy. The general social attitude seemed to be that pregnancy was a natural punishment for sinful behaviour; that being stupid enough to have sex (read premarital sex) meant having to suffer the consequences.

Even with liberal attitudes at home, I was indoctrinated into the woman blaming anti-choice perspective dominant in my environment to some extent; I recall one incident in fifth grade when I opted to participate in the “pro-life” side of a class debate. This uncritical acceptance of social givens did not last long; I wrote a provocative book report on the controversial novel *Annie’s Baby* a few years later. As I moved through adolescence, my close friends and I navigated sexual development as I imagine most young people do in a decidedly anti-sex environment – horribly. There were issues of pressure and questionable consent, gender violence, ignorance surrounding contraception, STI exposure, pregnancy scares, confirmed pregnancies, abortions, and childbirths. We can laugh about it now, but perhaps that is how we have learned to reclaim that period of our lives. A part of our lives that, at the time, it seemed we had such little control over. Sex was an expected part of our young relationships, and we were rarely doing more than crossing our fingers and repeating silent prayers in the dark to avoid any negative consequences. Why didn’t we know more? Why didn’t we talk more – even to each other? Why wasn’t anyone talking to us? When I think back on those early years of sexual exploration I can easily recall moments of anxiety, shame, and terror. I have a much harder time recalling positive memories. Surely this period of development and maturation, that the vast majority of human beings journey through, does not need to be accompanied by panic attacks, tears, and degradation – but it was. For me and for so many other girls it was, and for many more it continues to be. Although I cannot pinpoint an exact moment, I certainly grew into a critical assessment of my home Province’s approach to youth sexual-reproductive health.

It is fair to say that my perspective on reproductive “choice” originated from an empathetic individualistic perspective, and remained at that level for quite some time. I did not move into the conscious space of reproductive rights until the third year of my undergraduate

studies, when I stumbled into feminist approaches to psychology, and suddenly felt at home within academic literature. In 2011, I was given the opportunity to work on the topic of abortion for the completion of my undergraduate thesis and, although I was certainly interested in the topic and aware of the issue, I couldn't predict how I would be personally impacted by the courage of each woman who volunteered her story. After becoming immersed in the audio recordings of the forty interviews that had been collected for the larger research project at that time, I began to feel a sense of responsibility towards each narrative. While I had identified as a supporter of reproductive rights for quite a while I began to identify as a reproductive rights activist. Personally, as I engaged with this work, I was most affected by the narratives of young women whose stories included a moving combination of desperation and strength. It was their bravery and candor that motivated me to revisit this topic – although from a different perspective.

Within this research I occupy a middle position on the insider/outsider continuum (Breen, 2007). Both the insider and outsider positions in research come with advantages and disadvantages, and it is possible to suggest that occupying the middle position assisted in my ability to navigate this terrain (Breen, 2007). As a relatively young, white, Island woman it is likely that entering into conversations with young women on this topic, and in this space, was easier than it would have been if my identity did not include such attributes. However, having not experienced the phenomenon of interest to the same degree as most of the participants included in this study I was prevented from adopting any illusion of sameness that may have led to erroneous interpretations (Breen, 2007). Being reflexive throughout the research process has been a critical part of maximizing the benefits, and minimizing the difficulties, associated with negotiating the insider/outsider position. Interpreting my own location, articulations, and silences

functioned to illuminate my role in the research process and increased the depth of understanding achieved in communications with participants (Finlay, 2002). It also has kept me cognisant of how my own personal history, femininity, whiteness, socioeconomic status, education, and student identity, interacted with this project at all stages. This is an emotive issue that occupies personal spaces, which has made standpoint and reflexivity an essential part of this work.

Conceptual Paradigm(s)

The conceptualization of this research, including the questions posed, was undoubtedly influenced by this author's personal subscription to the social constructivist paradigm, which influences both epistemological and ontological assumptions (Maxwell, 2005). The crux of the constructivist perspective is that reality is socially constructed through experience (Denzin & Lincoln, 2005). This approach acknowledges the existence of multiple realities, which makes positivistic procedures inappropriate. Rather, the constructivist paradigm necessitates inquiries into human experience that integrate subjectivity (Darlaston-Jones, 2007). Critics of social constructivism often cite issue with extreme relativism, or an anything goes attitude, which is often positioned as inherent to this perspective (Denzin & Lincoln, 2005). It is beyond the scope of this section to contest this criticism fully. However, following the interpretation of Raskin (2001), adopting a degree of relativism can lead to more critically engaged and ethical research by emphasising conscious participation, which guards against passivity and the acceptance of blind assumptions.

Despite feeling an intuitive identification with the constructivist paradigm, this work is situated within a framework that blends social constructivism with emancipatory elements. Like social constructivism, the emancipatory paradigm is critical of dominant forms of knowledge, and the uncritical acceptance of assumptions, but, unlike social constructivism, the emancipatory

approach takes a more discursively concrete position in terms of ontology and axiology. From the emancipatory paradigm reality is understood as being constituted by social and institutional structures – known as historical realism (Denzin & Lincoln, 2005), and the researcher is believed to initiate their work with a moral and political position that underlines the project (Denzin & Lincoln, 2005; McCabe & Holmes, 2009). It is therefore possible to suggest that the emancipatory paradigm allows a researcher to directly confront oppression where it is identified (McCabe & Holmes, 2009). The emancipatory paradigm is also compatible with the values and approaches to research advanced by community psychology (Nelson & Prilleltensky, 2010) – the degree sought through the completion of this thesis.

The social constructivist and emancipatory paradigms can be viewed as compatible for several reasons. The values of empowerment and liberation are held within each paradigm, and each paradigm emphasises a transactional epistemology (Denzin & Lincoln, 2005). Additionally, as constructivist thought has expanded its analysis to include attention to the role sociocultural and historical context plays in the creation of reality (Darlaston-Jones, 2007) the ontological divide between the two paradigms has arguably become less distinct. Within this blended framework, reality is understood as being socially constructed, but social institutions and structures are assumed to influence how social reality is experienced. Therefore, a critical understanding can be used to advance both the (de/re)construction aim of the constructivist approach, and the transformative aim of the emancipatory approach (Denzin & Lincoln, 2005). It should also be noted that the feminist lens inherent to this project, most visible in the communicated perspective on reproductive justice, is also compatible with both social constructivist and emancipatory paradigms (Naples, 2003). Given this paradigm identification, and the particularistic research questions posed, (Maxwell, 2005) designing a qualitative study

was a logical fit. As Darlaston-Jones (2007) suggests, qualitative studies go beyond physical events and behaviour and move into a realm concerned with in-depth explorations of the complexities associated with human experience. Within the qualitative approach to research there are several traditions of inquiry to draw upon (Creswell, 1998). As the research questions posed in this study involve life events as experienced, and attend to the meanings of such experiences, phenomenology has been selected as the most appropriate tradition (Baker, Wuest, & Stern, 1992; Biggerstaff & Thompson, 2008; Moustakas, 1994). Interpretative phenomenological analysis (IPA) (Conroy, 2003; Crist & Tanner, 2003; Holstein & Gubrum, 1994; Lopez & Wills, 2004; McConnell-Henry, Chapman, & Francis, 2009; Smith & Osborn, 2008; Willig, 2008) was employed as the specific analytic branch of the wider tradition. This analysis technique will be described in detail in the procedure section.

Study Design

The overarching aim of this study was to understand young women's experience of reproductive saliency in the specific context of Prince Edward Island (PEI), Canada. Women who had experienced a salient reproductive event before the age of twenty-five were defined as the population of interest. This age parameter was set in accordance with the definition of youth employed by the United Nations (United Nations Department of Economic and Social Affairs, 2012). The primary research question posed in this study was presented as:

- 1) How do young Island women experience times of reproductive saliency, and how does PEI's local sociocultural context influence such experiences?

Two additional and supplementary research questions were also included, and were posed as:

- 2) How do young women give meaning to salient events in their reproductive lives?

3) How do young women experience related interactions with the health sector?

This project includes six participant narratives collected for the Understanding for a Change Project (MacQuarrie, MacDonald, & Chambers, 2014), which examined the ways in which provincial abortion policies impact Island women. These interviews, collected between July 2011 and October 2013, are a valuable source of secondary data for this project. An additional five interviews were conducted by this author between October 2013 and April 2014. To ensure comparability between data sets, the interview guides created for the Understanding for a Change Project (MacQuarrie, MacDonald, & Chambers, 2014) were adopted for subsequent interviewing (See Appendix A). Consistent with IPA process (Crist & Tanner, 2003; Lopez & Willis, 2004), the questions added to the interview guide reflected insights generated from the data collected previously. The conversation guide used with participants who volunteered for the Reproductive (In)Justice study represents a collapsed version of the interview guides used for the Understanding for a Change Project, which were divided by participant categories. Two questions were added to the amalgamated guide; one specifically asked about interactions with the Island medical community, and the other asked participants to explore what young women need in order to be healthy and happy in this area of life. In all cases participants were interviewed by a single (white female) interviewer. In total, this study encompasses the narratives of 11 participants collected through semi-structured interviews, with a mean interview time of 95 minutes.

Recruitment

In both instances of recruitment researchers sought a community sample. Recruitment for the Understanding for a Change Project (MacQuarrie, MacDonald, & Chambers, 2014) began on July 13, 2011, after receiving approval from the University of Prince Edward Island's Research

Ethics Board. Participants involved in the project were recruited through invitations posted in community centres, calls advanced by grassroots organizations, advertisements in media (i.e. Blogspot and Facebook), and snowball sampling through the project's advisory group and interview participants. This recruitment strategy was duplicated in securing additional participants after approval was provided by Wilfrid Laurier University's Research Ethics Board on August 12, 2013. However, during the second round of recruitment the population of interest was specifically targeted; flyers were posted at community youth drop-in locations, postsecondary educational institutions, and in and around public spaces known to be frequented by youth. Professionals working with the population of interest; such as youth workers and employment counsellors, were contacted and provided with a research brief and a copy of the recruitment flyer. Family Resource Centres operating in both of the province's two cities were also provided with these materials, as were local organizations specifically focusing on women (i.e. Aboriginal Women's Association of PEI and Women's Network PEI).

Research Conversations

Participants self-selected to participate in an interview focused on reproductive events by contacting the relevant researcher; Dr. Colleen MacQuarrie for the Understanding for a Change project, or Angele DesRoches for the Reproductive (In)Justice study. In each case, the interview guide was made available to participants before the scheduled conversation. Interviews took place during a time indicated by the participant as convenient, and office spaces located in each of the province's two cities were offered as available sites for conversations. However, participants were also provided with the opportunity to select a preferable location. Three of the eleven participants opted to have the research conversation occur at their residence. Participants were provided with an informed consent document (See Appendix B), a community resource list

(See Appendix C), and the opportunity to ask questions or voice concerns prior to the initiation of the research conversation. Interviews were intended to occur one-on-one and, with the exception of Hayley,⁶ women participated in the research conversation alone. Interviews ranged in length from 68 to 135 minutes, with a mean interview time of 97 minutes. Field notes were also recorded at the end of each interview. A template of this document can be found in Appendix D. All audio recordings were transcribed verbatim with contextually relevant elements, such as vocal inflections, included. All potentially identifying information; such as names, dates, and locations, were deleted from each transcript with appropriate place holders indicated.

At the time of the initial research conversation, an invitation to participate in a concluding focus group was extended to the five participants who volunteered their narrative specifically to the Reproductive (In)Justice study. Incorporating a concluding focus group presented an opportunity to member check the final analysis, but was also conceptualized as adding another lens to the analysis as, in a focus group setting, the task of interpreting the phenomenon becomes a participant led group effort (Pini, 2002). At the time of invitation four of five participants indicated interest in participating in a focus group. The declining participant indicated she would not be in the province and would therefore be unable to participate. A focus group invitation was sent to the remaining participants on June 23, 2014. Three of the four participants contacted responded with scheduling information. Unfortunately, conflicting calendars extending over a three week timeline prevented coordinating a date when all participants would be able to meet together. Instead, the three interested participants were asked

⁶ Hayley requested the research conversation be conducted at her home, and was asked to selected a time that would provide her with the most privacy. Hayley's partner was home when the researcher arrived, she was given the opportunity to reschedule, but indicated she was comfortable with having her partner home. The interview was conducted one-on-one in an open living room, and the session was occasionally disrupted by Hayley's partner.

to participate in a second research conversation in order to give feedback on the major themes identified during analysis. Participants were provided with a theme summary document (See Appendix E) at the second meeting. The researcher and the participant reviewed the themes together, and the participant was encouraged to ask questions throughout the provided overview. Participants were then asked to reflect on the extent to which they felt the analysis captured their own experience of reproductive saliency. Second conversations were informal and dynamic; participants were able to speak to each theme in relation to their own experiences, clarify aspects of their own narratives, and ask questions about the research and analysis process. These conversations were audio recorded and transcribed in the same manner described above. All participants reported identification with each of the presented themes to some degree. The supplementary information acquired during these conversations generated a deeper and more collaborative understanding of the identified themes.

Participant Demographic Summary

At the time of interview, the age of participants ranged from 21 to 28, with median age of 24. Age at first salient reproductive event ranged from 16 to 24, with a median age of 19. In interest of participant anonymity pseudonyms are used to refer to each woman whose narrative is represented in this study. Consistent with provincial population statistics (PEI Statistics Bureau, 2012), participants in this study were primarily white, with only one participant identifying as a woman of color. Greater diversity was found in relation to socioeconomic status; ranging from partial-dependence on parents, to fulltime employment, to dependence on government assistance. Education attainment also varied from the partial completion of high school to the completion of postsecondary programs. Diversity was also observed in relation to participant's residency status; six participants identified as "Islanders," being both born and raised in the province of Prince

Edward Island, while two participants reported growing up in the province but were born, or spent time, elsewhere. The two remaining participants reported relocating to the province as independents. Encounters with reproductive saliency also varied considerably, and often intersected with other complex issues (i.e. gender violence). Additionally, approximately half of participant's offered reflections on multiple experiences with only five of the participants speaking to a single and specific event. Below, a summary table highlights participant's age, residency status, and relationship to various reproductive actions.

ID Pseudonym and Age at Interview	PEI Provincial Health Card Holder	Self- Identified "Islander"	Age at Salient Experience(s)	Participant Action(s)			
				Abortion	Adoption	Parenting	Other
Alex* Age: 24	Yes	Yes	19 21 22	X	X (rescinded)	X	Emergency Contraception Accessed
Bev* Age: 21	Yes	Yes	19 21				Emergency Contraception Accessed
Claire* Age: 22	Yes	Yes	19 21	X		X	
Dawn* Age: 24	Yes	Yes	19 21 22 24	X		X	
Ella Age: 23	Yes	No	23	X			
Fiona Age: 28	No	No	18 21 22 24	X		X	
Grace Age: 25	No	No	22			X	

Hayley Age: 24	Yes	Yes	18 23			X	
Iris* Age: 26	Yes	Yes	16	X			
Jessica* Age: 24	No	No	24	X			
Kaci: Age: 23	Yes	Yes	23	X			
*denotes secondary data analysis							

Participant Narratives Summary

A synopsis of each participant’s narrative is provided here. However, a more complete summary of the communications offered by each participant during their research conversation has been made available in Appendix F.

Alex: Alex, a self-identified “Islander,” volunteered her narrative in 2011 at the age of twenty-four. Her first encounter with reproductive saliency occurred at the age of nineteen. At that time, she was in a committed relationship and confirmed her pregnancy with her partner using a home test. Alex quickly booked a doctor’s appointment with her family physician, and reported being presented with all reproductive options during this initial appointment. Alex described feeling disgusted at the suggestion of abortion and attributed this reaction to being raised in a conservative family with anti-choice values. After deliberating with her partner, they agreed adoption may provide the best resolution for them. Alex’s parents supported this decision and the process was set in motion using Island systems. However, when it came time to select an adopting family, Alex became increasingly concerned about proximity and privacy. She contacted a member of her adoption team and expressed that she would be more comfortable selecting a family living out of province. Alex was told that she had not provided enough notice

to pursue an out of province adoption, and was advised to continue exploring provincial placements. Sceptical, Alex's mother contacted a private adoption agency operating in Halifax, Nova Scotia. This agency confirmed the possibility of completing an out of province adoption and Alex severed contact with her PEI adoption team. She continued her pregnancy with an adoption plan in place but, after giving birth, became increasingly ambivalent about her decision. After approximately five weeks of contemplation Alex cancelled her plans for adoption. Although Alex and the father of her child separated, she reported that they have maintained a strong friendship and he has remained an involved father.

When Alex confirmed her second pregnancy, at age twenty-two, she recalled no feelings of ambivalence. She informed her new partner of the pregnancy and her desire to have an abortion. He communicated his interest in parenting, but agreed to support her abortion decision. Unfortunately, Alex was unsure of how women from PEI access abortion. She knew the medical service was not provided in Island hospitals and tried searching for information on the internet. Unable to locate any information this way, Alex decided it would be best to book an appointment with a physician. Now living a distance from her family doctor and without access to transportation, Alex opted to book with different physician. Alex was clear about her reasons for booking the appointment when asked by the attending nurse, and felt judged when communicating about her abortion decision. She described similar treatment from the physician, who offered no medical services, but provided her with a telephone number to the closest private abortion clinic, operating in New Brunswick. Alex was unaware of the billing agreement between Prince Edward Island and Nova Scotia, which provides Island women with access to prepaid abortion services. It is unknown if physician providing care was unaware of this option, or was unwilling to provide the required referral. When Alex called to book her appointment

with the Fredericton Morgentaler Clinic, she was advised to wait in order to avoid making the costly and time-consuming trip before the abortion could be provided. The following month Alex and a close friend made the trip to Fredericton and were greeted by loud anti-choice protesters. When Alex was taken in for her ultrasound she discovered that, far from being too early, she was almost too late. Alex had missed having a first trimester abortion, and was now almost at the clinics sixteen week cut off. Additionally, the ultrasound technician printed the sonogram image and placed it in Alex's view. Alex interpreted this action as a passive aggressive attempt to influence her decision to terminate the pregnancy. Alex was clear in communicating her satisfaction with her abortion decision, but also noted that the unnecessary delay and her experience with the ultrasound technician made processing the event more difficult. Reflecting holistically on her experiences, Alex reported feeling content with both of her reproductive decisions. However, she also noted that reaching and maintaining her self-confident position was difficult at times as a young Island woman.

Bev: Bev was twenty-one years of age at the time of her research participation in 2011. Although she had not experienced a confirmed pregnancy, Bev felt her narrative would contribute positively to research focused on reproductive experiences. Bev reported being raped on her nineteenth birthday. She indicated that she had been drinking heavily at a party and was intoxicated to the point of being incapacitated. Bev did not report the rape to authorities or to her parents. During the research conversation she communicated that, because she was not physically combative with her assailant, she did immediately construct the incident as rape. Bev recalled feeling immediately worried about the possibility of pregnancy, but described being paralyzed into non-action by her strong sense of shame surrounding the event. She knew abortion was not available in the province, and did not know anything about accessing the

medical procedure off Island. Bev also communicated that she did not believe her mother would be supportive of abortion regardless of the circumstances. She reported knowing that emergency contraception existed but was unsure about availability. Bev indicated that she experienced a great deal of pregnancy anxiety after the rape until she began her menstrual cycle, which she described as one of the best days of her life.

Bev began her first sexual relationship two years later, at the age of twenty-one. She obtained a prescription for birth control pills after the relationship developed, and explained to her partner that, because the prescription was new, they would need to continue to use condoms for a period of time. During their last sexual encounter, her partner removed the condom during intercourse without Bev's knowledge or consent. Bev reported feeling angry with her partner, but was also ashamed of the incident. The possibility of pregnancy was again an immediate fear, but Bev remained unsure of what to do. She reported returning to her home and trying to shower her fears away, but a gut feeling pushed her to reach out. The following day she contacted a friend who worked as an assistant at a pharmacy. Her friend provided her with information about emergency contraception; Bev would need transportation to a pharmacy and about forty-five dollars. She communicated that she was unsure if her mother would be supportive of her accessing the medication, and felt too uncomfortable to approach her about the situation or her related health needs. Knowing her mother would ask questions if Bev asked for a drive to the pharmacy she waited until the following day when she was able to ask a close friend for a drive. Bev reported feeling respected by the pharmacy staff, but was also very aware of the other customers within hearing distance as she requested the medication. She was taken into a consult room so the prescription could be adequately explained. Fortunately, Bev avoided having to deal with a pregnancy. Throughout the research conversation Bev was adamant that the way in which

youth sexuality is understood in PEI is harmful to young people, and noted that the culture of shame and silence impacted the way she handled her own negative experiences.

Claire: In 2011, at the time of her interview, Claire was twenty-two. She confirmed her first pregnancy at the age of nineteen; she was in a committed relationship and was beginning a postsecondary education program at the time. Claire reported that she initially wanted to parent. However, this desire was not supported by people in Claire's life; both her parents and her partner's parents, and eventually her partner, felt she should seek an abortion. Claire described herself as being persuaded into pursuing abortion, but clarified that she did not feel forced into it. Rather, she suggested, that the lack of support caused her thinking to shift. Claire's mother booked an appointment with the Morgentaler clinic in Fredericton. She and her mother encountered protesters outside of the clinic upon arrival. Claire recalled that they did not speak directly to her, but were holding signs with anti-choice messages. Once inside, Claire's pregnancy was confirmed at seven weeks via ultrasound. Claire described the procedure as being over quickly and noted that she received quality non-judgmental care from all staff. Reflecting on her experience, Claire communicated that she believed that an abortion had been the best decision for her at the time. She also explained that accessing the procedure had made her acutely aware of how difficult it was for Island women to get an abortion, and emphasised cost and distance as being particularly large challenges for young women.

Claire experienced a second pregnancy with the same partner, who was still unsupportive of parenting, approximately one year after accessing abortion. Claire decided that she would continue with the pregnancy and her romantic relationship ended. Claire reported that her ex-partner now lives out of province and is uninvolved. However, Claire reported that his parents provide her with a small sum of money monthly. She identified her own parents as her largest

source of support; assisting financially and with childcare. Claire communicated that she would not be able to continue her education without the support of her parents. Even with financial assistance from government programs and her parents, Claire reported that she was struggling financially, and spoke angrily about her inability to hold her child's father financially accountable. Claire also spoke at length about her struggles to secure subsidized childcare. With no openings in subsidized facilities, Claire had no choice but to place her child in a private home center. Despite explaining why her child was attending a home centre to service providers, Claire continued to be held accountable for half of the costs – irrespective of her fulltime student status. Frustrated with the lack of support, Claire expressed concern that current systems could effectively keep women in poverty.

Dawn: Dawn was twenty-four at the time of interview participation in 2011. She was parenting two children and recovering from a complicated abortion. During the interview she briefly recounted some of the problems she had experienced with her partner of seven years, who had fathered her two children, including domestic violence. Earlier that year, when Dawn and her partner had briefly separated, she discovered that she was pregnant. Dawn explained that she knew she wanted to have the pregnancy terminated immediately. She had obtained a surgical abortion two years earlier, soon after birthing her second child, and remembered reading about chemical abortion at that time. Dawn called several local pharmacies attempting to find one willing to suggest a physician to write the prescription. After several negative and rude responses, Dawn was eventually provided with the information she needed. After meeting with the physician, and filling the prescription, Dawn administered the medications as directed at home. She experienced heavy bleeding and a lot of cramping, and had every reason to believe that the chemical abortion was successful. However, a few weeks later she was experiencing

what she described as a lot of pelvic pain. She went to her local emergency room and explained that she had recently accessed a chemical abortion, and after a short external exam she was told to go home and have a hot bath. She returned to the hospital again a few days later with the same complaints and was given a prescription to Percocet. A month later the pain had gotten worse and she returned to the emergency room for a third time. This time an ultrasound was ordered and it was found that Dawn was still pregnant.

To access a surgical abortion through the public system, as she had two years earlier, Dawn needed a doctor's referral and an ultrasound performed by an Island ultrasound technician. She called her family doctor who refused to provide the referral. Dawn was informed by the receptionist that the doctor did not believe abortion should be used as a form of birth control. Dawn indicated that she was not particularly surprised by her doctor's behaviour. She noted that, while he had provided the first referral, he had refused to provide the needed follow-up care after the abortion was obtained. Dawn then contacted her gynecologist to ask for the referral, and was told by the receptionist at that office that they did not provide referrals to kill babies. Finally, Dawn reached a physician working part-time at a women's health clinic who agreed to provide the referral and ordered an emergency ultrasound. As a recipient of financial assistance Dawn then had to petition her income and support worker to cover the costs associated accessing the procedure. She eventually secured funding for overnight accommodations, but was not awarded anything for travel. Dawn felt positive about the care she received at the QEII hospital in Halifax, but noted that she experienced a lot of physical pain because of the later stage of pregnancy. On the bus ride back to PEI, Dawn sat on a garbage bag to prevent bleeding on the seat, which she experienced as embarrassing and degrading. At Dawn's aftercare appointment, completed by the referring physician in PEI, it was observed that she had a cut on cervix and a

blister had formed. She was told that she would have to return to Halifax to have it drained. Dawn made the appointment and contacted her income and support worker regarding the additional costs. Her request for funding was denied without explanation. Dawn repeatedly raised concerns about the moralistic overtones embedded in the responses of service providers regarding her reproductive health care.

Ella: Ella was twenty-three at the time of interview in 2013, and had recently experienced her first pregnancy. She was living in central Canada, and had recently finished the education program she was pursuing there. Ella had grown up in Prince Edward Island and, as a postsecondary student, still held a PEI health card at the time of her pregnancy. She was living with her partner and described their relationship as committed, healthy, and happy. Ella noted that she had a prescription for birth control pills, but had difficulty taking the medication in the prescribed way. Ella was conscious of her menstrual cycle and became concerned when she didn't have her period at the regular time. As the days passed, Ella became more anxious and she and her partner purchased a home pregnancy test. Ella communicated that despite her suspicion she was not expecting the positive test results. In previous conversations with her partner on the topic of family planning Ella had expressed that she was unsure if she wanted children, and indicated that she would seek abortion in the event of an unplanned pregnancy. However, during the interview, Ella described experiencing conflicting emotions after seeing the positive test results. She explained that knowing that she was physically pregnant made decision-making harder. She noted that abortion seemed less "okay" because she was in a loving committed relationship, was employed, and had completed her post-secondary education. Ella communicated that she eventually decided to terminate the pregnancy because she felt like she was just starting life as an independent person, and did not want to be in a position where she

would resent a child for limiting her. She felt that she had reached the decision on her own, and without pressure from others in her life. After making her decision Ella reported feeling more at ease emotionally, but continued to experience a lot of negative physical symptoms related to the pregnancy.

Ella confirmed her pregnancy at five weeks with a physician a week after taking the home test. At this appointment she was asked about her plans regarding the pregnancy, and was provided with abortion services information. When Ella called to book her appointment she was reminded to bring her health card and explained that, because of her student status, she had a PEI health card. Ella was informed that she would have to pay for the services as a PEI health card could not be used to access abortion services. Ella immediately called the Health PEI office and explained her situation. The Health PEI representative communicated that a doctor would have to fax information regarding the medical relevance of the procedure to Health PEI, and that her request would then have to be approved by two Island doctors. Ella hung up in disbelief and began searching the internet on her phone for more information. The information she found online was unclear, but seemed to contradict some of the things she was being told. Ella called Health PEI for the second time that day, and was transferred to the Out of Province Physician Referral Coordinator. The referral coordinator was unsure of how to proceed and offered to investigate. Ella immediately called back the reproductive health clinic to inform them that she was working with Health PEI, and requested that they book her appointment. She was again told that her PEI health card could not be accepted for this medical service; she would have to independently pay and work with Health PEI for reimbursement. Ella explained that after hours of conversations with health service representatives from both provinces she began to panic; she and her partner would not be able to afford the procedure. The next day Ella phoned her mother,

who was aware of Ella's decision to have an abortion, and explained the economic barrier. Her parents agreed to cover the costs which would total over 1,300 dollars. Ella reported that, although she had experienced some ambivalence, she was still happy with her decision three months later - and still waiting for reimbursement.

Fiona: In 2013, at the time of interview, Fiona was twenty-eight. Fiona noted that she had relocated from central Canada to Prince Edward Island with her mother as an adolescent, and had moved between the two locations several times. Fiona experienced her first pregnancy at the age of eighteen; she had recently returned to central Canada independently, and described herself as being blindly in love with her partner. Fiona communicated that her feelings for her partner influenced her decision to continue with the pregnancy, and linked her desire to parent with her desire to be with her partner. Fiona made arrangements to return to Prince Edward Island soon after confirming the pregnancy in order to be closer to her own mother, and her partner soon followed. Fiona worked two low paying jobs to rent an apartment for the two of them. After giving birth Fiona communicated that she had a hard time; her relationship was deteriorating and she was feeling an acute reduction in her own freedom and mobility. Eight months after birthing her child Fiona was no longer sleeping or eating regularly, and felt like she needed to make a change. She approached her mother about the possibility moving back to central Canada, and leaving her child in her mother's care until she was settled. Her mother supported this decision and Fiona left, ending her relationship with the father of her child shortly after. Fiona reported that her ex-partner has not had any contact with their child since that time.

Once back in central Canada, Fiona moved into a youth shelter after plans to stay with family members fell through. She describes this as being a very positive experience; she was able to focus on herself and save some money. After a few months she became involved with a new

partner who she described as a “gangster guy.” The relationship was turbulent and, after being away from her child for a year, Fiona purchased a plane ticket back to Prince Edward Island. Shortly after purchasing the ticket Fiona discovered, at the age of twenty-one, that she was pregnant. Under the circumstances Fiona felt it would be best to obtain an abortion, but found this reality a difficult one to face. Her mother had raised her with pro-choice attitudes, and she had known women who had accessed abortion, but she communicated that, as a mother, she had a very clear sense of the possibility she was terminating. Fiona knew she would not be able to access abortion from Prince Edward Island, and paid a fee to have her transportation postponed. Once back in PEI, Fiona found a job but was unable to earn enough to secure her own residence. She found herself frequently fighting with her sister, who lived in the family home, and did not approve of Fiona’s decision to have an abortion. Frustrated, Fiona left her child in the care of her mother and return to central Canada a few months later. There Fiona became involved with a new partner and quickly became pregnant. Fiona explained that she immediately knew that she wanted an abortion because the relationship was new and unstable. Her partner resisted but, motivated by the possibility of having another fatherless child, Fiona followed through on her decision. The relationship continued, although on shaky ground, and when Fiona became pregnant again several months later, she believed it would be possible to continue the pregnancy. Unfortunately, as the pregnancy progressed, Fiona noticed her partner becoming more abusive towards her. The situation culminated in a physical assault and police involvement. Fiona obtained an abortion soon after and reported feeling devastated. She became depressed and began drinking heavily. Recognizing her growing problem, Fiona returned to Prince Edward Island and became involved with an addictions program. Currently, Fiona is living in Prince Edward Island and is caring for her child fulltime while continuing her education.

Grace: Grace was twenty-five at the time of her interview in 2014. She had recently relocated to Prince Edward Island as an independent. Grace became pregnant at the age of twenty-two. At that time she was in a relationship that she defined as casual, was attending a postsecondary education institution in her home (maritime) province, and was also working part-time. Grace confronted the news of her pregnancy with ambivalent feelings. She reported that she had always assumed that she would have at least one child in her lifetime, but she imagined that it would be later in life – when she had completed her education and was committed to her partner. Grace initially felt like she might want an abortion because her partner was not someone she wanted to raise a child with, she wanted to continue her education, and she was not in a stable economic situation. When she told her partner about the pregnancy he expressed a desire to parent. Her partner's expressions increased Grace's uncertainty about abortion, but also had a negative impact on their relationship. Grace communicated that she was constantly thinking about the "what if's" and explained her decision came down to feasibility. Parenting at this time was not ideal, but Grace felt it was doable. She ended her relationship with her partner and informed her own family.

Grace moved back into her family home after her yearend exams. Her mother and two sisters were supportive of her decision to parent and were strong sources of support throughout her pregnancy. Grace rarely spoke to her ex-partner and did not see him again until the birth of their child. Grace experienced a difficult delivery and had to have an emergency caesarean section. She reported that her ex-partner has had little involvement since the birth of their child; sporadic weekend visits and monthly support payments of one hundred and twenty dollars. Approximately four months after the birth of her child Grace began dating a former friend who had moved to PEI two years before her pregnancy. Grace communicated that dating long

distance allowed them to reconnect and approach their relationship slowly. Eventually they decided Grace should continue her education from PEI, and she relocated with her child. Grace reflected on their relationship positively; they had been living together for two years and functioned as a family. However, Grace did feel a reduction in her support network after relocating, and has struggled to break into the social networks of “Islanders.” Grace spent a considerable amount of time reflecting on her intersecting roles as a mother, partner, student, and employee.

Hayley: Hayley was twenty-four at the time of interview, in 2014, and had just had her second child. She was recently engaged and living with her partner, their new child, and her child from a previous relationship. Hayley was born and raised in Prince Edward Island and was the only participant to identify as anti-choice. Hayley became pregnant for the first time at the age of eighteen, and felt it was important to contextualize this event in terms of her personal history. Hayley described herself as a “goody-two-shoes” until late adolescence when she dropped out of high school and started dating a slightly older partner. The relationship fizzled romantically but the two remained in contact. When Hayley expressed interest in wanting to move out of her family home her ex-partner offered her a room in his apartment. The night after moving in, Hayley was raped by her ex-partner. She moved out soon after and eventually filed a report with the local police department. Once back at her family home, Hayley confronted depression and was hospitalized after a suicide attempt. Approximately four months after the assault Hayley began a new relationship with someone she described as “not the best person.” Three months later Hayley found out she was pregnant, and described this news as “lifesaving.” Partying heavily and still depressed, Hayley believed that having a child would motivate her to turn her life around.

Hayley's mother was present when the pregnancy was confirmed and, although initially upset, she soon became supportive. Hayley's father, who works out of province and is only home for a few months out of the year, took a disapproving position offering messages of condemnation. Hayley's partner was initially supportive and expressed interest in co-parenting, but a month into the pregnancy he started to deny paternity and began another relationship. Hayley suggested that the breakup was difficult. She noted that she did periodically consider that her child might be better off in the care of someone else, but that such thoughts were fleeting. Hayley reported that her mother became a tremendous source of support as the pregnancy progressed and after her child was born. After giving birth Hayley immediately went to work on obtaining her grade twelve equivalency, but she was also having a hard time getting along with her sister who also lived in the family home. Frustrated with her living situation Hayley moved in with a friend, while her child predominantly resided with her mother. Hayley continued working to advance her education, but also started drinking heavily. After Hayley's friend was hospitalized for alcohol poisoning she moved back home and became involved with alcoholics anonymous.

Over the next two years Hayley settled into her new life as a mother and began a new relationship. Hayley expressed the desire to have another child after being diagnosed with a medical condition that included the possibility of requiring a hysterectomy early in life. Her partner agreed and, after seven months and three surgeries, Hayley conceived for the second time at twenty-three. She reflected that the experiences were very different; she was in a better place emotionally the second time around, and also had a supportive partner throughout the pregnancy. Hayley observed that having her children young was both positive and negative; she noted that as a young person she had a lot of energy and eagerness, but was not yet financially stable. She

received government assistance and had participated in job creation and ready to work programs. Hayley expressed that she sometimes imagined what her life might have been like if she had not been raped or gotten pregnant, but suggested that, in light of her health problem, God had created situations that taught her how to manage her expectations.

Iris: In 2012, at the time of interview, Iris was twenty-six years old. She identified as an “Islander” born and raised in the province of Prince Edward Island. She experienced pregnancy for the first and only time at the age of sixteen, and obtained an abortion at the Morgentaler clinic operating in Halifax. At the time of her pregnancy, Iris was dating a male partner who she referred to as her high school sweetheart. She and her partner had been sexually active and normally used condoms. However, during one particular encounter they had no contraceptive. Her boyfriend suggested that he would use the “pull out” method, Iris said no repeatedly, but her partner continued. Iris recalled feeling an immediate anxiety about the possibility of pregnancy afterwards and, in an attempt to induce a period or prevent implantation, Iris obtained and consumed several birth control pills and drank large amounts of alcohol. When her period did not arrive Iris confirmed her pregnancy with a home test. She knew immediately that she did not want to continue with the pregnancy, and began searching the internet for information. Iris eventually found information regarding the private clinic in Halifax, and she informed her boyfriend. Her partner did not resist her decision, but they were both concerned about how they would pay for the procedure and get to the clinic. Iris described her own family, specifically her mother, as very anti-choice. The two decided to continue attempts to induce a miscarriage through physical trauma; Iris had her boyfriend punch her in the stomach repeatedly. When that proved to be unsuccessful Iris and her boyfriend turned to his mother for help. Her boyfriend’s mother agreed to drive them to the clinic and also loaned them the money for the procedure. Iris

called the clinic to book an appointment, and was advised to confirm her pregnancy with a blood test before making the trip. She reluctantly booked an appointment with her doctor, and informed him that she would be pursuing abortion. The doctor offered her no information about the procedure itself, nor did he explain any routes to access. Iris explained that accessing the abortion had a “backdoor” feeling.

Iris emphasised that, although her decision was intuitive and immediate, it was not flippant. She described in depth how knowing that she was pregnant, and knowing that she could not raise a child, produced a state of intense reflection. Iris recounted having to work through her own ideas about who she was in relation to stereotypes of women who get pregnant and women who get abortions. She noted that her own socialization in an anti-choice family and exposure to anti-choice sentiments within the Island community intensified this reflection process. Iris suggested that working against a barrage of anti-choice messages impacted her negatively at certain moments of her life, and noted that she lives her life knowing that she would be looked down on if people knew about her reproductive history. Reflecting on the experience ten years later, Iris communicated that she had made peace with herself, and was proud of her decision.

Jessica: In 2012, at the time of interview, Jessica was twenty-four and had recently experienced her first pregnancy. She had been living in Prince Edward Island for approximately four years after relocating from her home (prairie) province to continue her education. Jessica confirmed her pregnancy with a home test and reported that she immediately knew she did not want to carry the pregnancy to term. After a short conversation with her partner, who shared her opinion, the decision was made to pursue abortion services. Jessica was aware that abortion was not available on Prince Edward Island and, as a visiting student; she did not have a local family doctor to take her questions to. Jessica phoned a sexual health clinic operating in Nova Scotia for

information and was asked about her health card. Jessica explained that she had a health card from her home province, but had been living in PEI for four years as a student. The representative from the sexual health clinic provided Jessica with information related to accessing abortion through the public health system, and advised Jessica to use information that connected her to her home province only. An appointment at the sexual health clinic was arranged approximately three weeks from when the home pregnancy test had been taken. At this appointment, Jessica was provided with information related to the abortion procedure itself, and was provided with a referral to the QEII for ultrasound and pregnancy termination. Jessica obtained an ultrasound later that day, and described this experience as both physically and emotionally uncomfortable. The following morning Jessica returned to the QEII for her abortion and was accompanied by her partner. She estimates that the entire procedure was over in less than ten minutes and, despite finding the surgery both physically and emotionally painful, Jessica described feeling a tremendous sense of relief immediately after the procedure. However, this sense of relief was tapered by a simultaneous feeling of imposed secrecy. Jessica returned to Prince Edward Island the following day.

The imposed secrecy/self-silencing of the experience was a point Jessica returned to often. Throughout her journey Jessica became sensitized to the fact that, in this situation, she was unable to give expression to her experience. She explained that she had been raised Catholic and did not feel comfortable telling anyone in her family about the pregnancy or abortion. Similarly, Jessica had friends who had expressed anti-choice sentiments and she was very aware that her partner's parents were eager to have grandchildren. These relational dynamics, combined with the fact that she had to sneak away to access the abortion, created a situation in which expressing her feelings was not an obvious possibility. Jessica reflected that keeping the experience in,

while holding the belief that people she loved would think less of her if they knew, contributed negatively to her ability to process the experience. She explained that feeling negatively about a decision that you know is best for you is confusing. Jessica looked for resources related to post-abortion counselling and found a support group listed online. However, after doing some research, Jessica realized the group had Christian affiliations and promoted an anti-choice agenda. Fearing that she would be expected, or encouraged, to regret her decision Jessica did not pursue involvement with the group.

Kaci: At the time of interview, in 2014, Kaci was twenty-three and had recently experienced her first pregnancy. Kaci was born in Prince Edward Island, had grown up in a rural area, and was now living on her own and attending a postsecondary education institution. Kaci had been in a relationship with her partner for approximately nine months before becoming pregnant. She explained that she had been on a type of birth control pill, but had been experiencing problems with irregular and sporadic bleeding. She took her concerns to health care professionals, and was advised to use additional contraceptives until her cycle was regulated. She reported that her and her partner started using condoms as well, but Kaci's partner became concerned that she "looked different," and encouraged her to get a pregnancy test. Kaci took three home tests, which all showed positive, and described her reaction of disbelief and shock. She phoned her partner after taking the tests, and was surprised to hear excitement in his voice. Kaci introduced the idea of abortion and her partner assured her he would support whatever decision she thought was best. Kaci described this as the ideal reaction; it opened a space for her to really interact with what she wanted for herself.

Kaci communicated that she felt pulled towards the idea of parenting, but attributed this to the barrage of social messages that told her it was the only option. After assessing her life

situation, Kaci determined it was not the time for her to have a baby. She knew abortions were not performed in the province, but was aware of the possibility of obtaining a chemical abortion. She did not feel comfortable going to her family doctor for this information, and so she contacted several doctors in her area claiming to need pregnancy confirmation. However, the expected wait time to see a doctor was simply too long. She reached out to pharmacists and public health employees, but was unable to unearth any information related to chemical abortions. Accepting that accessing the needed medication was not going to be possible Kaci began looking online for information related to surgical abortion. The information she found seemed to suggest that Island woman could only have abortions covered through Medicare if the procedure was medically necessary. Assuming this meant her only option was to go to a private abortion clinic, Kaci searched the internet and found the Morgentaler clinic in Fredericton, New Brunswick. Unfortunately, because the Fredericton clinic only operated one day of the week, Kaci had to make another tough decision; miss two days of a sixteen day training rotation, or postpone the procedure until there was a break in her studies. Kaci opted for later, delaying her abortion by five weeks. In hindsight, Kaci reported regretting her decision to wait; keeping the pregnancy a secret while dealing with the physical symptoms was psychologically draining. Kaci was accompanied to the procedure by her partner, and described her experience at the Morgentaler clinic as extremely positive. Kaci reported being happy with her decision overall, but was extremely frustrated by the challenges she encountered in finding accurate information, and was disappointed by the treatment she received by individuals working in the provincial health sector.

Instruments

All eleven semi-structured interviews, and three concluding conversations, were captured on a digital audio recorder with the permission of each participant. Audio recordings were

transferred into Express Scribe, a software program that allows for the adjustment of playback speed. Transcription and early stages of coding were completed using Microsoft Word.

Thematically disaggregated transcripts were then imported into Nvivo10, a qualitative data analysis software program, for further coding, integration, and analysis.

Procedure

Phenomenology is rooted in the work of German philosopher Edmund Husserl, who sought to develop a descriptive science of consciousness at the beginning of the twentieth century (Baker, Wuest, & Stern, 1992; Finlay, 2002; Lopez & Willis, 2004, Moustakas, 1994). Martin Heidegger, a student of Husserl, challenged some of the original assumptions of phenomenology by pushing for a more contextualized approach; arguing, for example, that the content and meaning of conscious experience is inextricably linked to the sociocultural context that the human being occupies (Heidegger, 1982; Lopez & Willis, 2004; Moustakas, 1994). The philosophical divide of Husserl and Heidegger has resulted in the development of both a descriptive and interpretive approach to phenomenological research (Finlay, 2002; Lopez & Willis, 2004; Moustakas, 1994). Given the research questions posed, as well as the constructivist-emancipatory paradigm guiding this research, this work draws predominantly from interpretive, or Heideggerian, approaches to phenomenological inquiry. To some extent this approach necessitates operating from the assumption that human consciousness is marked by typification, which allows language to be positioned as the central medium for transmitting typifications and therefore meaning (Holstein & Gubrum, 1994). The methodological orientation for a contextualized phenomenology is concerned with the relation between language, which is used to understand and communicate experience, and the essence of experience; in this case reproductive saliency (Holstein & Gubrum, 1994).

The analysis process used in hermeneutic-interpretive phenomenology is effectively understood as a systematic, albeit nonlinear, process. Rather than being a direct, step based method it is iterative and rigorously circular. As such, analysis began before all data were collected. The archived verbatim transcripts were approached as single narratives. Each transcript was read and re-read in its entirety to gather a holistic sense of the narrative. On the third reading notes were recorded in the left margin of the transcript; these notes reflect initial observations, insights, questions, noted repetitions, and inconsistencies. Attention was also given to gaps and themes that could be taken up during subsequent conversations. A summary of each participant's narrative was then written to increase the level of holistic understanding of events, and to introduce a level of interpretation by reading the transcript with the intention of clarification (Moustakas, 1994). The use of interpretation, or the application of hermeneutics, involves reading beyond the description of the phenomenon, and interrogating it for the meanings embedded in discourse and practice (Lopez & Willis, 2004; Moustakas, 1994). After initial insights were reviewed, and a narrative summary was produced, the original transcript was returned to and line-by-line coding, using a combination of *in vivo* and descriptive codes, commenced. This process was then repeated with subsequent transcripts, which is contrary to the process of analysis described by other researchers (Smith & Osborn, 2008; Willig, 2008), who often suggest thematically clustering the recorded line codes in each transcript before moving onto the next case. However, given the complexity and diversity embedded in the phenomenon of interest, it was desirable to orient within the entire corpus of data at the outset. This process of analysis is supported by dynamic approaches to IPA (Conroy, 2003; Crist & Tanner, 2003), and requires a re-immersion in previously reviewed transcripts at the time of approaching them thematically.

The first research conversation conducted by this author took place when four of the six archived transcripts had reached the line coding level of analysis. This movement in attention marks an important phase in the research process as it makes clear the simultaneous process of interacting, listening, and interpreting. The back-and-forth movement between coded transcripts, audio recordings, and in the moment interactions with participants marks engagement in the hermeneutic spiral (Conroy, 2003; Moustakas, 1994). Every encounter with a participant allows for an exchange of interpretation regarding the phenomenon of reproductive saliency through dialog, which results in alterations in interpretations. For the researcher, who is constantly engaged with the phenomenon through reflection and dialog, continual and deeper interpretations occur. Once all available cases had been read for initial insights, summarized, and line coded, each transcript was then re-approached thematically. Relationships among the documented line codes in a single case were examined by clustering related line codes together (Conroy, 2003; Crist & Tanner, 2003; Smith & Osborn, 2008; Willig, 2008). When this initial level of thematic analysis occurs before the researcher has interacted with other cases, the themes generated can be carried forward into the analysis of the next case (Willig, 2008). Alternatively, researchers may conduct thematic clustering on all cases independently - postponing any thematic integration of cases (Smith & Osborn, 2008; Willig, 2008). A combined approach was used for this study in the interest of maximizing novel insights. Six of the eleven transcripts were selected, by this author, for independent thematic clustering (see Appendix G). The selected transcripts represented the most complex narratives in the sample (i.e. speaking to more than one experience, containing experiences of gender violence, etc.), and also represented the elements of diversity found in the larger sample (i.e. age, reproductive decision, etc.). The results of the independent thematic clustering of the six transcripts were used to develop a list of master themes (see Appendix H).

The identified master themes were then used to structure the thematic analysis of the remaining five transcripts. To complete case integration, or to meaningfully capture the shared experience of reproductive saliency (Willig, 2008), each of the eleven thematically disaggregated transcripts were transferred into a qualitative data analysis program; NVivo10. Nodes, or NVivo coding labels, were created to correspond with the identified master themes. These nodes were attached to the corresponding transcript sections in each of the eleven cases.

As noted, thematic clustering involved treating each transcript as a case study and occurred in two stages. Firstly, a maximum variation sampling technique (Given, 2008) was used to select six of the eleven transcripts. Analysis of these transcripts, as described above, generated 111 thematic clusters in total. Once duplicates and equivalent clusters were removed 71 thematic clusters remained. A summary table of the thematic clusters identified, and the line codes encapsulated by that theme, was produced for each of the six cases and is available in Appendix G. The 71 enduring cluster themes were then assessed for commonality, redundancy, and diversity. Through this analysis process the 71 thematic clusters were collapsed into 31 master themes. A definition; informed by the transcript sections captured through clustering, was then written for each of the 31 master themes (see Appendix H). These defined master themes were then used to re-code the six selected transcripts from which they emerged. During the re-coding process 1 additional master theme was identified and included to isolate communications that referenced experiences of someone other than the participant. As such, a total of 32 master themes guided this analysis. The master theme list, complete with definitions and feeding clusters, is available in Appendix H. In the second stage of clustering, the identified master themes were used to structure the thematic analysis of the remaining five transcripts. No new themes emerged during this process. A master theme summary table for each of the eleven cases

is available in Appendix I. To complete case integration each of the eleven thematically disaggregated transcripts were imported into NVivo10 where coding labels representing each master theme was linked to the corresponding transcript sections of each participant. This approach facilitated an analysis of each master theme as it was presented by each individual participant, and as it was represented by the sample as a collective. Attention was directed at identifying case similarities and discrepancies within each collective representation of each master theme, and discerning common and repeating patterns as they related to the experience of reproductive saliency (Smith & Osborn, 2008; Willig 2008). Participants offered extraordinarily rich narratives in order to effectively communicate their experiences. In order to focus this work specifically on participant's experiences with reproductive saliency peripheral communications were regrettably omitted from analysis; some master themes, such as "anecdotal" were deleted, while others like "personal context" were reduced (36 original references to 3 included in final analysis). During this process, consideration was also given to theme representation and configuration across the sample with the aim of ruling out potential contingencies. For example, the data was interrogated for theme expression and patterns linked to other relevant characteristics, such as reproductive decision and residency status. Through the examination of master theme relationships and presentation across all participants 5 superordinate themes were identified (see Appendix J). The extrication of superordinate themes remained grounded in the earlier stages of idiographic analysis; higher order themes were checked against, and made visible, in individual case transcripts. All participants are represented, to varying degrees, in each of the superordinate themes. A chart displaying the relationships between superordinate and master themes is available in Appendix J, and a full record of participant transcript sections captured by each superordinate them can be found in Appendix K.

Overview of Findings

In examining the data, attention was directed towards identifying case convergences and divergences within the master themes (refer to Appendix H) as they related specifically to the experience of reproductive saliency (Smith & Osborn, 2008; Willig 2008). Five superordinate themes; Transformation, Negotiation, Gender as Category, Gender as Experienced, and Island Observation(s), emerged from this analysis, as recorded in Appendix K, and are the focus of this project. The first two identified superordinate themes, Transformation and Negotiation, can be conceptualized as an account of reproductive saliency; the essential structure of the phenomenon as it is experienced. As an effect of experiencing reproductive saliency as young women, participants were found to confront gender saliency; which is captured by two themes, Gender as Experience and Gender as Category. The last superordinate theme, Island Observation(s), contextualizes the analysis through the acknowledgement of a specific temporal-spatial location. The relationships between superordinate themes is observed as being highly dynamic; in some instances, for example, participant communications ran across all superordinate themes (see Appendix J).

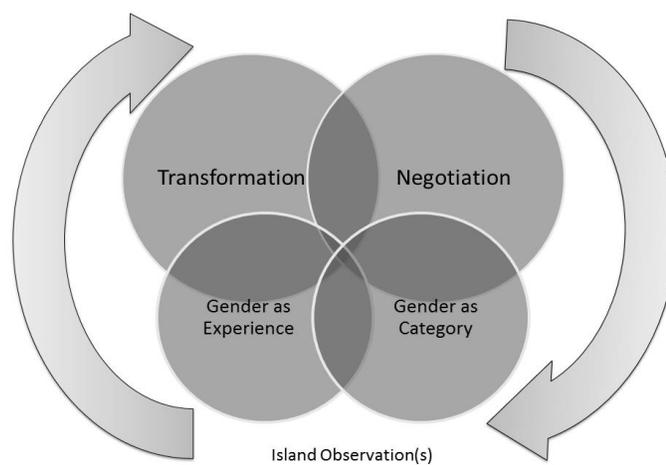


Figure 1. Summary model of interconnected superordinate themes

1) Transformation: Regardless of the reproductive event, all participants described a journey of personal growth, reflection, and change. Participants could no longer “be in the world” as they had been before. They could not unknow the experience of reproductive saliency and were fundamentally changed by it.

“...You have to self-reflect, and things like this...force you to self-reflect...I’m a much...better person because of [the experience], because of the self-reflection...” - Iris

2) Negotiation: For young women, a salient reproductive event comes prepackaged with socially constructed meaning. A negotiation of that meaning occurs simultaneously with the personal process of transformation. This negotiation process is extended through interactions with social others and social systems.

“...Whenever I had went to the hospital before, and I was having a miscarriage, it [the care] seemed more compassionate, you know what I mean? But when I went there explaining that I had taken the pills to have an abortion and I was experiencing extremely bad pain in my abdomen, it just didn't seem...like it was really done properly...” - Dawn

3) Gender as Experience: Through the embodied experience of reproductive saliency, participants were sensitized to the operation of gender in their own lives. In particular, participants became acutely aware of the how the construct operated in relation to their own sexual and reproductive experiences.

“... [H]e could just take off ‘cause that’s what happened with my, the father of my [child]. And I mean he had a kid, this guy I was with had a

kid and he wasn't a constant in [the child's] life... I felt like he would use that to his advantage that I'm always going to be there..."— Fiona

4) Gender as Category: In engaging with gender, participants extended their considerations to include the possible sexual-reproductive experiences of other bodies categorized as "woman." In this way, participants recognized themselves as sharing a sociopolitical position.

"... [W]hat else can women do? Like, and that's why there's such, like, strong feminist groups...still fighting so hard, and everyone is all against feminism, but they're fighting hard for a reason. You make tiny little steps forward and, but there's, everything is still the same, and we're being fooled to think it's different..." - Grace

5) Island Observation(s): A dynamic interaction was observed between the larger sociocultural context and local environment. This interaction, as well as the general culture of the Prince Edward Island community and the material expressions of that culture, impacted on the experiences of participants.

"...I also find there's a mentality in PEI, and I feel like that kind of old school mentality is pulled through, into their, like, their laws and their healthcare, which is kind of sad because you're like PEI catch-up with the times, like, get ahead with the world..." – Ella

Results and Discussion

The communicated experiences analyzed in the eleven narratives constituting this study; including participant background, number of salient reproductive events experienced, and reproductive decisions made, are incredibly varied. In fact, the experiences of participants are so

diverse that this sample arguably pushes at the bounds of phenomenology as a research method – perhaps giving more credence to the construction reproductive saliency as a common experience irrespective of specific experiential components, such as the reproductive resolution reached. However, participants did share one commonality, unrequired of participation, which should be explicitly communicated. All participants described their first encounters with reproductively saliency as unplanned. This is not to say that all participants constructed resulting pregnancies as unwanted, but no participant communicated putting intentional effort into bringing about their first salient reproductive event. This precludes, to some extent, examining young women’s reproductive desire. Additionally, it should be noted that all participants initially described their experiences within a heteronormative framework. The absence of any explicitly communicated queerness was amended by one participant who expanded on her own sexual identity in light of this deficiency during a concluding research conversation. Although not the focus of this work, the influence of sexual orientation on reproductive experiences has been noted and explored by other researchers (e.g. Saewyc, 2014; Travers, Newton, & Munro, 2011), whose work highlights the prevalence heterosexism in Canadian society, the unique sexual pressures experienced by queer and questioning youth, and the issues of identity that reproductive saliency can bring to the foreground.

The significance of identity and meaning construction highlight the social reality of the human species. Rarely, if ever, are individuals exposed to a purely natural environment and expected to interact with it on the basis of genetic instinct alone. As such, human experience; including cognition, emotionality, motivation, and action, can only be understood in terms of societal mediation (Tolman, 1994). Heidegger coined the term “being-in-the-world” in acknowledgement of this indivisibility (McConnell-Henry, 2009). Individuals are born into the

world at a historically significant temporal and spatial location (Heidegger, 2010) and approach their lifeworld; the world that is lived and experienced (Finlay, 2008), with accumulated socially learned knowledge. This knowledge; expressed as theories, ideas, images, values, and attitudes, is then applied to experience rendering it meaningful (Holstein & Gubrum, 1994). This dynamic; marked by embeddedness and complexity, is one that must be kept in mind when attempting to understand and communicate about specific human experiences – particularly as they are subjectively experienced. Relatedly, although the superordinate themes presented in this work are considered individually they are not described as being experienced in isolation of each other. Indeed, Transformation and Negotiation may be viewed as the dichotomous description, or the essential structure, of reproductive saliency as an experiential phenomenon. Conversely, gender saliency, which is communicated through two additional superordinate themes, was observed as a contextual requisite of reproductive saliency for the specific population of interest. Additionally, the particular experiential setting explored, expressed through the theme Island Observation(s), interacts with both the essential structure of reproductive saliency and socially produced meaning structures surrounding age and reproductive events.

Transformation and Negotiation: Structuring reproductive saliency

The analysis of participant's narratives, through an interpretive phenomenological approach, suggests that a salient reproductive event involves a simultaneous process of Transformation and Negotiation. On one level, transformation can be conceived of as representing the experience of the individual; the one who is feeling, perceiving, or otherwise *interpreting* an alteration in her reality – regardless of whether or not this cumulates in a confirmed pregnancy. Negotiation, on this level, can be understood as that individual *in relation* to her lifeworld; the meaning systems available, the impacting social structures, her life project,

social others, and so on. From phenomenological perspective this construction is conceptually useful; transformation provides a textural description of *what* is experienced and negotiation provides a structural description of *how* it is experienced (Moustakas, 1994). However, this construction errs through the apparent separation of individual from context, and therefore minimizes the interdependent societal component of human existence and consciousness (Tolman, 1994), which was found to be fundamental to this particular experience.

As a result of the fusion between the social and the inner lifeworld(s), the superordinate theme of Transformation is perhaps best defined as an experience, relevant to reproductive health, which involves the perception of significant change; it represents something that cannot be unknown or undone. Negotiation, as a superordinate theme, reflects conscious involvement with the altered reality brought about by the transformative experience of reproductive saliency. Experientially, these two components are inseparable; once consciously attending to the experiential components captured by the theme of Transformation, Negotiation begins via attempts to subjectively understand. Additionally, the Negotiation process, which is extended through active engagement with social others, influences Transformation. Arguably, all salient reproductive events involve these two elements of experience. Consider, for example, a woman whose physician informs her that she is not pregnant, and will likely not become pregnant, after she has spent a period of time receiving fertility treatments. In this experience there is Transformation; the possibility that the treatments are working becomes closed, and the belief that this method of treatment is working is no longer viable. Simultaneously there is Negotiation in the form of a subjective reaction; what does this information mean in the lifeworld of this woman? This negotiation with meaning continues as the physician providing care provides further information, and the meaning of the experience in its entirety is arguably renegotiated

each time the woman shares the story with a social other (i.e. differing reactions and communications from a friend, partner, or parent), or confronts relevant information in her environment (i.e. a television program focused on changing fertility rates). This conscious engagement (Negotiation) feeds into a subjective understanding of the situation and influences how it is experienced (Transformation). Moreover, this relationship between engagement and interpretation may occur far into the future in as new experiences may be interpreted in relation to the past salient event (i.e. the birth of a niece or nephew).

Despite the strong interconnectedness between the themes of Transformation and Negotiation they will be considered separately in relation to key components of reproductive saliency. Transformation will be considered first in relation a life altering experience.

Negotiation will then be considered in relation to this event; both in terms of the meaning structures used to understand the experience, and the involvement of social others.

Transformation will then be considered in relation to the resolution of the experience positioned as a transformative event, and Negotiation will be reintroduced to consider how the resolution is given meaning. This section will close with Transformation positioned as a holistic consideration of an experiential journey that has resulted in personal growth and change. Regardless, as highlighted in Figure 2 below, reproductive saliency is marked by a dynamic relationship between the young woman as the subjective experiencer and the social world of meaning and others. Transformation and Negotiation as themes attempt to extrapolate this relationship.

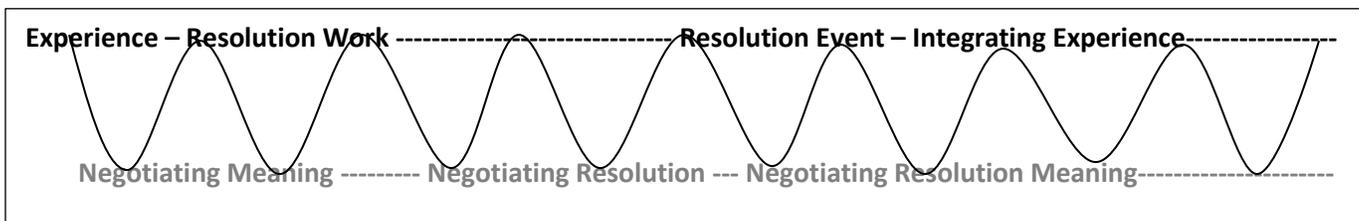


Figure 2. Summary model Transformation and Negotiation as experienced

Transformation: A New Reality

“...[F]irst it was suspense because it was kind of like am I pregnant? Naw, probably not... you’re kind of thinking about it but you’re not really stressed about yet. And then, as soon as, like that, the day I found out my life kind of changed...” - Ella

It has been argued that connecting the ontologically based philosophy of Heideggerian phenomenology with the practical research methods derived from that stream of philosophic thought is unnecessary (Conroy, 2003). However, Heidegger’s (2010) thoughts on the nature of “being,” as described in his influential work, offer an interesting entry point into the phenomenology of reproductive saliency. Heidegger (2010), although largely referencing human engagement with objects or “equipment,” suggested that much of human experience is encountered with an unreflective competency, or an inattention to specifics in and of themselves; what he referred to as ready-to-hand mode of engagement. Broadly, in considering Heidegger’s (2010) modes of engagement in relation to societal human existence (Tolman, 1994), and not just human engagement with “things,” including reference to an unreflective competency highlights how human beings engage with a familiar world which is generally experienced holistically in an experiential flow. When confronted by novelty, unusualness, or something otherwise unanticipated the flow of experience is disrupted. In such instances, continued engagement arguably requires a shift in conscious experience that directs an increased amount of attention towards the specifics of the disruptive occurrence. Heidegger (2010), although again referring to human engagement with tools and objects, described this shift in awareness as marking an unready-to-hand mode of engagement. It is at this mode of engagement where aspects of experience are illuminated against a taken-for-granted contextual background; a point where the

customary way of “being” is itself disrupted (Conroy, 2003). It is also at this mode of engagement where reproductive saliency becomes identifiable as an experience shared by participants despite extreme variance within the individual encounters described.

Similar to Heidegger’s (2010) observations regarding human engagement with “things,” reproductive saliency, as an experiential phenomenon, was observed as being marked by a disruption in the flow of everyday experience, and was partially described in terms of an increased awareness that was most commonly directed towards the body.⁷ Below, participants describe a heightened level of awareness rooted in a perception of discontinuity.

“... I had went home that night and thought if I scrubbed enough (laughs) that it would go away, but I just had this feeling...” - Bev

“...I thought like maybe, maybe I was pregnant...I didn’t, didn’t even realize if I had my period, but I noticed that I was starting to crave these really weird foods and stuff...but I thought there was no way, you know?” – Fiona

As was common for the majority of participants who elaborated on their experiences of suspecting pregnancy, these descriptions include aspects of disbelief and anxiety. Here anxiety is observed as reflecting a concern with the future; an idiosyncratic exploration of what would happen if “I” were pregnant? On the other hand, disbelief allows the possibility of false alarm to be entertained. Here Ella elaborates on existing within this specific space:

⁷ It should be noted that Heidegger’s philosophy rejects the traditional subject-object divide. For Heidegger, there is only Dasein’s experience of the ongoing. Therefore, it is possible to argue that that Heidegger’s work both complicates and problematizes any analysis involving embodiment. As this work primarily invokes Heidegger’s philosophy as it has been imagined as a phenomenological research method no attempt was made to reconcile the concept of Dasein with the experience of reproductive saliency, which is fundamentally embodied. However, it could be argued that during a salient reproductive event the body itself emerges against the background of the everyday as a “thing” that comes into conscious awareness as different from what it once was.

“It was kind of scary, but at the same time I’d had pregnancy scares before so I was kind of just like thinking that maybe I was making [it] up in my mind a little bit. So, I wasn’t, I really wasn’t prepared...” – Ella

In attending to notions of familiarity and experiential flow, it may be possible to suggest that the experience of a pregnancy scare, or at least the experience of anxiety around the possibility of becoming pregnant, is an ordinary occurrence in the lives of young (hetero)sexually active women (Fine, 1988; Shaw, 2010). It is therefore possible to suggest that, because of this familiarity; experiencing pregnancy anxiety under circumstances that are personally constructed as usual would heighten conscious awareness, but would not sustain an increased level of attention in its abstract form. That is to say, without pregnancy confirmation or with disconfirmation, it is quite likely that a young woman would recede back into the everyday (ready-to-hand) way of engaging with the world. However, when a pregnancy is confirmed, or a pregnancy scare occurs in a context that prevents the ability to return to life as usual, women are denied this possibility.

The exclusion of the possibility to resume as usual; to simply pick up where one left off, was observed as producing a fundamental shift in the conscious experience of participants. Reproductive saliency is discernible at this shift - an experiential threshold is permanently crossed. Unlike a pregnancy scare, experiencing reproductive saliency involves interpreting alteration(s) in one’s lived reality. All participant narratives included articulations of dealing with a shifting lifeworld that was described as preventing them from being-in-the-world as they had been before; participant’s engagement with “self in the world” had changed. Reproductive saliency heightens awareness beyond the immediate situation illuminating an entirely new reality. Pregnancy confirmation, for example, introduces into existence something that, in the

very least, has to be confronted. Again, this description of reproductive saliency does not disqualify the transformative potential of a pregnancy scare. However, it does suggest that, for a pregnancy scare to be Transformative, as this work suggests a salient reproductive event to be, it would have to be experienced as disruptive enough to the normative flow of being-in-the-world to facilitate changes in engagement with “self in the world.” Bev, for example, experienced a pregnancy scare in the context of sexual violence and was motivated to seek emergency contraception. Although Bev did not experience pregnancy her narrative is still articulated through the themes identified in this analysis.

“I was with this guy...we had, you know, gone through even though...I was on the pill I had just started it and, you know, wear a condom...he took it off without telling me...and then [I]...had to scrounge up, you know, loose change and come up with the money to get the morning after pill...” - Bev

To reiterate, reproductive saliency can be understood as an experience that commences with the interpretation of a transformative event related to one’s reproductive ability, or potential reproductive capability. This Transformation, as it was communicated by participants, is generalizable through the common description of a critical and irreversible event. For Bev this event was arguably experienced when she established that her partner had removed the agreed upon method of contraception, without her consent, prior to ejaculation. However, for the majority of participants this event was manifested in the moment of pregnancy confirmation. Participants generally describe the moment of pregnancy confirmation as the most emotionally jarring component of their salient reproductive experience(s).

“... [T]hat moment was *crushing* (emphasised) for me...from that point on my life was changed no matter what...my life was changed. So, it was just crushing.”

- Grace

“... [F]rom the time I seen those two little lines on the test, I just fell apart, basically. I felt scared right away and I felt confused about how it had happened in the first place....” – Jessica

This transformative event triggers an ontological shift; participant’s perception of self, social others, and things was altered to the point that they begin seeing their lifeworld differently.

Negotiation: Making Sense of a New Reality

“... [Getting pregnant] it’s sort of a self-letdown in a way ‘cause I sort of held myself up to these standards and these obligations and, I didn’t (laughs) [meet them]...” - Kaci

Once the new reality has been acknowledged there is a questioning of what this means in the specific context of individual lifeworlds, but there is also a broader questioning of meaning. Existing within the same cultural space, and similar geographic location, also entails existing within a shared nexus of meaning. Consequently, despite extreme diversity in the circumstances surrounding each participant’s first encounter with reproductive saliency, shared meaning was evident. This shared meaning was largely expressed in terms of an automatic negative interpretation of the salient event in which guilt and self-blame were often present; participants constructed the experience as an undesirable one that reflected poorly on who they were as individuals.

“...I felt confused about how it had happened in the first place, and I felt kind of stupid or irresponsible for letting it happen in the first place...” – Jessica

“...Pardon my phrasing, but a stupid girl...what I’ve been told before is stupid

girls get pregnant by accident...” – Kaci

It is important to note that even if a participant communicated ambivalent, or even positive, feelings about the event itself, they also acknowledged the likelihood of disappointing others, or expressed an expectation of negative social judgment; these perceptions and expectations embedded negativity into their experience. In this way, the shared meaning evidenced in participant’s narratives can be directly linked to the taken-for-granted problem status of youth pregnancy (Fine & McClelland, 2006; Romagnoli & Wall, 2012; Shaw, 2010).

“... [W]hen I found out I didn’t tell [my partner] right away. I didn’t tell, like, any of my friends for, like, the longest time. I lived with five roommates, all which are really good friends, [but] I didn’t tell anyone...” – Grace

“... [T]hey [crisis pregnancy centre staff] were like, “well, what are you going to do if you are pregnant?” And I’m just like, “well, I think I’d be really happy, but I think my mom’s going to kill me” (laughing)...” – Hayley

As discussed previously, the problem positioning of youth pregnancy is largely accepted as fact because of assumptions made about how this event impacts on the lives of young women, their children, and society as a whole (Al-Sahab et al., 2012; Koffman, 2012; Macleod, 2010; McKay, 2013). An awareness of these shared assumptions essentially provides young women with a foundational understanding of their situation, or at least an expectation regarding how it will be perceived, and therefore provides a baseline for personal negotiations. In encountering a salient reproductive experience, for example, previously unexamined assumptions or beliefs may undergo more careful scrutiny.

“...I used to be the type of person where I would be like, “oh, you know, I’ll never have, you know, a pregnancy scare. I’m always going to be smart and

safe"... but just because things like that happen [doesn't mean] you're not smart or anything..." – Bev

In explaining the presumed or perceived negativity surrounding their own experiences, participants often made comparisons by constructing or describing an ideal in relation to reproductive events. These communications largely focused on three factors, which were thought to combine to produce the optimal conditions for experiencing a pregnancy; life stability, economic fitness, and a committed relationship status. It is important to note that these factors do not necessarily reflect participant's life projects. That is to say, not all participants aspired to participate in the narrative implied by these descriptors. Rather, these factors were used to describe reproductive situations believed to be socially sanctioned, or lacking stigma, and were also used as points of consideration in assessing reproductive readiness and feasibility.

"...I think age plays a role in mostly the financial aspect of it. Typically younger parents aren't as well established financially, so I find, like everyone says money isn't like the key to happiness, but money...is the key to like (laughs) living better *at least* (emphasized)..." – Grace

"...I work two part-time jobs, and I'm not married, don't live with the father, and I'm young. Like, I just don't have the...capabilities to give everything that I know I would want to give a child..." – Kaci

Importantly, participants did not specifically attend to age as an important marker of reproductive readiness. Rather, age was constructed as being generally indicative of other factors described as important. Interestingly, participant narratives also highlight a conflict between their own lived realities and age related expectations in relation to reproductive preparedness. This

conflict may suggest that perceptions regarding age and reproductive readiness lag behind the cultural and demographic situation in which young women are immersed.

“...I think people look at it a bit differently when you’re a bit older...I was kind of scared of that stigma too, because, like I am twenty-three and I, you know, I graduated from [post-secondary], so it wouldn’t have been crazy for me to have a kid right now...that’s where a lot of my insecurities came from and my doubts...”

– Ella

“... [I thought] if it [pregnancy] ever happened to me, if I was over twenty or twenty-one, you know, I’m old enough. I should figure something out. And then it happened and I’m like, no I can’t...” – Kaci

Underlying participant’s communications of both their own personal reproductive experiences and those hypothetical experiences described as ideal are embedded neoliberal notions of individual responsibility and risk management. As a dominant ideology, neoliberalism is internalized, to some extent, by the citizens constituted by that system as normative ways of seeing and being in the world (Brodie, 2007; Lippman, 2006). As discussed above, the social position young women currently occupy in the larger social structure is one marked by both uncertainty and possibility (Arnett, 2000; Bynner, 2005; Clark, 2007; Côté & Bynner, 2008). When viewed through the neoliberal lens, encountering a salient reproductive event from inside this space is undesirable; uncertainty evokes an obligation to engage in risk management, and the presence of possibility suggests a duty to capitalize. Neoliberalism’s thesis of individualism and individualization purports that the sociopolitical changes observed in recent history have increased the ability of individuals to construct their desired life path, and have also deteriorated structural constraints; such as those associated with class, race, and gender (Allen, Osgood,

2009). Within this narrative, self-interested citizens who properly manage risk are rewarded for their ambition, effort, and responsible decision-making with social and economic success (Brodie, 2007). Through this lens, it becomes a prescribed logic that reproductive events should occur after a woman has capitalized on the opportunities available in her possibility space, and has secured a committed partner in order to mitigate some of the risks and responsibilities associated with childrearing. Indeed, a key caveat required of the successful neoliberal female subject is the avoidance of early reproductive experiences (Allen, Osgood, 2009).

However logical this reasoning may claim to be this perspective is extremely problematic; it essentially factors out a consideration of a young woman's reproductive desire, and also implicitly advocates a reproductive elitism. Additionally, this construction perpetuates the false notion that fertility can somehow be controlled by responsible actors, which obscures the fact that there is no such thing as safe sex. The neoliberal demand that young women take up technologies of self-regulation and risk management in order to ensure their own success (Carabine, 2007), which is apparently vetoed through encounters with reproductive experiences, functions to mask - not fix - the issues of marginalization and structural inequality that impact access to sexual-reproductive health resources, and ignores the continued existence and operation of gendered power in heterosexual relationships (Spencer, Doull, & Shoverlller, 2012). In constructing an isolated individual who is reduced to an economic equation, the neoliberal lens frames youth pregnancy as problematic because it disrupts a young woman's participation potential, and reduces her ability to function as the ideal neoliberal citizen. Additionally, through the description of a reality in which responsible young women do not experience unintended reproductive events, a foundation for Othering is created (Eisner; 2013); if responsible women

do not have these experiences, then the young women who do must be irresponsible, or at fault in some way.

“...[I]t sounds like I'm just producing kids. Just, it doesn't sound good I don't think to be pregnant that many times at twenty four...It just sounds wrong...” –

Dawn

“...But you know that feeling of outsider, of you're - oh god, you can't tell anybody that you got pregnant. You're a teenager. Oh my god, you're an outsider, you're one of them...” – Iris

All participants were clearly aware of the social boundaries placed around legitimate reproductive events. By extension, and through neoliberal discourses surrounding choice and risk, participants also understood themselves as being accountable for the prevention of a reproductive event occurring outside of that aim. History is of course cumulative; both cognizing the female body as “risky,” and the positioning of women as sexual gatekeepers, represent old ideas rooted in notions of purity, and the “natural” subjugation of women (e.g. Berkowitz, 2012; Bromley, 2012). However, neoliberal ideology has provided a new frame and a new language for perpetuating these longstanding ways of understanding the female body. The crux of the neoliberal political project involves the elevation of market logic; the belief that there should be no distinction between a market economy and a (market) society (Brodie, 2007; Craven, 2007; Zon, 2013). Here, the individual is the basic unit of any society, and the individual's self-interested pursuit of success is imagined as the key to the success of society as a whole (Craven, 2007). Consequently, neoliberal ideology distributes and extends these kinds of market principles to social organizations and social actors, and rewards institutions and individuals for performing in accordance with this project (Jordan, 2005). The neoliberal paradigm embeds

market logic into the personal rationale of citizens; how we should live becomes a series of calculations involving individual risk and individual benefit (Brodie, 2007). Additionally, combined with a postmodern cultural zeitgeist, neoliberalism works to advance the notion that individuals create – irrespective of race, class, gender, and other factors that amount to a structural location – their own realities (van Zan, 2013); “I” am what I choose to be despite the obvious fact that I did not choose what I am. Accordingly, when a young woman encounters a salient reproductive event, regardless of the circumstances surrounding that event, the dominant meaning structures available invoke negativity and personal failing.

“...People think that, you know, if you’re smart and you study hard in school and you get good grades, and you have a great boyfriend and you have good friends, and you don’t party, it [pregnancy] won’t happen to you. Even though you’re having sex, it won’t happen to you because you’re good...” - Kaci

“...I felt trapped. Like, when I was pregnant I felt trapped, like I couldn’t escape the situation and, um, that no matter what decision I made I was going to be trapped...” – Fiona

Each participant encounters reproductive saliency from a position of already being-in-the-world, and consequently already holding social knowledge specific to the experience. As a result, the ontological shift that marks a salient reproductive event comes with a pre-package matrix of meaning that is filtered through the historically situated social system (Tolman, 1994); the dominant ideology and discourses of the day. However, while young women may first bump into generic meaning, the specifics contained within individual lifeworlds must also be attended to and negotiated with. Encountering reproductive saliency necessitates personally engaging with

pre-packaged meaning precisely because the “self” must be incorporated into the narrative; this is about “me”.

“...I was upset with myself ‘cause I had such high hopes for myself (sniffles and clears throat). And I didn’t want to be with [my partner] in that capacity, I didn’t want to be a parent with him...I just wanted to go far like in life...” – Grace

“...I was thinking...it’s going to be so cute, and it’s going to look like me, and it’s going to be so fun, but then I thought, but that’s not all that it is. It’s late nights, it’s diaper changes, it’s a lot of money that I’m a student and I don’t have...it’s a lot of things...emotionally and financially...” - Kaci

In that this situation is “mine,” participants were observed as situating themselves largely by attending to three factors: their emotional assessments; how does this event make me feel?

Considerations involving their life projects; what does this event mean in the context of my life, and my desires for myself? And reflections centered on identity; what does this event mean in terms of how I understand myself?

“...[A]ll I ever did was cry and I was just so upset all the time, like when I would think about my situation I would just break down in tears...” - Ella

“...I want to finish my degree and enjoy it, and have just my school to think about...” – Kaci

“...I don’t identify as straight, I identify as bisexual and for me... becoming pregnant as a bisexual woman...there was this whole identity crisis for me, like, what does it mean it be pregnant and bisexual?” – Grace

Situating oneself within the matrix of pre-packaged meaning attached to youth pregnancy, and engaging in individual considerations involving the “self” and the immediate life situation, opens

a space for constructing a personalized response to the reality ushered in by the salient event. Once personally situated in relation to the experience a relevant possibility space is illuminated. Encountering reproductive saliency includes confronting reproductive decision-making in some form. In instances where reproductive saliency is encountered without pregnancy confirmation this decision presents itself as an action non-action binary. That is, in the context of this event that has caused a fundamental shift in “my” reality, do “I” wait to see what will happen, or do “I” do something, such as access emergency contraception, to intervene? The possibility space experienced by women whose salient reproductive event includes a confirmed pregnancy can be described in terms of the three named reproductive options; abortion, adoption, and parenting.

All named reproductive options are infused with socially constructed meaning. Abortion, for example, is a reproductive option that carries a heavy social stigma in Canadian society regardless of a woman’s demographics (McIntyre, Anderson, & McDonald, 2001). Similarly, the discourses surrounding adoption offer a complex mixture of judgment directed at irresponsible women and the veneration of an action culturally understood as altruistic (Shaw, 2010). However, as discussed previously, parenting is a reproductive option where social acceptability is contingent on numerous factors including age. In Canada, social messages assure young women that economic insecurity and general unpreparedness will hinder their ability to raise healthy and happy children (e.g. Romagnoli & Wall, 2012). All participants communicated an awareness of the three named reproductive options, and the associated social meaning. Interestingly, all participants; although diverse in terms of confidence, resoluteness, and continuity, indicated that they had identified at least an uncertain preferred course of action before disclosing their situation to social others. This suggests that the resolution work associated

with an unplanned pregnancy may be something that women begin before other individuals are invited into the experience.

“I was nineteen, um, I’m twenty-two now, and I was dating my best friend and, um, I got pregnant, and I my initial reaction was that I wanted to keep the baby...” – Claire

“...I knew [what I wanted to do] right away - I never even considered [other options] for a second...” – Jessica

Negotiation: What they think

“[My mom] wanted me to...go to confession after I told her...her first reaction was, “oh okay were going to call [the Father] and set up a confession,” and I’m like, “no mom, thanks for being worried about my eternal soul, but no.” – Alex

From an interpretive phenomenological perspective, social interactions construct meaning as much as they convey it (Holstein & Gubrium, 1994). This idea is important here as the involvement of social others in a young woman’s salient reproductive experience adds additional layers to her negotiation process. As discussed above, it was observed that participants began understanding their new realities by drawing on available meaning structures. Reflecting on these meaning structures allows participants to make sense of the event. Engaging with this pre-packaged meaning, whether resisting, internalizing, or both, allows a young woman to orient herself within her own specific situation, and propels her towards considerations of the future. In considering the future participants, to some extent, begin the process of resolution work; that is they begin to formulate an answer to the question, what am I going to do? In disclosing the event to other people, who are embedded in the same culturally shared structures, the meaning of the event becomes (re)negotiated. Young women engage with and interpret these communications

and, to varying degrees, they are taken into account during the process of resolution work. The resolution itself is also negotiated through a process of reflection and communication, and eventually an outcome is decided upon. It should be noted here that all participants in this sample disclosed the situation to at least one personally significant social other; such as a partner or parent. It is expected that young women who do not disclose a salient reproductive event to important social others would experience Negotiation differently. In such instances the Negotiation process would be exclusively confined to the inner lifeworld of the young woman and could potentially intensify both the isolation and anxiety described by participants who went on to disclose. Generally, participants were noted as constructing the disclosure process as precarious because of the (re)negotiation aspect, and the potential judgment they were opening themselves up to. Consequently, participants were cautious in selecting and involving others in their experience of reproductive saliency.

“...I don’t think she [my mom] really believes in abortion and the morning after pill...I didn’t really know, like, how I was going to access it [emergency contraception]... I was hanging out with, like, one of my close friends the next day, and I was like, “can you drive me?” ‘cause I can’t really, you know, ask my mom to take me to the drugstore without her being like, “oh, what’s going on?”...” - Bev

“... [T]he beginning process of thought was more like who do I tell. It wasn’t really like what am I going to do, ‘cause I didn’t want to be influenced...” – Ella

In cases involving a confirmed pregnancy, participants gave primary consideration to the sexual partner involved and or their own parents. These social others were often positioned as stakeholders whose lives could also be changed by the situation. In this way, the involvement of

stakeholders was often constructed as a combination of obligation and a quest for support. Through the disclosure process the meaning of salient event becomes increasingly vulnerable to outside influence as other individuals bring their own working knowledge and assumptions into the situation. Hayley recounts telling her father about her pregnancy; "...He told me that I was destroying my life, I'm taking a step backwards. I'm never going to make it or anything..." For these individuals, arguably due their physically detached position, the meaning of the event is inextricably linked to socially constructed expectations and their own preferred outcome. Issues of power and positionality become further illuminated at this point when, within the current sociocultural context, age is read as an indicator of dependence and pregnancy status is interpreted as a personal failing. Both of these factors arguably put young women at a disadvantage in the Negotiation process. Below Ella describes the power differential between parents and dependent daughters, Fiona recalls how her pregnancy made her more dependent on a partner who was pressuring her to parent, and Claire describes how the meaning of her pregnancy was altered during the Negotiation process.

"... [I]n PEI a lot of girls who did get pregnant, or who would get pregnant, like, their parents were always like "oh, you have to keep the baby." My mom on the other hand was always like, "if you get pregnant we're getting you an abortion, you don't have a choice"..." – Ella

"... [My partner] kept saying like, "just do it [carry the pregnancy to term]. I'll support you." I ended up quitting my job because I was sick because of the pregnancy, and he said "you don't need to work I'll support you." And I did, I quit my job, and I had a really good job..." – Fiona

Interviewer: So you were nineteen and, um, in a relationship, and tell me about the pregnancy 'cause you said I was thinking about keep the pregnancy.

Claire: Um, well that was my initial reaction, but (laughing) most people around me were not extremely supportive of that especially, um, my parents and my boyfriend's parents, and him [my partner]...

In examining resolution Negotiation, it is useful to turn to the work of Charles Tolman (1994; 2009) whose writing rely heavily on the ideas advanced by Klaus Holzkamp; a German psychologist who was instrumental in developing a distinctly critical branch of psychology. From this perspective, living embedded within a world of societally produced meaning structures creates an epistemic distance between experiencers and experience that enables human beings to 'stand back' and reflect. This ability to stand back and relate to meaning structures creates a possibility relationship between meaning and action, which grounds action in meaning (Tolman, 1994). In other words, epistemic distance provides a space for assessing the relationships among conditions and action possibilities. The overarching question here becomes what is imaginably possible? In the case of pregnancy there are three named action alternatives; abortion, adoption, and parenting. Conceivable possibilities for action are developed through a relating to one's subjective situation, or lived reality; the available action possibilities must be subjectively realized for the individual. Here the young woman is positioned as an agentic actor with certain amount of power, or action potency, which is simultaneously expanded and restricted by her position in society. First, there is a question of what can be considered, and then there is a question of action possibilities. The question of what possibilities, offered by the situation, can actually be acted upon will depend on action potency, or the young woman's ability to act (Tolman, 2009).

As mentioned, all participants communicated an awareness of the three named alternatives. However, adoption was overwhelmingly constructed as a non-option for participants. The majority of participants described adoption as insecure option that carried with it many unknowns and many risks; the most emphasized risk was not following through on the adoption. For the majority of participants adoption did not present a secure path away from parenthood, which was the constructed function of that option, and was therefore rejected at the level of what is imaginably possible.

“...I struggle with believing whether adoption is really fair to anybody at any point, honestly...” – Iris

“...You can't always go to full term and give the baby away for adoption because then I probably would have ended up keeping it...” – Dawn

Abortion was also excluded from the realm of consideration for some young women.

“...I *don't* (emphasised) believe in abortion at all...” – Hayley

“...I was absolutely no [abortion] that's not for me right now. So she [the doctor] left it alone, but I'm very appreciative, now looking back, that she was that open about it...” - Alex

However, for the majority of participants, as for the majority of Canadian young women (Al-Sahab et al., 2012; Maticka-Tyndale, 2001; McKay, 2013), negotiating a pregnancy resolution means existing in a possibility relationship to both parenthood and abortion. All women operate from different subjective situations; the situation as discerned through an assessment of one's own action possibilities (Tolman, 1994). Participants communicated considering several factors throughout the decision-making process including but not limited to; the relationship shared with the partner involved in the pregnancy, intuitive responses to the

pregnancy, perceptions of family support, economic standing, educational goals, future plans or aspirations, and the expressed desires of prioritized others (i.e. partner and parents). Ideally, every young woman would experience a high degree of decision-making power in this situation; they would understand themselves as having the final say. This was the case for some participants. Both Jessica and Kaci, for example, experienced pregnancy as independent postsecondary students and described supportive relationships with their partners. As a result both were able to achieve a high degree of decision-making power.

“... [I]f I would have wanted to keep it he would have supported me, if I didn’t want to keep it he would support me. He was, he was agreeable to the facts that it wasn’t a good time, but he said despite all that if that’s [parenting] what you want to do...so be it...” – Kaci

“...I found out I was pregnant...My boyfriend was there with me...I knew right away—I never even considered for a second having the baby or giving it up for adoption or anything like that. I knew that abortion was the right thing for me...it only took five minutes, I think, for me and my boyfriend to decide this is what’s going to happen...” - Jessica

Other participants, like Ella and Grace, confronted decision-making with a higher degree of ambivalence. This uncertainty was expressed throughout the theme of Negotiation, and was evidenced by longer periods of communication and engagement with the perspectives of prioritized others resulting in an extensive amount of resolution work. Importantly, participants who described ambivalent feelings viewed both abortion and parenting as feasible options with each decision imagined as having both positive and negative features.

“...I never thought, like, it would be that difficult of a decision once it actually came down to making the decision. Like, it wasn’t as easy as I always thought it would have been to make...” – Ella

“...I didn’t tell my family at all until much later, after I had decided to keep, um, the child. I didn’t want to say that I was expecting and then go through with an abortion, but it is something that I contemplated for, it was several weeks at least...” – Grace

Action potency is always a function of a person’s position in society, which translates into perceived or discernable power (Tolman, 1994). In some cases the status of participants as young women functioned to limit their action possibilities. In this way, the possibility relationship is disrupted by circumstantial barriers. As highlighted by both Claire and Fiona’s narrative, this space can coerce meaningful decision-making.

“... [I] wasn’t being forced into it I just gave in...I changed my mind. I was like, “well, I guess this isn’t going to work out”...never mind kind of a thing...It wasn’t that I was being like coerced or forced, it was just, I was persuaded I guess (laughs)...I think it was just lack of support where I was like I don’t think I could do this [parent] without a lot of support...” - Claire

“...[H]e [my partner] shoved me again and a neighbour called the police...the first thing they said to me was, “do you have any children here?” ...That made up my mind, ‘cause I’m like this is the life that I’m going to have, and that’s the first thing they said to me was...“do you have a child here?” That’s when I had to change my mind (sighs)...I saw the baby at the ultrasound, I heard its heartbeat, I

had another appointment coming up for another ultrasound, I was excited... I was really excited. But I knew I couldn't do it. Not with him." – Fiona

Perhaps most concerning are cases where action potency and subjective situations combine to produce desperate locations. Iris was sixteen when she confirmed her pregnancy and, although able to identify her need for an abortion, was unable to identify a safe path to pregnancy termination from her position. Determined not to carry the pregnancy to term, Iris used the limited action potency she did have to act outside of the system.

"...[A]side from taking the pills, there was moments where we decided [my partner] would...punch me as hard as he possibly could in my stomach about five or six times, until that was too much for either one of us to really go through anymore..." – Iris

After a decision has been reached, participants generally fell on an anxiety-acceptance spectrum. Individual position on this spectrum is likely influenced by the level of ambivalence surrounding the resolution and perceptions regarding the social acceptability of the resolution.

"...I knew for certain at some point that I could do it by myself. And I think that's why I ultimately decided to keep the child, 'cause I had this moment of feeling like, you can do this..." – Grace

"... [E]ven until the very moment I walked into the exam room I was questioning my decision...you can't say that I am one hundred percent for this side...I was tossing and turning about my decision even after I'd already made it..." – Ella

Finalizing a resolution also often led to the involvement of health care providers and other professionals. As the majority of participants confirmed their pregnancies with home tests, professionals were largely constructed as gatekeepers to additional services; prenatal supports or

abortion services. The involvement of professionals adds an additional layer of communication and interpretation to the theme of Negotiation. However, another layer of concern and anxiety is also added; young women are often unsure of how they will be received, given their pregnancy status, by those constructed as authorities via their professional standing. Ideally, professionals would offer young women quality non-judgmental care in which the possibility space, as assessed by the individual woman, remains open or is expanded.

“...[T]he first thing that was out of her [the doctor’s] mouth actually when I found out I was pregnant the first time, and carried that to term, was you know we can, we can, we have things we can do about this if you don’t want to have a child right now. So she was wonderful...” – Alex

“...I never felt judged or any, you know, any negativity from my doctor. She’s pretty great...” - Claire

Unfortunately, the lived experience described by young women is often removed from the ideal. Professionals can also offer care that is perceived as judgmental and or functions to restrict the possibility space originally accessed by the young woman.

Interviewer: What was, what was, how did you find the medical community when you were going through? Maybe we can talk about the first experience first.

Hayley: The first time I didn’t like it at all. They weren’t supportive in the least [with my pregnancy].

“... [M]y own doctor wouldn’t have a part of it [facilitating abortion access]...it’s damaging, in a way. That information should be out there. There’s no reason, no matter how you feel about the issue, that women should not be able to access

information on abortion: where they would have to go, what the procedure involves...” – Iris

Outside of professionals, prioritized others continue to play a role in constructing the meaning of the resolution by offering communications that either support or undermine the decision that has been selected until it has been enacted.

“... [My sister] said “for someone like you or for a girl your age, if they willingly have sex with even the slightest chance that they could get pregnant, knowing there’s a slim chance that they could get pregnant, then they don’t have the right to have an abortion.” – Jessica

“... [M]om just sat there and she cried, and we went for a drive for about an hour...and she just kept crying. And then she said, “okay, let’s go shopping” (laughs) [for baby supplies]. So, she took it pretty good...” – Hayley

Different paths: Different experiences.

At this point it may be useful to underscore that the primary focus of this study has been placed on examining how young women experience and give meaning to reproductive events generally. As such, reproductive saliency is being used as an umbrella term to capture various reproductive experiences so that the common elements observed in young women’s communications about their personal reproductive experiences can be explored. However, it is important to acknowledge that significant differences were observed within the specifics of the reproductive event experienced. Young women who avoid pregnancy, for example, also avoid the physical certainty, symptomology, and limited possibility space introduced into reality when a pregnancy is confirmed.

“...I never felt the feeling, I guess, of knowing there is a human growing inside of me, if that makes any sense. And it’s sort of cool, it’s kind of neat so, I don’t know...” – Kaci

Therefore, while young women may experience reproductive saliency in the absence of a pregnancy - in that this period is experienced as Transformative and is mediated by a Negotiation with societal meaning and social others – this experience remains considerably different from an experience that involves a confirmed pregnancy.

The experience confirming an unplanned pregnancy, as it was described by the young women represented in this study, is common to the extent that the same meaning structures are evoked in trying to make sense of the situation. However as young women situate themselves within the event, numerous experiential contingencies emerge. At a conceptual level it is possible to imagine young women who encounter an unplanned pregnancy falling somewhere on a positive and negative reaction spectrum – is this a positive or a negative revelation? However, participant narratives describe a much more complicated reality in which reactions are mediated by a host of factors that produce responses that are much more nuanced. In the excerpt’s below Grace describes the circumstances surrounding her pregnancy as being more problematic or undesirable than the physical reality of her pregnancy, Ella describes being confused by her ambivalent feelings regarding her pregnancy as someone who previously understood herself as not wanting children, and Kaci confronts the paradox of experiencing positive feelings in relation to her confirmed fertility and negative feeling in relation to the timing of the pregnancy.

“...I think we were only dating for four months when I found out I was pregnant...*Terrible* (emphasised) news for Valentine’s weekend. Uh, not so much that I was pregnant...I think I always saw myself having one kid, it was just the

fact that it was with that partner...so it was a huge emotional roller-coaster for me. Just because I was in my [final] year of my [education program]...and then it was the fact that it was with someone who I didn't see myself being with for a long time..." - Grace

"...[A]s soon as I saw the actual pregnancy positive, like, *knowing* (emphasised) that I was physically pregnant that was a lot harder...[but] my whole life I was like, "I don't think I want kids"..." – Ella

"... [I was] excited but, like, oh crap, like, this is not a good time..." - Kaci

At this level, generalization becomes impossible as the pregnancy event cannot be isolated from the unique circumstances that makeup the lifeworld of the young woman experiencing the event. These circumstances provide a situated lens, rooted in the lived reality of the individual woman, for understanding what this pregnancy means in the context of her life at that specific moment in time. Additionally, as discussed above, the reproduction options young women have are entangled with pre-packaged meaning which can be engaged with in various ways. As young women begin to identify a preferred course of action these nuances are expanded into interactions with involved others. Young women's experiences can also be differentiated in terms of the support or opposition they interpret from their societal environment regarding their desired outcome. Young women who feel their reproductive decision is respected and supported arguably have a very different experience when compared to young women who feel unsupported, pressured, or coerced.

"... [My father] was the one that was saying "oh well, you're falling back a couple steps in life. You're never gonna amount to anything," and putting me

down and making me feel that way [that the pregnancy was a bad thing], but I never felt that way...” – Hayley

“... [My mom] said, you know, “we’re not disappointed in you, like, things happen,” but she was like, “you need to make this decision on your own...no one can make this for you.” So I was really surprised at how supportive she was at me making me own decision...” – Ella

In attending to these factors it is clear, and perhaps blatantly obvious, that many aspects of reproductive saliency, particularly intuitive responses to a pregnancy and the factors influencing reproductive decision-making, are not generalizable precisely because every young woman is an individual existing within a unique situation. Furthermore, different decisions facilitate different experiences. In terms of embodiment, for example, participant communications suggest that different decisions facilitate a different relationship with the body both physically and psychologically.

“... I had just this confusing guilt about prenatal care. Like, I thought, “Okay, I don’t need to have any prenatal care,” but I felt guilty...I purposely didn’t drink the whole time. But I didn’t know why I didn’t want to drink, which was strange. And it was just [these] really confusing feelings about prenatal care...” – Jessica

“... I read every single book, you know, I went to prenatal classes, I was, I loved being pregnant, there was no...like trepidation about it...” – Claire

Socially, young women carrying their pregnancies to term perform their experience publicly in a way that most young women pursuing abortion do not. Below Hayley comments on contending with rumors related to her pregnancy, and Grace describes how her pregnancy altered her social

experience in that it made her feel disconnected from her peers and made her a visible target for social judgement.

“... [S]omebody said that I slept with four or five guys and I didn’t know who the father was, and I was having triplets...” – Hayley

“...I felt like people could no longer relate to me. I was no longer a [student] at an [event], I was this (laughing) pregnant woman at a [student event]... [P]eople asked me if I was married. That was always awkward, like, ‘cause I don’t really think you have to be married to have kids anyway...at this point I was happily pregnant, like I said I was very supported through my pregnancy. At that point it’s like, like how dare you judge me and say that I should be with someone, or that I should be married in order to fully enjoy this pregnancy?” - Grace

However, although young women who carry their pregnancy to term are more visible than young women who do not, women who pursue abortion often encounter more stigma; whether through the discourse of fetal personhood that equates abortion with murder, notions of mandatory motherhood that villainize women who “take the easy way out,” or protesters outside of private clinics preaching evangelical condemnation, the messages young women receive regarding pregnancy termination are fused with stigma.

“...There’s no having your own feelings, you’re told what to feel. You’re an awful person. You’re a murderer. You’re a slut, you’re a—oh, I mean, I could pretty well just read off from all those signs in front of the clinic. They tell you what you are, they tell you how you feel, they tell you how you’re going to feel...”
– Iris

Interviewer: So what is the view of women who have abortions that’s out there?

Jessica: Um, murderers. Irresponsible. Selfish. I think [my sister] used the word selfish...self-centered...you don't want to set aside your life and your plans to raise a baby, to raise that life, so you're selfish."

Transformation: A Permanent Passage

"... [T]his is the biggest choice you'll ever make in your life...it's irreversible...you have to be prepared to one hundred percent accept it..." - Grace

The expression of a reproductive decision itself, regardless of the action, is another component of Transformation; other possibilities become permanently closed and the decision cannot be unknown or undone.

"...I had [my child]. And that was really the most amazing [experience] I've ever had in my life, but it was really hard too..." – Fiona

"... [I]t's a hard thing to put into words. It was just like all of a sudden, like, I'm not pregnant anymore...I don't have to worry, or think, or plan, or anything..." –

Kaci

As previously mentioned, encountering a salient reproductive event includes contending with reproductive decision-making. At a foundational level this process may occur hypothetically with the young women existing in a space where pregnancy disconfirmation is still possible.

"...I just basically waited and waited for that first period...I pretty much thought that whole time - what if, what if, what if - and I had it figured out in my mind what my decision would be..." – Iris

In such instances the action relationship is a foundation one; to act or not to act. If one chooses not to act there are two possible outcomes; she will eventually find out she is pregnant, or she will eventually find out that she is not. If resolved through disconfirmation the possibility of

experiencing pregnancy is closed; the woman is left to otherwise deal with the disruptive event that triggered the ontological shift associated with reproductive saliency.

“... [F]or a long time I was just like, uh, oh well, like, I wasn’t kicking and screaming so it wasn’t rape, but, you know, as the years have passed I’m like no that that was definitely rape...” - Bev

Regardless, the experience of reproductive saliency does require resolution. If the experience is not resolved through non-action and pregnancy disconfirmation, it must logically be resolved through some action. However, preventative action can occur in the absence of pregnancy confirmation, and such actions are interpreted as reflecting a young woman’s desire to avoid a pregnancy experience.

“...I remember taking, like, twelve birth control pills, soon after, thinking that, “Okay, that’ll help if nothing else...” – Iris

“...I ended up just going to a pharmacy...and I just asked them [for emergency contraception]...” – Bev

In the context of a confirmed pregnancy non-action and preventive action are no longer viable options. The body is experiencing pregnancy, one of the three options available to women experiencing pregnancy must be selected, and each requires the occurrence of a physical event. The physical process of both birth and abortion are subjectively experienced and cannot truly be shared. However supported a young woman may be during the salient experience up to the resolution event, the event is still something that can only be experienced her. It should be noted that all participants who gave birth did so in publicly funded Canadian hospitals. However, the majority (5) of participants speaking about an abortion experience accessed the service through private (for profit) abortion clinics.

“... [The nurse] was there with me through my whole labour and everything. And, she was so pleasant, like, she was very encouraging and, um, just telling me to keep with the deep breathing and everything...She was a really good support, and just walked me through everything. And mom was there too, and she was my other big support...” – Hayley

“...I think they gave you laughing gas during the [abortion] procedure, but that actually didn't, I remember that not having any effect on me at all, like, it didn't make the pain any less or make me experience it any less, like, I remember what, like, I remember them talking to me about stuff, and I remember that really clearly...” – Claire

Once the Transformative event has been journeyed through it is possible to suggest that the part of the salient reproductive experience is over and other aspects of the experience are just beginning. Indeed, that is what makes the resolution component Transformative; there is a sense of conclusion, but also a sense of commencement. In existing in possibility space in relation to different options, various life paths are explored and analyzed through a continuous pondering of hypothetical what ifs? Once a decision is enacted the possibility space is closed; a path has been chosen. Although alternatives may continue to be explored by reflecting on the imagined outcomes of other possibilities, the reality of the resolution is now part of the lived experience.

Negotiation: A Process of Making Peace

“...[E]verybody has different reasons too. Like you don't know...You never know like, there's so many different reasons on why [you make a certain decision]...” - Dawn

The meaning of the resolution enacted continues to be negotiated through interpreted interactions with meaning structures and social others long after the reproductive event has been

experienced. The differing timelines reflected on by participants during research conversations demonstrate an ongoing reflective relationship with salient reproductive experience(s), in which subjective understandings of the experience continued to undergo changes over time. In this way reproductive saliency, as an experience, is negotiated with, theoretically, as long it remains a conscious part of a woman's life narrative. This may seem obvious when considering young women who make the decision to parent and, through that decision, become mothers who negotiate with the meaning of that omnipresent role for the rest of their lives.

“...I can change my program, I can change where I work, but ultimately I'm always thinking, is this going to put food on my kids table? Am I going to be able to clothe my child? And then you think about daycare, and everything else in your life then becomes about your child...” - Grace

“... [T]hey [young mother's] have their later life to kind of get back to themselves. I know I'm happy when I'm forty I will be able to do and say...I say whatever now, but to go and come as I please...” – Alex

However, this ongoing negotiation with meaning did not just occur for participants whose decision was accompanied by a clear and defined role change. Participants who selected abortion also described an ongoing negotiation process with the meaning of their decision.

“...[O]ne day I'm relieved, like yesterday I was relieved, and the day before that I felt guilt, because there is a girl in second year who's having a baby...I have to remind myself that I can't compare because her situation is different than mine....it kind of changes day by day...” – Kaci

“...I'm good with me. And there's nobody that could change my mind on that at this point. Which is wonderful to say that I got to that point, and I wouldn't have

gotten there without this, you know, without going through that [abortion] experience. It's a part of me, and it's become a positive influence in my life..."

– Iris

Additionally, ongoing negotiations with the meaning of a salient reproductive event did not require a confirmed pregnancy at all. Below sections taken from Bev's narrative highlight an ongoing negotiation with having to access emergency contraception after being sexually assaulted.

"...I spent a lot of time blaming myself thinking, you know, that I was, you know, slutty, or dirty, or whatever, because of what someone else did to me..." -

Bev

"...I'm not going to feel any worse about myself or, you know, sense I'm doing something wrong because I'm doing something for myself..." - Bev

The observation of an ongoing and seemingly endless, negotiation process is of interest here for two reasons. Firstly, it again highlights the difference between a salient reproductive event and pregnancy anxiety; without experiencing a significant disruption in the flow of familiar experience there would be nothing to negotiate with.

"...[T]here are some days where I still think back to that moment...it's so weird

how you go back to it, but like, my identity it's so tied to that decision..." – Grace

Secondly, the common component involved in these ongoing negotiations, despite originating within extremely varied personal circumstances, can be linked to the concept of intersubjectivity.

Here intersubjectivity is best understood as a component of subjectivity; as a subjective experiencer "I" have perspectives, beliefs, feelings, and desires that make up the immediate standpoint from which "I" relate to a world outside of myself; in understanding that other

individuals are also experiencers in this way, “I” view others as both independent and in relation to “me.” In other words, through intersubjectivity, individuals perceive being perceived and - more than that - perceive being perceived within a matrix of shared societally produced meaning structures (Tolman, 1994). Indicative of the relationship between Transformation and Negotiation generally, the concept of intersubjectivity underscores how much of this experience is lived in the eyes of others. However, given the different meanings assigned to each reproductive option, and the fact that enacting different decisions functions to create different realities, clear differences were observed in the ongoing Negotiation process based on the decision selected.

Parenting narratives: An inconceivable shift.

As previously noted, in this study adoption was considered by one participant who began the process but later rescinded. As such, all participants who carried their pregnancies to term went on to parent. These participants largely discussed the ongoing Negotiation process in relation to the role of mothering – specifically in relation to what it means to be a “good mother.” In terms of making the decision to parent participants employed an “appropriate” discourse – parenting was positioned as being suitable under the specific circumstances, was described as an opportunity for improvement, or a combination of both.

“...[A]s our conversations progressed and as my pregnancy progressed, I wanted to keep the child more so because I felt I could be a good mom, and I didn’t give, excuse my language, I didn’t give a shit what he [my partner] thought anymore...” – Grace

“...I knew if anything was going to help me come off the drugs and the drinking, and all the medication I was on from the hospital, if anything was going to make

me come off of that it would be a baby. And I can honestly say [my child] saved my life because I tried overdosing that year too..." – Hayley

In this way, despite having an awareness of the negative cultural depictions of young mothers, motherhood was somewhat romanticized by participants - as it is by most individuals who report wanting to have children (Rizzo, Schiffrin, & Liss, 2012). All participants reported satisfaction with their decision to parent, and many attributed the decision with generating additional and positive changes in their lives.

"... I dropped out in grade ten eleven, and, uh, I went back for my GED's shortly after I had my first [child], and I passed it within the first go. I was in college the first month after I passed my GED's and I took [omitted], and I passed that..."

- Hayley

However, all participants engaged in parenting also communicated that their new role was accompanied by many challenges; the most common being integrating an omnipresent motherhood into their young lives.

"... I was a hundred percent sure when I had my child, and I still find it, like, just so hard some days, like, some days I'm like why did I do this, not that, I mean I love [my child]...I don't think that every day, but like considering the fact that, like, I was one hundred percent sure the entire time...and even still I'm just like oh my god..." – Claire

"... I mean you can look at someone with a child and think "oh, it's not that tough," but it is really hard...it completely changes your life...I had the maturity level I'd say of a fourteen year old in some, like I was a really good mother, but I didn't know how to deal with, uh, a lot of obstacles..." – Fiona

The realities governing motherhood are historically located and are impacted by both changing cultural constructions and alterations in social structures and organization. The current Western understanding of ideal childrearing practices have been heavily influenced by what Sharon Hays (1996) has identified as the “ideology of intensive mothering” (Pitt, 2002; Rizzo, Schiffrin, & Liss, 2012; Romagnoli & Wall, 2012). Hays (1996) argues that this ideology sprouted from the roots of essentialism and developmental psychology, and is marked by the increasingly accepted social expectation that mother’s should take the primary role in childrearing, and that mothering should involve an extreme amount of resource investment. The parent focused ideology of intensive mothering, which has generated immense growth in terms of purchasable parenting aids and developmentally focused children’s products, aligns well with the neoliberal paradigm (Hays, 1996; Romagnoli & Wall, 2012) as it has been discussed throughout this work. Intensive mothering is clearly exclusionary; only the most privileged women are able to provide the material and personal resources needed to participate. In this way, the ideology of intensive mothering becomes a vehicle for mobilizing the neoliberal risk discourse discussed previously; young mothers become a risk to their child’s development because they are not able to reach these (impossible) standards of “good” mothering (Macvarish, 2010; Romagnoli & Wall, 2012).

In examining motherhood through the lens of the ideology of intensive mothering an already omnipresent role quickly becomes increasingly overwhelming. Young mothers must negotiate with challenging parental expectations exaggerated by the accepted standard of intensive mothering, and also manage the often contradictory and paradoxical demands associated with emerging adulthood – including economic survival and education attainment.

“... [T]here are some people who are like, “well I have a part time job and I’m in school,” but you don’t also (laughing) take care of a child, like, there is no way I could do that. As soon as school ends at four o’clock I pick [my child] up from daycare and my days over...we go home I feed [my child] I bath [my child] I put [my child] in bed and I’m home...” – Claire

“... I wanna go back to school I wanna- you know. I don't like being on welfare. I don't like not having money...you know what I mean? I want good things for my kids...” – Dawn

Arguably, all first time mothers will deal with insecurities related to their new role, but for young mothers - who often lack the resources needed to participate in the idealized standards of mothering and are also socially devalued as a group - feelings of competence and confidence may be especially difficult to achieve and maintain (e.g. Neiterman, 2013). As such, this Negotiation can be a painful and stressful process that can exacerbate common insecurities.

“... [M]e being away was also my fear of failing as a mother because I didn’t think I could do it, you know? I didn’t think I could be a good mother to my [child]...” – Fiona

“... [T]here was a couple times where I came down really hard on myself saying I wasn’t a good enough parent, I wasn’t ever going to be a good parent, and, like, I’d call myself right down to the lowest because I just felt like such crap, like, there’s no other words for it...” – Hayley

However, through the Negotiation process, young women can also actively resist the socially prescribe standards of “good mothering” by constructing their own standards. Below, Fiona

reflects on how her understanding of what it means to be a “good mother” has changed over the course of raising her child, and Grace describes trying to make the ideal more realistic.

“...[B]efore I thought, well, to have money, to have a nice car and a nice house, and be with a guy, like a good guy, that was my ideal good family and good mother. And, you know, being really tidy and things, but I’m not tidy at all (laughs) and that’s fine...Now it’s a lot more of that stuff...the knowledge and, um, being a good example...Being someone that [the child] can look up to is important to me...” - Fiona

“...I think there’s a more realistic version of [the “good mother”], and it’s, you know, someone who does devote a significant amount of time to her kids and to her partner, and life, but somehow attains a balance where she’s not ignoring herself and her needs...” – Grace

In challenging intensive mothering ideals and redefining what it means to be a “good mother,” participants were able to develop a more confident voice from within their maternal role. However, as discussed throughout this work, the neoliberal emphasis on individual responsibility and risk management combined with the ideals of intensive mothering often work to put young mothers at a disadvantage, especially when they lack the support of a co-parent or other relational resources.

“...I just felt like I was losing it [after I had my child], and my sister actually, we went to the beach one day, and she said “you know you can ask for help.” And I said, “what do you mean?” She was like, “I know you’re not doing good,” and I’m like how’d she know ‘cause I was trying to hide it from everybody, and I just started crying...” - Fiona

“... [I]f I was a single mom I would not be able to do this [go to school]. There are no supports available...there’s all these just, just expectations...there’s an immense amount of pressure to do well and to be a good mom...” - Grace

In this way, it is important to remember that young mothers need encouragement and support not judgment and blame. Contrary to neoliberal ideology, it is likely that investment into programs aimed at ensuring access to basic needs; such as those working to address food insecurity and the exorbitant costs of childcare, would result in better health and wellbeing outcomes for both young mothers and their children (e.g. Romagnoli & Wall, 2012).

“...I personally feel like the funding for low income families or single parents, who are trying to, you know, go to school and get an education is...not enough...”
– Claire

“...It’s really tough, you know? ‘Cause I can’t work, really like there’s no jobs within the timeframe because I have to pick [my child] up at three o’clock...and I drop [my child] off at eight in the morning...” – Fiona

Abortion narratives: Conflicted passing

As discussed at length above, reaching a reproductive decision occurs through a complex process of negotiation on multiple levels. Participants who pursued pregnancy termination used a “necessity” discourse when describing reaching an abortion resolution; some circumstance or set of circumstances created a need for the abortion. Importantly, this need should be viewed as assessable from the subjective position of the experiencer only. All women who articulate wanting an abortion should be understood as needing access to this medical service.

“... [A]t the end of the day I just didn’t want to be a parent. I want to, I’m too selfish. I want to finish my [education] and enjoy it, and have just my school to

think about and be just me for a few years before I welcome another individual into my life...” – Kaci

“...I just—well, education was really important to me. And family was really important to me, still is. And it’s really important to have that certain foundation, and I did not have that...” – Iris

All participants reported satisfaction with their decision, and indicated they believed it was the right choice for them at that particular point in their lives.

“...I don’t regret this [abortion decision]. If I were to do it all over again, I would not change a thing...” – Jessica

“... [Abortion was] the best choice for me right now...” – Dawn

Nonetheless, as outlined below, participants who accessed abortion also expressed complicated feelings around their abortion experiences. Many participants, for example, rejected the notion of decision regret, but did talk about their decision in relation the emotional response of guilt.

“... [J]ust because it wasn’t easy doesn’t mean that I still don’t believe it was right. I still don’t regret it. I may from time to time feel something that I would call guilt, but it’s not anywhere near regret. I would never take back that decision...”- Iris

“...I still felt upset that I had done it, even though—and I was thinking about that, I was like, “Why am I upset about this when I know that it’s the right choice for me”...” – Jessica

The development and organization of emotional experience is influenced by the systems of meaning in which things; such as the “self,” social others, and objects, are rendered significant and intelligible (Tolman, 1994). In North America, there is a strong tradition of understanding

the “self” as separate from the collective; a substantial part of a person’s life project is to realize and actualize an authentic self, or to develop a unique identity (Tangney & Dearing, 2000). The “self,” as it is understood here, is established in and is constituted by culturally significant shared meanings structures. Therefore, social others become crucial in evaluating and appraising the performance of the “self” (Tangney & Fischer, 1995). By their very nature all emotions involve the “self,” and in that way all emotions are self-conscious. However, researchers have used the term “self-conscious emotions” to refer to a cluster of emotional experiences in which an evaluative component is the primary focus; emotions such as embarrassment, pride, shame, and guilt (Tangney & Fischer, 1995). The self-conscious emotions are founded in the socially embedded, or societal, reality in which people not only interact but evaluate and judge themselves and each other. Guilt is a negative emotion felt in relation to some action that is judged by the “self,” and believed to be judged by others, as “bad” (Tangney & Dearing, 2000).

In this way, it can be suggested that participants who obtained an abortion largely communicated their ongoing negotiating process in relation to abortion stigma. Abortion stigma can be loosely defined as negativity or disapproval ascribed to women who seek to terminate, or have terminated, a pregnancy, which is imagined as marking them as inferior (Kumar, Hessini, Mitchell, 2009). In this definition, the act of abortion is stigmatizing as it disrupts assumptions made about the “essential nature” of women as nurturing life givers. In examining participant’s abortion narratives it seems likely that the guilt reaction described by participants is related to a dynamic relationship involving three factors; an awareness or expectation of abortion stigma, internalized abortion stigma or an expectation of abortion regret, and authentic perceptions of loss – a loss in possibility or potential, for example.

“...I think that the general message [about abortion] is that it’s not the right choice...A lot of people would say that it’s wrong...so many people, who don’t actually have any real facts...spew stuff about it being a human life...” – Claire

“... I was really afraid that once I would start seeing children after my abortion that I would break down in tears, like, I was really scared that that was going to happen, but I would see kids in the stores and stuff and I would just be like you know what, “ugh I’m so glad that’s not me” (laughs)...” -Ella

“... [I wondered] if it was a boy or a girl, or what it would have looked like, and that’s really hard to think about, and I tried to suppress those emotions, you know...” Jessica

In obtaining an abortion participants are aware of the negative social connotations associated with the procedure. They may be exposed to anti-abortion messages in their social environment, or directly from people in their social networks who are unaware of their reproductive history. Arguably, the presences of abortion stigma can interfere with women exploring and processing complex feelings related to an abortion experience in that it can be difficult to disentangle the genuine response from the socialized frame of reference.

“... [T]hen these people, these things they’d say, that I was this awful person, and I started to, “Well, you know, maybe I’m an awful person. I am a bad—I’m selfish. I’m bad, I’m evil. I’m even worse, because I don’t take it back. I don’t want to regret it, I don’t want to take it back, that’s—and then that makes me so much worse, you know, I did for a while really get this plummet in self-esteem...” – Iris

This is not to say that every woman who accesses abortion feels any one way, or should. Rather it is acknowledgement that all of the young women who accessed abortion reported complicated feelings related to their experience. However, this observed pensiveness should not be confused with regret, which would suggest that the decision was interpreted as mistake, or that there was an expressed desire to undo it. This was not the case for any participant. Rather, these young women struggled to unpack and author the meaning of their abortion experience in a social context where abortion stigma fuels a host of negative connotations attached to the medical procedure. In this context little room is left for attending to, let alone expressing, the complex emotional response these young women reported contending with.

“...It is a big deal! You know? And there’s no support to it, because there’s a stigma around it that if you had an abortion, you’re bad in some way, and you’re slutty, you’re irresponsible, reckless, whatever...” – Iris

“... [I]t still hurts me when I think about it, it still hurts me ‘cause you think of the what if’s, but I know it was the right decision for me...” - Fiona

“... [T]here is so many emotions I guess, but I think it all just comes back to just, not so much regret, because I look at different things in my life and I’m like if I had have been pregnant I would have never been able to do that...it all plays just down to guilt, like, why couldn’t have done that, but then I’m like, well because of this. So, a bit of relief too. There’s a whole lot of things...” - Kaci

Participant’s ongoing negotiation with the meaning of their abortion experience highlighted a core tension between the meaning they assigned to their own experience, abortion stigma, and their ability to “pass” as a member of the dominant group (Eisner, 2013) – that is to be assumed as a woman who has not had an abortion. As mentioned, all participants described

their abortion decision as the right one for them and, interestingly, the majority described experiencing an increase in affiliation with abortion rights politics after accessing procedure. However, many participants struggled with integrating this into their own life narrative and living it publicly.

“...I feel more strongly about it now...I’ll speak out about it...I don’t walk around saying I had an abortion, but like I, I’m very pro-choice not, like, I don’t sit around quietly when people talk about it, but I don’t, when I talk about it I don’t talk about it from my personal experience...” – Claire

“[M]y parents are very, very (emphasised), if (laughing) it [pregnancy] happens too bad...they don’t know [about my abortion]...I think I would be disowned to be honest...but...I’m more aware of, like, my thought processes in regards to, not just reproductive rights, but like in general, like, people’s rights to choose and make decisions about anything...” – Kaci

As such, participants described an ongoing conflict with the desire to share their experience, referencing both catharsis and social progress, and a perceived pressure to remain silent in order to safeguard against stigma and judgment. Carrying the burden of this conflict can have a negative impact on health and well-being (e.g. Kumar, Hessini, Mitchell, 2009), and underscores the need to normalize abortion as a medical procedure in popular discourse.

“... [W]hen I view my life continuum like this, there’s this little scar, right there, that is hidden, that I’ll never be able to share with anybody, and I’ll always have it in the back of my brain...even though I know it was the right decision, and I know that I’m confident that it was the right decision and I would do it again, it’s still there. Still something that I’ve done, and I would like to view it as, instead of

being this hidden scar, as...a source of strength because I went through it, and I came out fine...” – Jessica

Transformation: A New Lens

“... [T]his is all coming from a post pregnancy...person only because [I] know I look at [everything] completely different...” – Ella

At the beginning of this work it was suggested that a salient reproductive event commences with a Transformative ontological shift, and that this shift marks a conscious awareness of alterations in a lived reality due to an experience related to a young woman’s potential reproductive ability. However, it is also possible to consider a more holistic Transformation related to the ongoing ontological and existential dimensions involved in a salient reproductive experience. Many participant narratives, for example, implied the existence of an “old self” that existed prior to the experience of reproductive saliency and a “new self” that emerged out of the experience. In this way a salient reproductive event involves a high degree of self-reflection in terms of both personal identity and in terms of one’s relationship to the world. Arguably this process of reflection, along with any related material changes experienced in the lifeworld, functions to facilitate personal growth and development. Through the experiential journey the initial negativity and self-blame reported by participants in relation to the Transformative event largely became reinterpreted as the experience contributed positively to their sense of self and their life projects generally.

“...I spent a lot of time blaming myself...A lot of, you know, shame I felt towards myself...I’ve kind of surpassed that, and kind of, I’m just so much more aware of so many things now...” – Bev

“...[I]n the end...these are my kids I’m going to be able to mold them and eventually make them who, help them with who they are going to be...[that] makes me happy...” – Hayley

“...I would like to view it [my abortion]...as an experience to learn from and a source of strength...and to think of it as solidifying and symbolizing my transition from this narrow Catholic viewpoint to being much more whole person, and being able to look at things critically, and being able to change my mind about things that have been so ingrained in me since I was a child...” - Jessica

This is not to undermine the struggles experienced and obstacles encountered by young women who experience a salient reproductive event, including difficulties associated with reconciling a past and a current sense of self.

“...I wish I would have maybe not pursued [the next level of my education] so early, and it’s hard for me to admit that, but [my child] is so young, but I just really want my career, but I think that’s like a residual dream from when I was still childless...” – Grace

However, it is acknowledgment of the positive elements described by participants, which may often be deleted through dominant constructions of the experience when articulated through a neoliberal lens.

“...I had quit drinking and I didn’t really go out or anything...I didn’t hang out with my old friends because they were into things that I wasn’t and I now was a young mother....I really felt extremely trapped and extremely isolated...[but] now my [child’s] older we joke around, we play and we laugh...” – Fiona

“... [I]t’s not just, like, marginalized populations that are affected [by unplanned pregnancy] who don’t understand what sex is and the consequences. It’s everybody, it happens, and that kind of put me in my place too ‘cause I’m sitting there kind of judging and I’m thinking I can’t do that. I’m here for the same thing [abortion services]...” – Kaci

Indeed, actively “working through” the struggles and obstacles encountered via a salient reproductive event may create the conditions for a more pronounced and lasting Transformation. As such, holistic Transformation can be understood in terms of the personal development and growth achieved through novel, experientially rooted, interpretations of the self and the outside world, which for participants often resulted in alterations in attitudes and beliefs.

“...I was younger, and was just actually appalled at first (laughing) that she would suggest it [abortion], which is funny because right now I’m...very passionate about it [reproductive rights]...”- Alex

“...I’m a lot more passionate, now, about, you know, being pro-choice and, you know, having access to the pill and to abortions than I was beforehand...” –Bev

It is important to note that one of the ways in which holistic Transformation was observed as manifesting involved experiential learning. In moving through the Transformation and Negotiation processes evoked by an encounter with an unplanned salient reproductive event, different forms of knowledge become acquired which can include; personal, social, relational, medical, and even legal.

“...I thought I was an educated person. As much as I could have been, like I was still, before I was pregnant at twenty- two I didn’t think I was an idiot. I thought I was pretty knowledgeable, even in sex education I thought I was knowledgeable,

but I still feel like I could have, I just wish I could tell my [younger] self, like, find better resources...” – Grace

“...[I]f I would have had more, like the knowledge I do have now when I was younger, I...might not have made the decisions that I made, that did cause pain and difficulty for me in the future...” - Fiona

Experiential learning was particularly clear in the narratives of participants who spoke about more than one salient event. Alex’s narrative is especially interesting on this point because her path to an adoption resolution during her first pregnancy was cleared by her ideological objection to abortion. However, in moving through her first experience with reproductive saliency, Alex experienced changes in her attitudes towards reproductive possibilities. Alex chose to parent the child she intended to place for adoption and, when she experienced a second pregnancy two years later, she pursued abortion. The experiential learning and personal growth achieved during her first encounter with reproductive saliency became a significant part of the Negotiation process during the second event. In this way, the element of Transformation, which is positioned as an essential aspect of a salient reproductive experience, becomes incorporated into the experience of being-in-the-world, and is carried forward into later experiences. As such, the experiential learning solidified through Transformation is applied to the Negotiation of later reproductive events and is made clearly visible within that process. This was an observed aspect of experience for all participants who spoke about more than one event, and would suggest that there is a qualitative difference between first and subsequent salient reproductive events.

“...I think it was just lack of support where I was like I don’t think I could do this without a lot of support...[a]nd as it turned out...I got pregnant again and I did it...” – Claire

“... [W]hy would I bring a baby into this world that I did not want or am ready to provide for?...I'm just being honest...I love my kids and that's what I can take care of...if I have another kid that I can't take care of then I get involved, I'm just thinking ahead of time, with child protection. My kids could be taken away...” – Dawn

Outside of holistic Transformation related to identity development and personal growth and change, including changes attributed to experiential learning, participants also reported a more comprehensive relationship with their physical self, particularly reporting a deeper level of awareness regarding their own fertility. In this way, participants understanding of their body's ability to generate life became more tangible and less esoteric or mysterious. Although this shift meant different things for different participants most reported experiencing an increase in physical observation and care.

“...I was pregnant for New Year's and I had been drinking on New Year's, but I had no idea...that kind of freaked me out a little bit, like, now I even watch that, like, I watch what I do and what I put in my body, 'cause I'm like in the event that I was [pregnant] I would want optimal development. It's a strange thing after it's happened...” – Kaci

“... [Pregnancy] really can happen on the first time, but it could be months before it could happen too. So, just, not to trust the whole it's not going to happen to me kind of thing...” – Hayley

Confronting the realities of a life giving body was also expressed in terms of examinations of reproductive aspirations; the desire to give life later, the desire to give life now, and the desire to exist child-free. Fears related to infertility were raised by some participants in relation to

abortion, while concerns related to the management of fertility was attended to by all participants. However, evidence of an enduring preoccupation with the physical body is noteworthy beyond the physiology of reproductive capability. As has been previously contended, the human body cannot be divorced from the process of embodiment (e.g. Butler, 1999; Waskul & Vannini; 2006), which means the human body itself is fundamentally social. As the female body is authored through social discourse and practice, she is gendered, and as she is gendered she performs. To the extent that she is read as female, this gender performativity is contextualized and policed through sociocultural understandings femininity (Butler, 1999). However, the body is also a location of production (Neiterman, 2013), and her body is also a tool for embodied action and conscious interpretation; it can be used to disrupt, resist, and question. For the young women represented in this study, encountering a salient reproductive event coalesced with a heightened awareness of a gendered reality that wrapped - perhaps tighter than it had before - around their embodied experiences. Consequently, the disruption introduced into reality via reproductive saliency was also observed as producing a saliency at the site of gender.

Gender Saliency: Who I am and How I am Seen

Despite the profusion of sociocultural changes described previously,⁸ men and women continue to occupy different social positions in North America. According to the 2013 Global Gender Gap Report, for example, Canada currently ranks in the 20th position, and now falls behind Australia, South Africa, and Cuba – all countries that Canada has traditionally outperformed (Bekhouch, Hausmann, Tyson, & Zahidi, 2013). To occupy a different position in society is to experience a different reality; these differences are manifested in both subjective experience and the generalized possibility space related to that position or social category

⁸ See section titled The Young Female Body in Context

(Tolman, 1994). A simplified⁹ consideration of employment provides an interesting example; there is a woman's subject experience of her workplace, but there is also a gendered pay gap that influences not only her possibility space, but also the possibility space of other people categorized as women. When a reproductive event, like pregnancy, is layered over this example researchers have found that women experience a negative revision in their status at work, often engage in secrecy and silence in order to manage their pregnant body and associated symptoms while at work, and often strive to perform at a higher level while pregnant so their body is not viewed as interfering with their ability to do their job - which could put their economic security at risk (Gatrell, 2011;2013, Neiterman, 2013). In this example, the precarious position women hold in society is illuminated by their pregnancy status, which is constructed around the world as the ultimate symbol of femininity, or as an essential feminizing experience (Balin, 1988).¹⁰ This greatly influences the experience of individual women simultaneously engaged in paid and reproductive labour. However, this example also transcends individual experience as it is shared by a group of people who are capable of experiencing pregnancy. As Gatrell (2011) argues, the presence of the pregnant body in the workplace forces the continued existence of sexism into view by antagonizing attitudes related to women's bodies, paid employment, and reproductive work.

⁹ This example is simple because it isolates gender; a complex analysis of this example would consider multiple factors such as race, class, age, sexuality, (dis)ability, and gender performance, and the effect of those intersecting identities as they relate to employment. However, in this example, the point is to highlight the dyad of subjective experience and the social category of gender. To the extent that a person is read as a woman or a girl they are categorized as such, and share that category, irrespective of other social categories, with other people classified in the same way.

¹⁰ As all of the participants in this study identify as cisgender women this work has focused on that perspective. However, this is not meant to devalue or silence the experiences of individuals who recognise themselves on a spectrum of masculinized identities, and also journey through pregnancy. These rich narratives offer an invaluable perspective for examining the relationship between pregnancy and gender. See, for example, A.K. Summers. (2014). *Pregnant butch: Nine long months spent in drag*. Berkeley: Soft Skull Press.

A salient reproductive event can therefore work to illuminate the construct of gender in ways that are not normally attended to. Gender is individually performed and experienced, but it is also applied as a construct of social organization. An employed woman may not give much thought to the gendered pay gap, but she will likely have a much harder time ignoring a sudden reduction in hours attributed to her pregnancy status. When a salient reproductive event causes ripples in other areas of life, like employment, the everyday gendering of experience is made visible against a sociocultural backdrop that implies the existence of gender equality. For young women, who have developed within a post-feminist sociopolitical context, this discrepancy may be experienced more acutely. Through their experiences of reproductive saliency, participants communicated becoming more aware of the operation of gender in their own lives - particularly in terms of their sexual-reproductive experiences. Such communications are captured by the theme Gender as Experience. However, in describing their personal experiences, and articulating their relationship to a gendered reality, participants moved into a collective consideration of gender. Using an empathetic imagination they could relate to other women through their own personal experiences, and this instigated communications of understanding, solidarity, and checked privilege. This recognition of a collective; with a shared sociopolitical position, is captured by the theme Gender as Category.

Gender as Experience: This is so personal

“... [A]gh. So many thoughts and so little words to express them, and it all comes out as feelings. These feelings that are imposed on you, and you don't know how to describe it...” - Iris

Young women's perception of themselves, as people, is indivisible from their situated understanding of their body. In the current sociohistorical context this understanding is framed by a troubling confound; your body is the most valuable thing about you, and your body is the

most dangerous thing about you. When historically situated, this positioning is actually fairly constant; “valuable” for the ability to give life and keep bloodlines pure and “dangerous” for essentially the same reasons (Hollway, 1984; Valenti, 2009). Today however, owing to the sociohistorical shifts described previously, much of discourse that constructs the young female body, particularly when related to sexuality, functions to disconnect her from reproduction (Harris, 2013). Arguably, this is related to the “Can Do” girl’s role as a labour resource in the neoliberal economy; available for filling both top tier professional positions and lower level casual jobs (Harris, 2004; 2013). In this context, young women are arguably most useful when they are childfree so, rather than reproduction, the young female body has become valued for participation in the hypersexualized mainstream consumer culture, which grew symbiotically with the “new sexual contract” (Gill, 2012; McRobbie, 2011). Even without specific prompting, participants articulated a tension between a hegemonic gender performance, or a cultural focus on women’s body aesthetic, and their own lived realities as young women.

“...[J]ust go to the toy section at the store, and you look at all the little girl toys, and everything’s these pink...fashion dolls with these miniskirts and lipsticks and purses, and design your own purses, and it’s all about fashion and image, image, image. You have to be sexy...There’s nothing else you gain from that except for that image of how you must be...” – Iris

“...I’ve seen young children twerking... [d]o they even know it’s called twerking? They don’t...[t]hey know that it’s shaking your butt and boys like it...girls know if they shake their butt guys will like them...” – Kaci

The female body is valued to the extent that it engages in the “technology of sexiness” (Radner, 2002). Young women are expected and encouraged to engage in both appearance work and

sexual cultivation; firmly linking contemporary femininity to consumer culture and heterosexuality (Evans, Riley, & Shankar, 2010). The danger of the young female body is that she remains susceptible to reproductive experiences, and these experiences are thought to disqualify her from the “Can Do” construction, perhaps relegating her to “can’t do” status.

“...I just wanted to go far like in life, and school and my career. And it was that moment (voice breaks/ sobs) [when I found out I was pregnant] that I felt that I wasn’t going to go anywhere...” - Grace

Today, it is fair to say that walking the tightrope of young female sexuality requires more than a harmonization of the Madonna-Whore dichotomy (Freud; 1912); it means balancing a social obligation to be an object of desire with the right amount of self-control, and engaging in risk management techniques that curb danger while maintaining desirability. Participant narratives suggest that young women engage with this sociocultural frame surrounding their bodies and sexualities in various and complex ways. All participants suggested or implied an understanding of youth sexuality as something natural, normal, and healthy. In this way, participants also understood their own sexualities as being normal, natural, and healthy.

“...I think most of sexuality is very natural...” – Grace

“...I don’t think anyone should be ashamed of the things they do [sexually]...” –

Kaci

Some participants were even able to articulate a privileging of their own sexual subjectivities; emphasizing their own pleasure and desires.

“...I can’t deny that I like sex better without a condom just because it, um, like never mind if it feels better for him, it just feels better for me (laughing)...” – Ella

“...I really cared about my sexual well-being and health, and I wanted to have a good sex life without damaging myself...” – Iris

These participants demonstrated an understanding of themselves as sexually desiring subjects who exist independent of the desires of others. This may suggest a turn away from reactive female sexuality (e.g. Rolleri, 2013); young women display an understanding of themselves as both physically and relationally wanting, and are able to consider each facet of need separately. In other words, while the female sex drive has traditionally been understood in terms of relational maintenance or work (e.g. Hollway, 1985), and thus disconnected from embodied physical desire, participants located their desire within their own flesh.

“... [W]e weren’t even really together it was just kind of a casual [relationship]...I just wanted to have sex...” - Bev

Although the concept of want can be interpreted in many different ways, it is significant here as when young women are able position themselves as wanting in a sexual situation they are also arguably enabling a position of entitlement; they understand their right to have pleasurable and safe sexual experiences (Fine & McClelland, 2006). Unfortunately, this is not a direct relationship; participant narratives underscore that locating female desire in the female body is insufficient for the production of positive sexual encounters.

If the silver lining of the current sociocultural context is the sanctioning of a subjectively desiring female sexuality then the cloud, at least the one attached to this particular silver lining, is the plethora of pressures and expectations young women encounter in relation to the image of the sexually desiring subject - quickly turned object. Here, the “Can Do” girl (Harris, 2004) and the “new sexual contract” (McRobbie’s, 2011) combine to produce an “up for it femininity” (Evans, Riley, & Shankar, 2010); she is always ready for a sexual adventure, and she is willing

to try pretty much anything. It is important to note that there is nothing inherently wrong with this particular femininity - if it subjectively owned and agentic. However, when “up for it femininity” (Evans, Riley, & Shankar, 2010) becomes hegemonic femininity, and participation in that femininity is culturally imposed, young women become the object of others assumptions and expectations.

“...He violated my trust, and, like, he tried things that I told him specifically that I didn’t want to try...” - Bev

“...I wouldn’t look back and think, “Wow that was a great [sexual] experience.” I look back and it’s like, “why did I do that,” you know...[S]ometimes I just felt pressured into it, and I would give in...it’s weird, and sometimes I thought owed it to them...if I laughed with them, or flirted with them, like okay I kind of, “well I kind of have to do this,” in some weird way I felt that...” – Fiona

When young women are expected to perform an available, confident, conscious, and commodified hetero-sexuality (Gill, 2012) the locus of her desire remains vulnerable to subordination and, perhaps even more alarming, her consent is often assumed.

“... [B]efore I got pregnant, I don’t know if this would be relevant or not, but it has a big impact on my life. Um, I was raped that April. And I had a really tough time...” Hayley

“...[W]e were fooling around one day, and we didn’t have a condom, but see, he’s all worked up, and he’s a teenager, and he’s, “Oh, well, I’ll pull out,” and whatever. And I said, “no”...I never did say yes, and I cried while we had sex, but I would never be able to call him a rapist, or call him out on that...you don’t quite

want to call it rape, not even quite date-rape, but there was just that pressure there...” – Iris

Gender violence has not been the focus of this study, but unfortunately it is an unnecessary feature in the life experiences of many women, feminine identified/presenting men, and gender queer populations (e.g. Bromley, 2012). In this sample of 11 young women, 4 participants disclosed experiences of sexual violence, and 2 acknowledged the presence of physical violence in previous or ongoing relationships. For two participants, Bev and Iris, their experience of reproductive saliency was directly related to an experience of sexual violence. Other participants shared such aspects of their lives in order to contextualize their reproductive experience; to better explain their behaviour, contraception decisions, or reproductive resolution. The intersection of gender violence with reproductive events has been investigated by other researchers who have found that gender violence negatively impacts young women’s ability to protect against STI’s and pregnancy, and reduces the ability to refuse sexual requests (e.g. Kalichman, Williams, Cherry, Belcher, & Nachimson, 1998). Additionally, reproductive coercion and contraception sabotage are common events in the context of partner violence (Miller, Decker, McCauley, Tancredi, Levenson, Waldman, Schoenwald, & Sliverman, 2010), and appeared in the narratives of some participants. It is estimated that 1 in 4 women residing in Canada will experience sexual violence, or intimate partner violence, in her lifetime and, although the federal government has listed violence against women as a priority, there is currently no federal policy aimed at addressing the problem (McInturff, 2013).

Whatever liberation is gained from a conscious awareness of oneself as a sexual subject is quickly eroded through sociocultural communications that transmit messages of an obligatory sexiness and sexuality, the continued operation of gendered power in intimate relationships, and

the continued perpetuation of a “boys will be boys” attitude that minimizes acts of violence against women. Not surprisingly, participants were highly critical when offering communications on this context; a context that functioned to structure their sexual experiences and relationships

“...Men don’t have to look sexy. Men don’t wear artificial things on their face...to alter their appearance to be more pleasing for the opposite sex...” – Iris

“...I didn’t ask to be raped, I was raped...and so many people, like, even police officers...like, “So anyways, what were you wearing?”...[W]hy don’t you ask what my rapist was wearing?...or how much he was drinking...We have such victim blaming society it’s horrible...” Bev

Participants remained critical when considering the resources and supports available to them as they attempted to navigate the often bewildering landscape of sexuality, sex, and relationships. Those who referenced their parents described them as an uncomfortable source of information, and an inappropriate source of support. Participants also described the sexual education offered through the public education system as inadequate in supporting their sexual development and addressing their relational concerns.

“...I didn’t get the knowledge when it comes to sex. When I told my mother I lost my virginity it was, “well I’m disappointed,” and that was it...” – Fiona

“...They don’t cover anything...just kind of like, “this is what your body looks like on the inside,” like the very biological perspective, like if you were to slice someone’s body here’s your uterus, and your fallopian tubes...they don’t get into, like, pregnancy, what condoms are, what birth control is. I didn’t get any of that, um, even as an adult, um, no one really talked to me about it...” - Grace

Therefore, while the majority of young women coming of age in this sociohistorical context will seek to avoid pregnancy, and will (problematically) interpret prevention as their responsibility; all participants described an insecurity that was directly attributed to a limited knowledge base and insufficient access to resources and supports.

“...I remember my first couple of times [having penetrative sex] I always went out and got the morning-after pill, because I was *so* (emphasized) nervous about getting pregnant. I did not want to get pregnant. So, I think I was extra cautious...” – Grace

“... [G]ood girls can have sex, but they can’t get pregnant... I did not want to get an STD, I did not want to have a teenage pregnancy, you know? ... [A]nd it just happened. And I was a good girl...” – Iris

The “Can Do” girl, “up for it” feminineness, and the “new sexual contract” (Evans, Riley, & Shankar, 2010; Harris, 2004; McRobbie, 2011) provide young women with a lexicon of femininities that structure their experience as young women in the world. Without question there are many ways to perform femininity within this frame; including oppositional or subversive femininities. However, even resistant femininities require an awareness of the hegemonic in order to perform the Other. The point here is not how the female gender is taken up and performed by the individual, but that this performance is structured even when viewed critically. However, once a salient reproductive event is encountered, participants are forced outside of that very structure; they have disrupted the dominant life course narrative presented to young women today. Forfeiting their claim on a sociopolitical discourse of possibility and potential, they confront a reality in which women remain very much restricted by their reproductive capability. As such, participants’ communications highlight an increasing awareness of gender inequality as

it is made visible and interpreted in the context of their experiences. For the most part, participants' critical engagement can be organized around two reoccurring concepts that impact on the phenomenon of reproductive saliency; gendered accountability and gendered discipline.

Gendered accountability refers to participants' perceptions that they were viewed as being more responsible for causing the experience of reproductive saliency than their partner was and, based on that premise; they were also constructed as being more liable for the outcome or resolution regardless of contextual factors. Arguably, the experience of gendered accountability is linked to the feminization of pregnancy prevention as it has been described throughout this work; traditionally women were imagined as sexual gatekeepers responsible for managing the sexual behaviour of male partners, whereas today contraception responsibility has been layered over that assumption – obscuring not negating it (e.g. Berkowitz, 2012; Bromley, 2012). Relatedly, this gendered accountability is not nullified by sexual violence, or distributed differently based on reproductive resolution.

“... [A]fter the [sexually violent] experience I had on my nineteenth birthday I told one of my best friends, and she told me, like, “oh, you’re not turning into one of those girls are you?”...it’s just like that’s ridiculous, like, there’s so much such naming and victim blaming going on...” - Bev

“... [M]y boyfriend at the time, he could have told anybody. It wouldn’t have mattered. Because once it got to that point, it’s, “Well, it’s not him that got pregnant. It’s me that got pregnant. It’s my fault. It’s not him that got an abortion, it’s me that got an abortion. So then he gets a certain leeway that I don’t, which is really frustrating...” - Iris

“...[My child’s father] lives in an expensive midtown apartment, he goes shopping, he goes out to bars and restaurants daily, but, so he has all this money, but technically he doesn’t owe me anything ‘cause he’s not employed...[t]hey [child support laws] don’t recognise that he has a visa that the bill goes to his parents...” – Claire

However, participants speaking to abortion experiences generally spoke about a gendered blame. Here the negativity associated with abortion is assumed and, because the medical intervention occurs within her body, she is constructed as being culpable in ways that her partner is not. Her physical involvement with the stigmatized procedure functions to erase the other person required for a pregnancy event from view; negating their role in producing the pregnancy situation, and rejecting their potential involvement or support in the decision-making process. This gendered liability manifests through isolated considerations involving the products of conception and her abortion decision. Below Fiona recalls her sibling’s opposition to her abortion decision in spite of their support for her leaving the abusive relationship in which the pregnancy occurred, and Kaci explains not disclosing her abortion experience to her parents because she believed that their ideological objection to the procedure would prevent them from considering her situation holistically. In both cases the reproductive decision is segregated and judged “as if” it can be understood devoid of context.

“...My sister was like, “no, you should keep it,” and my brother was saying like, “it’s a gift from God, a baby is a gift from God” and stuff. So, and it was thrown in my face shortly after I got home, um, from my siblings about me having an abortion...” – Fiona

“...They [my parents] have no idea [I had an abortion]...I think I would be disowned to be honest. Big time...I even asked my dad once, like, why he feels [anti-choice] and he didn’t have an ans,...[t]here’s no logistics behind it...” –

Kaci

Participant communications also suggest that their partners were aware of this experiential difference. Below, for example, Jessica’s partner implicitly suggests that his parents would hold her responsible for the abortion resolution “as if” he did not participate in the decision-making process and support it.

“... [M]y boyfriend had said to me “If my parents ever found out [about the abortion], they would disown you.” And I was like, “Yep, you’re right, they would...” – Jessica

It is important to note that these reflections on the presence of gender blame in relation to participant’s abortion decisions should not be misconstrued as a suggestion for power sharing in reproductive decision-making; the embodied reality of pregnancy and birth combined with the human need for bodily integrity refute this position unequivocally. Furthermore, when partners are willfully included in the decision-making process and are supportive of an abortion resolution, as was highlighted above, gendered blame remains palpable. It is the decontextualized form in which gender blame manifests, not her decision-making power, that is the issue. When abortion is the desired or achieved resolution in a pregnancy situation it is problematically made the isolated point of focus; no reproductive resolution is made, or will be intelligible, without contextual considerations. Gender blame, through the insinuation that an abortion decision says something negative about a woman’s character, builds from the woman shaming premise that insists responsible women should be able to prevent an unwanted or

unplanned pregnancy. These simplifications; in light of all of the complexities discussed throughout this work, are only possible from a decontextualized, and thus inherently flawed, perspective. The presence of gender blame feeds into abortion stigma, which functions to silence the voices of women who have actually experienced abortion.

“...I know you believe that abortion is awful, I know you believe that everybody who’s had an abortion is awful, but you know, am I awful? Like, if I told you, would you think that [about me]?” - Iris

Participants engaged in parenting discussed gendered accountability in the form of an unequal parental permanence. In this way, the differing constructions of motherhood and fatherhood functioned to position young women as more responsible for the provision of child care in every sense. At the time of interview, none of the participants engaged in parenting remained with the partner who had fathered their first child. Paternal contact ranged from non-existent to scheduled involvement, and financial support ranged from none to minimal.

“...I was nineteen when I had my first [child], and, uh, the father left me. So, it was kinda, (sighs) that was hard...He stopped seeing [our child] completely when [the child] was three months old, and, uh, yeah that was pretty much it...” – Hayley

“...I get a little bit of money [from my child’s paternal grandparents]...the money I get...doesn’t quite pay for the formula monthly...” – Claire

As discussed previously, young mother’s recounted a reduction in their perceived autonomy during pregnancy and after birthing their child. However, participants noted this loss in autonomy was not experienced by their partners in the same way or to the same degree. The moment a parenting resolution is made young women become responsible for engaging in

prenatal care and report engaging in transitional activities. That is to say, before the child is born young women are engaging in care and planning. However, young fathers have no physical tie to compel prenatal care, and are not necessarily required to engage in preparatory parental behaviour.

“...He [my partner] was just out doing his thing, like partying and doing crime, and I was working at this fast-food place trying to get a future going for the baby...” – Fiona

“... [My child] lives with me fulltime, and he sees his father [for] a week [at a time] every once and awhile, not even often...he [my child’s father] can do whatever he wants with his life...if he wants to go to school...he can do that. He works fulltime, he works overtime, there’s no worries about can he pick up his [child]...up until this point he’s never had to pay more than a hundred and twenty dollars a month for [the child]...it’s like my entire life is putting a roof over [the child’s] head, and feeding [the child], and saving for [the child’s] education, and buy cloths, and the list goes on...” - Grace

In this way, motherhood was constructed by participants as an all-encompassing role that demanded extensive involvement with childrearing, but fatherhood was described as something more removed that permitted a high degree of agency in determining the intensity of involvement – an agency that they as young mothers did understand themselves as having.

“...[H]e would use that to his advantage that I’m always going to be there, and he’s gonna go out and party and come home when he wants...I can’t just up and leave the baby by itself...” - Fiona

As the constructions of parental roles have historical roots in the gendered division of labour it is possible to suggest that all women, regardless of age, contend with them to some degree on the journey through parenthood (e.g. Wolf, 2001). However, it is also possible to suggest that there is an intersection between age and fatherhood related to social expectation and convention.

“... [T]hat’s not around the guys. It’s not, “he’s the guy that got four girls pregnant,” because there is lots of guys that have got four girls pregnant. And the only people that care about it are the women that had children with them. They’re the only ones that are really upset about it. Nobody else seems to find much flaw in it. You can be so carefree, as a guy growing up...” – Iris

The “boys will be boys” cultural narrative, which suggests that males cannot control sexual seeking behaviour and should not be held accountable for the aftermath of sexual encounters (e.g. Hust, Brown, & L’Engle, 2008), may work to excuse young men from an involved fatherhood. Consequently, when young men do strive to be actively engaged fathers it is constructed as extraordinary.

“...I mean, it’s like that in every way, like, parenting and everything, and being told, “oh, isn’t it so nice that your sons father picks him up from daycare in the afternoon,” and I’m like, “well, isn’t it so nice that I take him there every morning.” (laughing) And again...you’re expected to do that because you’re the mother. I just, you have double standards like that all the time...” – Alex

Gendered discipline follows directly from gendered accountability; young people are not supposed to encounter a reproductive event and, as young women are constructed as being responsible for the prevention of reproductive experiences, young women also become the target of social criticism and punishment when a salient reproductive event is encountered. Again, this

disciplinary gaze¹¹ does not require the confirmation of pregnancy. Young women who access preventive measures outside of contraception are also the targets of outside judgment.

“...I went to go get it [emergency contraception], I’ve always been told I look much younger than I am...the pharmacist was going over, like, all the possible side effects...she looked at me for a second, and she was like, “how old are you?” And I’m like, “twenty-one” and she’s like, “oh, okay good.” And I was like, “what?” and she was like, “oh, well I just thought you were a lot younger”...[W]hen I said, “oh I’m twenty-one” it was fine, but she had to get that cleared away, kind of, before...If I was sixteen you wouldn’t want to give it to me? Like, you’d think you’d want to give it to me more because I’m sixteen...” – Alex

“...I felt like the people, the other people who were, like, waiting for stuff [at the pharmacy] were like looking at me [getting emergency contraception] being like, “mmm” (disapproving sound)...” - Bev

Once a pregnancy is confirmed gendered discipline attaches to the young female body in various ways. It may operate through a focus on the physical state which, through constructed social standards, casts the young woman as an offender in an unacceptable situation.

“...I kind of feel like there is this massive society stigma of getting married, or getting pregnant sorry when you’re not married...” – Ella

¹¹ Philosopher Michel Foucault cannot be credited with concept of gaze, as a description of the human beings conscious awareness of being viewed. However, he can arguably be credited with adding an analysis of power to the concept of gaze; authoring the term medical gaze (1963), and the term disciplinary gaze (1975). However, while Foucault discusses issues of surveillance, regulation, and conformity, in this work the concept of the disciplinary gaze is evoked as a form of punishment in itself.

“...[G]ood girls don’t get pregnant. Good girls can have sex, though. You know that, good girls can have sex, but they can’t get pregnant...” – Iris

Alternatively, discipline may occur as a result of the disruption to gender performativity (Butler, 1999). As it is difficult for the young female body to be simultaneously up for anything and pregnant, she becomes excluded from performing the dominant ideals of femininity as they are espoused at the current sociohistorical location; once pregnant she becomes cast as the Other.

“...I felt that, like, when I told my friends, they’re obviously not going to openly judge me or say negative things, but as soon as I was pregnant (laughs), I guess it comes down to are you still able to drink any more with us? And as soon as that’s crossed off the list, I was just like a stranger...” - Grace

“... [A]ll my friends would be asking me, “Oh, let’s go out this weekend!” And then I would have to lie and say that I had school, or something. I couldn’t tell them why [I did not want to go out]...” – Jessica

Discipline is also expressed differently in relation to the reproductive resolution; young mothers described unsolicited evaluation, while young women who spoke about abortion described a devaluation of character.

“...I felt so, it was like this cognitive dissonance between...I feel quite happy now, and I’ve felt quite okay being a single mom by this point, and then like this negative judgement...” – Grace

“...[T]here’s just so many people who would just see it [getting an abortion] as, “Oh, you’re slutty and you’re irresponsible, and you’ve done something that I find morally apprehensive, so I don’t like you...” – Iris

Additionally, this discipline can be administered in various ways; through personal relationships, by strangers, gatekeepers to services, government and institutional policies, and media.

“... [My child] was in the hospital for...bronchitis, so they kept [her/him] in so they could keep [her/him] on the respirator... [I] was twenty, and probably looked like I was seventeen. The nurse [was] very short, very direct, like, not very friendly. And again, “do you mind if I ask you how old you are?” “Twenty.” Attitude changed...” – Alex

“...I had people coming up to me with signs that said baby killer and let your child live, and all this other stuff. And they actually had people that work at the Morgentaler [abortion clinic] that escort you inside...They warned me [about protesters]. I didn’t think it would be that bad though, there was about fifteen of them with signs, just surrounding the clinic, like right up to your car...” - Kaci

Regardless of where the discipline comes from the important point is that it is gendered; it is young women, and not their partners, who are the focus. Male participants are obscured and absolved, and may even participate in disciplinary behaviour, which further underscores gendered accountability.

“...I felt like I was an awful horrible person because in his terms I was a murder and I murdered his baby, like it was mine too, but it was his baby...he just held me to the fullest about that, just made me feel really awful. When I already felt awful about it...” –Fiona

“...In the end it is just you. It is just you being judged, like, the people judging you aren’t like, “well, what about whoever got her pregnant...” – Grace

Through gendered accountability young women learn they are unequivocally and unequally liable in the context of a reproductive event, and through gendered discipline they become aware of gender based assumptions, assessments, and judgement that impede their ability to author the meaning of their own reproductive experiences. Consequently, through reproductive saliency, young women confront an aspect of life in which they are completely answerable but without complete control.

“...I want to get my tubes tied ‘cause I just, I don’t want any more kids. I want the two I have and that’s it. And, no one, I can’t even have that done until I’m twenty five, or have three kids. So it’s like...who gets to make the choice about what I want to do with my body...” - Dawn

“... [I]n the end I was thinking of the baby, like, what is this baby going to go through if I do decided to keep it...I just felt at that time in my life I wasn’t strong enough to get out of that relationship, but I was strong enough to not being an innocent baby into that [abusive] relationship...” – Fiona

As young women engage with this paradox; dominant responsibility without autonomous control, the notion of achieved gender equality is exposed as a fiction. Women, it seems, remain very much bound by body.

Gender as Category: With the way the world is

“...[W]omen today, we can’t truly compare ourselves to that [old/traditional] ideal...we can’t be this power worker...and then come home and do all the same things we were supposed to do, like, eight to five before...” – Grace

To be a human being entails connection; we emerge from what was before our birth, and preceded what comes after our death. Heidegger (2010) used the term “facticity” to refer to the

fact that human beings are born, or “thrown,” into the conditions of their existence and are constituted by and through those conditions before agentic action is a possibility. In this way, much of human connectedness is involuntary. The fact that new beings are categorized into groups differentiated by things like sex and race, the meanings of which are authored through a cumulative sociohistorical process, reflects the involuntary-ness of social identity; the markers used to connect and separate the human in being. However, as suggested throughout this work; the current Western focus placed on the imagined isolated individual, in both cultural and political arenas, functions to overemphasize the agency of the subject, and minimize, if not deny, the role such markers play (to the extent that they are readable) in structuring human experience. However, as a salient reproductive experience necessitates intense reflection and increases self-awareness (see sections on Transformation), and as some of this reflection occurs at the site of gender (see Gender as Experienced), which is a population – rather than individualized - label, engagement with the notion of a collective identity was also observed in participants narratives. In other words, the increase in self-awareness associated with reproductive saliency, which was observed as involving engagement with gender, also incorporated a sense of collectivity

First person subjectivity, the “I,” is only possible in relation to an-Other. In this way, subjectivity is contingent upon intersubjectivity; the conscious, or psychological, relation between individuals (Tolman, 1994). In attending to the function of gender, in terms of their own salient reproductive experiences, participants invariably expanded their considerations to include others who were imagined as being capable of similar experiences – namely other women and girls. Participants’ engagement with an intersubjective space of consciousness primarily emerged from embodiment; a shared reality was recognized in light of fact that other young bodies were capable of experiencing a salient reproductive event, and these similar bodies also exist in a

collective contextual space – regulated and policed through the existence of common systems of sociopolitical and cultural meaning. Importantly, although the collective population imagined by participants developed from an acknowledgement of shared biology, their articulations did not focus on reproductive difference; the fact that persons with uteri have a reproductive possibility that persons without uteri do not. Instead, participants’ communications highlighted a grappling with reproductive oppression; the control and exploitation of women via body, sexuality, reproduction, and labour (McQuade, 2008).

“... [E]ven women who merely seek reproductive services, like, even younger women who, you know, look for condoms or safer sex birth methods. Well, they [gatekeepers] look at you and “oh, you’re too young.” Well it’s not your decision...” – Kaci

“... [W]e [women] want equality so we... I have to phrase this the right way. It’s hard. It’s almost like we’re striving for equality with a man... then we still have these whole, this whole raising children, cleaning, the cooking, like all the house hold duties, those still only rest with us. There is no man fighting for equality to part take in that aspect of life... That is still a woman’s duty, when they’re a mom especially, it really is, and there’s no one fighting for half of that...” - Grace

The problem was not the fact that they *could* experience pregnancy, nor was it that they had - *if* they had. The problem was how the experience was socially understood, the gendered (not to mentioned ageist, racist, and classist) assumptions that grounded those constructions, the problematic social connotations (again relying on sexist, ageist, racist, and classist systems of meaning) associated with each reproductive decision, and how these factors combined and functioned in both macro and micro contexts. Therefore, while sexed biology made reproductive

saliency a possibly, and this possibility provided participants with the foundation for a consideration of collectivity, gender – not sex – was described as the locus of reproductive oppression. It was socially constructed notions of gender that skewed accountability in the sexual-reproductive realm, and consequently exposed women and girls to an array of disciplinary measures. The uterus had not produced the vulnerability and responsibility bias described by participants, and experienced by other young women; social positioning, categorical binaries, and problematic systems of meaning had.

“...There’s not these restrictions [on men] that women have. I don’t know how to describe it. There’s so many things about this world that are just awful for women...” – Iris

“...I know women are making really good strides in the workplace and, you know, it’s changing a little bit, but it’s still really not, like, I remember in a lot of my jobs when I would try and make accommodations for having children it was like “well we hired you, like, based on, like, anyone else and we want you to work these hours. If you can’t, we’ll fill it”...[I]t’s like based on this idea that anyone can work anytime, regardless of if they have kids or not, and they’re not going to accommodate...” - Grace

All participants experienced reproductive oppression to some extent. For some this oppression operated mildly, although unforgivingly, through the imposition of negativity – social disapproval and judgement, for example. However, for others, reproductive oppression appeared more acutely as they attempted to manage a dynamic web of externally imposed considerations and points of coercion – volatile and violent relationships, gatekeepers to reproductive-health services, cumbersome policies surrounding reproductive healthcare, informal policing

mechanisms in the social sphere, and the list unfortunately goes on. Regardless of the severity, it was participants' encounters with reproductive oppression that forced a problematization of the post-feminist context in which they had come into being as young women.

“... [T]here's so many women that are getting sick and tired of how the status quo is, and the double standards that people say, no they're not there - Hey you can vote now so everything must be fine. Well it's not, because doctors aren't giving the [abortion] referrals that they're supposed to, and women don't have complete control over their own decisions...” – Alex

“... There's these huge [gender] gaps that exist that are supposedly addressed in policy, and that can't even fix it... what else can women do... and everyone is all against feminism, but they're fighting hard for a reason. You make tiny little steps forward and, but there's, everything is still the same, and we're being fooled to think it's different...” - Grace

In talking back to post-feminism and the myth of gender equality, participants moved away from a focus on their own personal experiences in order to consider a more general and shared reality. To be clear, this shared reality is socially constructed; there is no universal essence that is identifiable as “woman.” Gender, when viewed through the conceptual paradigm(s) guiding this work, is a socially reified illusion. However, to the extent that the concept continues to play a major role in hegemonic social structures; acting as one form of social stratification, it is a real shaping force in material reality. Encountering, and attempting to make sense of, reproductive oppression in a post-feminist world required that participants dissect the grand narrative of presumed gender equality. In this process participants had to acknowledge that they, as individuals, were not the only ones fooled by the illusion, or the only ones affected.

“...[L]et’s just reconceive what it means to have it all as a woman...we might be getting a little bit ahead in the workplace, but we still this, like, huge baggage that we have to deal with...with the kids and everything. So, is that really equality?” -

Grace

The presence of sociopolitical controls that limit possibility, or reality construction, has been identified as a typical feature in the lives of oppressed populations (Denzin & Lincoln, 2005). However, in the current sociopolitical context, the oppression of women is often successfully obscured by both regulatory efforts; laws and policies aimed at advancing gender equality or limiting gender discrimination (e.g. Spade, 2013), and neo-sexism; where discrimination is masked by a denial of structural inequality - legitimated by an apparent legal resolution to discrimination - and through a cultural discourse of meritocracy (Gill, 2011). At the site of reproductive saliency; where the flow in familiar experience is disrupted by a significant event relatable to reproductive capability, a material world is also revealed in which the concept of autonomy and the female body remain estranged. This revelation occurs precisely because, in the absence of reproductive justice, reproductive oppression is confronted by essentially all young women who experience reproductive saliency. Slut shaming and “up for it femininity” (Evans, Riley, & Shankar, 2010), for example, preclude a sex-positive focus on enthusiastic consent, reinforce the heteronormative historically entrenched patriarchal position that men are entitled to women’s bodies, and leave young women managing their own sexual behavior while also being held responsible for the sexual behaviour of her partner or rapist.

“...[Y]ou could ask ten different people and they would give you ten different definitions of what a slut is...There isn’t really a definition of the word slut, and I don’t think it should even be used...” - Bev

“...I don’t think being promiscuous is wrong, like if you are self-confident, and that’s really what you want go for it, there’s nothing wrong with that. But I don’t think a fourteen, or fifteen, or sixteen year old...is matured enough to be able to make that type of decision, to be like, “oh, I want to have sex with several people and I’m okay with it.” I used to say that...but I know later on that I was hurting inside...” – Fiona

Right wing anti-choice rhetoric, all manifestations of abortion stigma, and notions of mandatory motherhood, transmit a worldview in which the female body is assigned a prioritized and objectifying purpose irrespective of her subjective aspirations or situation.

“... [A] lot of people would reference playing god, and stuff like that because it’s not your decision to [terminate a pregnancy], but really it is your decision, (laughs) like, it just is...” - Claire

“...I was thinking about other stigmas, and relating it [abortion stigma] to other stigmas that exist, and I don’t think that other stigmas are as strong to the point where people who think that it’s okay, or that they should be able to choose, would still feel upset about doing it...” - Jessica

The currently idealized ideology of intensive motherhood builds on the gendered division of labour by reproducing the belief that women are naturally superior parents, and pressures women engaged in parenting to make motherhood their primary project and source of identity (Hays, 1996).

“...[Y]ou think of a mother working fulltime with children at home, or wherever they might be, I feel like you automatically think, or I do, is that one of those roles

is being strained, like, whether or not she's going to be less of a mother or less of an employee..." - Grace

"...We're [women] considered the weak ones, but then when it comes to children were expected to be the strong ones and uphold our part of the deal, and just deal with it...basically the guy can do whatever he wants with his life and we're expected to, well I mean we have to deal with it [child rearing]..." – Hayley

Reproductive oppression, when considered intersubjectivity, functions to highlight participants' membership to a subjugated group. In this way, participants reached a space of consciousness that allowed them to consider themselves in relation to other women - as having a personal investment in the liberation of this group as a collective. Again, this is not representative of any biological given, but captures the politicization of an experience that is individually encountered, socially constructed, and shared by a group of people. Consequently, participants' communications of group solidarity were wrapped in considerations of rights, equity, and justice.

"...I just want other women to be aware, and to know, and to demand that they have full rights to their own body. And if someone it is not allowing that to happen then, well, something has to be done about that..." - Alex

"...[I]t's just wrong that people can't have the right to do what they want, and it should be no one else's business but you're own. It's just your, it's your body..." –

Dawn

Relatedly, participants often constructed their own motivation for participating in a research project focused on reproductive experiences in terms of service to the larger group. In this way, participating in the research conversation was constructed by participants as a political action; an

effort intended to draw attention to their own experiences with injustice and inequality in order to increase the possibility for change.

“...I’m so happy that I can, you know, share my experiences if it can potentially help another girl...” – Bev

“... [A]fter my personal experience...there really was nothing to even so much as give it a voice. Not even to, not even for my own personal sake, but for anybody...” – Kaci

As highlighted above, participants typically advocated for liberation by focusing on bodily integrity; promoting a world where young women’s agency in the area of sex and reproduction would be enabled and respected. However, participants were also clear in articulating the various ways in which young women were limited, and their agency undermined, by their shared position in society as young women; gender prescriptions and gendered power, dependence on parents, limited access to realistic sexual-reproductive health information, anti-choice policies, abortion stigma, and poverty, for example. Importantly, while participants’ reflections were grounded in their own experiences, they were able to extend their considerations beyond what they had personally encountered in order to give attention to a hypothetical similar, but different, Other.

“...I mean any thirteen year old who got pregnant, if your parents, you know, rule your life at that point, you’re only thirteen, so if your parents weren’t didn’t agree with it [your reproductive resolution] I can’t really see much of a way where you’d get around that...” - Claire

“...I know birth control and condoms, and whatever other methods they’re not cheap...romantic relationships are going to happen regardless, and I feel like

methods that are used maybe with people who can't afford birth control would be like, for example, just pulling out, which is not all that effective...you're just perpetuating young parenthood in this bracket of people without giving them, like freedom to make better choices and giving them the information to make better choices..." - Grace

Human beings never relate to society as a whole, but only through the occupation of their position in the social system (Tolman, 1994). Participants were able to recognize a shared social position constituted by simultaneous identity membership; young + cisgender + woman,¹² but were also able to consider differential possibilities within that collective. By constructing a similar yet different Other, participants evidenced an intersectional analysis; while the imaged Other was constructed as sharing that generalizable position she could be differently racialized, religiously affiliated, abled, classed, sexually oriented, related to violence, and so on. Additionally, participants evidenced an integrative understanding of identity; difference would not only change one element of a shared experience - it would fundamentally alter how what was shared *was* experienced. Through reproductive saliency participants not only encountered their own oppression, but also their own privilege.

"... [I]f I didn't have the amount of support I have from my family [with my child] then, like, I would be insane... [if] there's maybe two of you and at least one income...that's good 'cause you have something to fall back on, but some people have nothing to fall back on..." - Claire

"...I feel like a fortunate case because I was able to access it [abortion] fairly readily...other women, they don't have supporting boyfriends, they don't have

¹² I would argue that this equation reflects the mystification of feminine masculinity, and the relative mainstream invisibility of FTM Trans experience, more than it is reflective of xenophobia.

money, they have other children...” - Jessica

In engaging with both oppression and privilege participants were conscientized to the ways in which social systems; both institutional and informal, deny support to women (particularly women otherwise marginalized) in the reproductive sphere, but actively interfere with a woman’s bodily integrity and right to self-determination. As reproductive justice can only be achieved when all women and girls have the power; that is political, economic, and social power, to make autonomous decisions involving the body in all areas of life (Silliman, Fried, Ross, & Gutierrez, 2004), it cannot truly be realized in the absence of women’s equality; an equality that is too often assumed, and far from achieved.

“... [N]o one, not a lot of people I feel want to hear these women’s stories...it’s just like, “do you know why I have to do this? ...[N]o? (laughs) I didn’t think so.”

– Bev

“...[H]ealth care access surrounding women’s, um, reproductive rights really, anything to do with women, women have come a long way over the years, we have, but I still find that people find it awkward, they don’t want to talk about it. They find it, you know, if you speak out well you’re too opinionated, and you’re too (laughs), you know? You’re labeled as, like, the obnoxious opinionated woman (clears throat). So there is a danger in that too, ‘cause then they don’t want to listen to you...” – Kaci

Island Observation(s): The Island(er) effect

“...I find that, like, our [Prince Edward Island] culture is really governed a lot by, like, old standards and old ways of thinking...” – Kacie

The larger sociocultural context,¹³ which was observed as framing and otherwise impacting young women's reproductive experiences, also interfaces with another experientially mediating context; the localized environment. To be clear, the human being is embedded in multiple and interdependent contexts that, although identifiable, often lack clear boundaries (e.g. Bronfenbrenner, 1977). Consequently, while previous considerations given to context have focused on Western ideals and trends as they appear in North America, or more specifically in Canada, this section focuses directly on participants' reflections regarding the province of Prince Edward Island as an experiential setting. An in-depth review of provincial demographics, and additional information related to the sexual-reproductive health of Island youth, can be found above.¹⁴ However, in order to orient, it may be important to reiterate that Prince Edward Island is the smallest and most densely populated Canadian province (Lips, 2011). It is home approximately 145,500 residents (PEI Statistics Bureau, 2013), and the population is homogeneous to the extent that common surnames continue to reflect the early immigration patterns of Anglo Saxon, French, and Celtic colonizers (Lips, 2011).

“...I pretty much consider PEI as a community from tip to tip...” - Alex

“... [I] went to the optometrist and he was like, “how long have you been in Canada?” And I’m like, “my whole life,” like, just because [my name] it’s not an Island name...I’m not an immigrant. Nothing against that, but I was like come on, like, do I sound like I’m an immigrant...he’s an Islander, he’s like a sixty year old man who’s like what is this name...” - Grace

As is typical of many Islands, residents tend to internalize and socialize a differentness and

¹³ This larger context primarily refers to the rise of neoliberalism and post-feminism, and how these concepts; as political ideologies and cultural projects, are related to contemporary modes of femininity, the normalization of premarital (female) sexual activity, and the delayed transition to independent adulthood.

¹⁴ See section titled A Canadian Health Care Anomaly

independence that mirrors the distinctness and separateness of their geographic location (Hay, 2006). Today, the idyllic vision of Prince Edward Island has been painted to emphasize its detachment; a space carved out of modern reality, steeped in traditional values, and characterized by a slower pace of life (Lips, 2011). In this context both novelty and difference are constructed as obtrusive, and belonging is restricted and policed. One is born an Islander – dual citizenships are not granted.

“...Even though I grew up in PEI and I do associate myself as an Islander because that’s where I grew up, that’s how I grew up, um, people don’t forget that you’re not related to every other person. Like, people don’t forget that you’re not *really* (emphasized) from PEI, and that every other cousin and aunt and uncle aren’t from PEI, like, so there is a bit of a different mentality...” – Ella

“...[Y]ep CFA’s [colloquial saying meaning “come from away” referring to a resident who has relocated to PEI]...having been here two years I haven’t broken to any social circles...it’s very closed, like closed to outsiders...” - Grace

The point here is not to engage in a full cultural anthropological analysis, but to highlight the unique cultural factors that operate in the background of lived experience.

A community’s culture can broadly be defined as the cultural history of a community; geographically located or founded from a shared identity, as it is reflected in the local environment and relevant institutions (e.g. Trickett, 2009). Characteristics indicative of Prince Edward Island’s community culture permeated participant narratives, and can be organized around three concepts; traditionalism, historical religiosity, and familiarity. Participants discussed observing widespread change resistance, a distrust of the unknown or unfamiliar, and a romanticism of the past within the Island community. The characteristic of traditionalism

therefore appears in participant narratives in terms of a generalized desire to maintain old ways of being and a favoring of conservative ideals.

“...I think the Island is pretty, um, they don’t like change...just a lot of old fashion people I guess...” – Hayley

“... [The Island] standard is you study hard in school, and you grow up and you meet a great whoever, guy because again there’s still that standard about gays and lesbians which is terrible, I think, but you get married and then you get the kids...It’s this white picket fence picture perfect life that everybody thinks that they should have, and if they don’t they’re embarrassed by it...” – Kaci

Historical religiosity reflects the characteristic of traditionalism, but refers directly to the role of organized religion within the wider Island community. Prince Edward Island has constantly been identified as a religious province through social surveys and other means of data collection (Clark, 2003). Island residents continue to demonstrate the highest provincial rates of religious attendance in Canada (Eagle, 2011); at last count 53% of Islanders reported at least monthly attendance to religious services, and the vast majority cited affiliation with Catholic or Protestant denominations of Christianity (Clark, 2003). More than just referring to the longstanding role of Christianity within the Island community, historical religiosity underscores participants’ consistent positioning of religious sentiment as a factor in maintaining the established traditional mentality of the province.

“... [T]hey’re not evolving here [on PEI like] I see like other places in Canada. I don’t know why, I don’t know if it’s because religion is tied [in] a lot...” – Fiona

“... [T]hey [the government] do everything for like, like senior voters...and a lot of the people are religious...I just find it's more- they [the government] base a lot

of things on religion and not on what really is important...” - Dawn

Additionally, it was observed that participants had a tendency to distance themselves, or their age group, from this community characteristic; locating religious sentiment within the biography of Island “ruralness,” and the large senior demographic. The role of the church, as a physical location, was described as a mechanism of community surveillance as much as space dedicated to spiritual worship. In this way, participants seemed to reject the regulative, rather than spiritual, component of the religious community element.

“...I lived in a small rural community, and everyone went to church every Sunday, and the first thing you would do is look around and see who isn’t in church and, uh, hope that they were sick or else they’d be having, they’d have the eye the next Sunday...I’m the only one (laughs) that grew up with left wing attitudes in my family...” - Alex

“...I was raised to, in churchy thinking and I sang in the choir...[b]ut I always questioned it...I just never understood church...I never got anything from it. My parents go because they have to, because they feel like they have to. And I just never did... I think you’re going to see a change, a shift with this new generation coming...I know a lot of people my age share my values...” – Kacie

The notion of familiarity emerged from participants’ communications which referenced a lack of anonymity and the presence of unspoken standards in the community. Largely attributed to the size of the province, and the resulting tightknit and overlapping social networks, participants described living in a community where they were very much known, or were easily identifiable.

“... [I]f you walk into a clinic [names city street] you’re probably gonna see three people that you know either on the way there or on the way out...” – Claire

“...I was just petrified of anybody that even knows me in passing being like, “Oh, what are you doing at the hospital?” or “What are you doing at the doctor’s office,” or whatever...” – Jessica

Relatedly, and also perhaps owing to the dearth of visible diversity among Island residents, participants described an unspoken standard of sameness. In Prince Edward Island even small differences are obvious and on display; straying from the norm, or perceived majority, in anyway can result in social attention and heightened self-awareness.

“...It was just very guarded, very small. I went to school in [names small town], and it was just, everyone looked one way, and everyone went to church...” - Alex
 “...[T]he cultural kind of beliefs that the Island has as a whole...not everybody shares them, but everybody sort of, that’s the standard, and if you stray away from that you recognize that you stray away from that, but you’re, even though you’re okay with it you still recognize that you’re a little different then (laughs), then norm...” – Kaci

This familiarity, with sameness and being known, fosters a default position of acquiescence. This default is both accommodated and resisted at the individual level, but an awareness of it is indoctrinated.

“...What’s funny is it was actually a big factor on me staying here permanently was that I was so frustrated by being told that certain beliefs of mine or certain things about me were not welcome here. It bothered me so much that I was like...I’m going to stay here...” – Iris

“...[I] just respect everyone’s right to have their own opinion...I don’t like when people come up to me and go what you believe is wrong, so I feel like it’s wrong

to go and do that to other people...” - Bev

Additionally, because of this familiarity, there is a real concern that actions or attitudes constructed as deviating from the sanctioned norm could result in both relational and material consequences.

“...I was actually going to do a Facebook thing about that because I came across this really racist comment on Facebook this woman had made, and I screenshot the, the thing, and I was going to post it, but because it’s *so small here* (emphasised) and I was moving to a new place [I thought] well maybe I should wait until after I move in case she happened to be one of my neighbours...” -

Fiona

“... [I]t would affect my ability to get a job. It really would. It would affect any kind of service I’d get, anywhere, if anybody knew [I had an abortion]...” – Iris

The absence of local abortion access in Prince Edward Island represents one of the clearest examples of the identified elements working together to (re)produce a unique cultural context; historical religiously functioned to eliminate provincial abortion services, traditionalism both fostered and absorbed the anti-choice position, and Island familiarity has functioned in support of the anti-choice status quo. Previously, abortion access on PEI was comparative to the level of access provided in most¹⁵ provinces and territories before the 1988 Supreme Court ruling on abortion (MacQuarrie, MacDonald, & Chambers, 2014). Abortions were performed in hospitals with access policed by a therapeutic abortion committee (TAC) (Clorey, 2007; MacQuarrie, MacDonald, & Chambers, 2014). However, when the two medical centres operating in the Island’s capital merged, in 1980, fundraising efforts focused on purchasing equipment for the new hospital made abortion a community issue. Before the merger, one of the

¹⁵ The exception being Quebec, where Dr. Henry Morgentaler opened an abortion clinic (illegally) in 1969.

hospitals, with Catholic affiliation, did not provide abortion; the other, with Protestant affiliation, did (Clorey, 2007). Catholic anti-choice lobbyists quickly developed a strategy for using the fundraising campaign to block the establishment of a TAC at the new hospital (Clorey, 2007). This anti-abortion campaign lasted a full year and reinforced binary thinking about abortion in the province (Clorey, 2007; DesRoches, 2012). In 1981, the largely Catholic anti-choice lobby was successful in blocking the establishment of a TAC in the province's new and only hospital (Clorey, 2007). Energized by the overwhelming win, PEI's anti-choice lobby switched their focus to the remaining TAC operating in the province, which was located in a town hospital approximately 60 kilometres from the provincial capital (Clorey, 2007). The anti-choice campaign proved successful once again. In 1986, Prince Edward Island became the only Canadian province without local abortion access (Clorey, 2007; DesRoches, 2012; MacQuarrie, MacDonald, & Chambers, 2014).

In 1988, when the Supreme Court struck down all laws concerning the termination of pregnancy, the provision of abortion services was left to provincial and territorial governments (Rodgers & Downie, 2006). The provincial government of PEI responded by leaving all decisions regarding the delivery of abortion services up to individual hospital boards, which maintained their anti-abortion position (Clorey, 2007). Later that year, PEI's Legislative Assembly passed their response to the Morgentaler decision with Resolution No. 17: Resolution Concerning Abortion, which reads:

WHEREAS the Parliament of Canada must now legislate a new law concerning abortion;

AND WHEREAS the great majority of the people of Prince Edward Island believe that life begins at conception, and that any policy that permits abortion is

unacceptable;

AND WHEREAS the great majority of Islander's demand that their elective officials show leadership on this very important issue and demonstrate the political will to protect the unborn fetus;

THEREFORE BE IT RESOLVED that the Legislative Assembly of Prince Edward Island oppose the performing of abortions;

AND BE IT FURTHER RESOLVED that this Resolution be forwarded to the Leaders of all three Federal political parties requesting the passage of legislation consistent with the intent of this Resolution (Journal of the Legislative Assembly Collection, 1988).

An amendment was later added to the second paragraph exempting condemnation for abortions provided as a lifesaving measure (Journal of the Legislative Assembly Collection, 1988).

However, the tone was clear. The PEI provincial government was sending the message to Island residents, and the rest of Canada, that PEI would be a staunchly anti-choice province. With the government sanctioning the taboo status of abortion, the medical procedure became unmentionable in the Island community, which fostered a harmful discourse of silence; abortion was not something to be talked about, it was something to hide (DesRoches, 2012). Although funding for prepaid abortions services out of province was introduced in 1995, dissemination of this information was weak. This information arguably only became public knowledge in 2011, after the initiation of a community-based research project focused on exploring the impacts of limited abortion access. With the publication of this report (MacQuarrie, MacDonald, & Chambers, 2014), the symbiotic development of grassroots reproductive rights organizations (e.g. Abortion Rights Network, 2014), and, most recently, the controversy surrounding Health PEI's

leaked, and government halted, business plan demonstrating the economic benefit to local abortion services (Chapin, 2014); the anti-choice stance of successive provincial governments may be falling out of favor. However, as of now, part of what make Prince Edward Island unique is its archaic approach to reproductive healthcare,¹⁶ particularly provincial access to abortion.

Expanding the scope of focus, the Island's cultural elements also combine to produce a culture of silence and surveillance surrounding the sexual-reproductive lives of Island youth. In regards to youth sexual activity, for example, longstanding traditionalism and historical religiously suggest sex-negativity, and that tone has become a part of the familiar Island context. The default position of the community becomes youth sexual activity is wrong, or is something to be disapproved of. Divergent responses disrupt the familiar sameness, and risk generating unwanted attention. In this context silence can be an attractive response – for both youth and adults.

“...[T]here's definitely a very strong judgment towards young people having sex...I don't know if it's an Island thing, but definitely a very judgmental attitude towards young people having sex...more or less don't do it. And you just shouldn't be doing it...” - Alex

“...[T]hat's another huge issue is because everything is so hush hush, people do these things [like texting sexual images] behind closed doors and no one know about it, and then when it happens it all blows up and then it's like, “this person is bad, and this is awful. And oh, that doesn't happen here.” Well, yeah it does, like, this person just happened to get caught...this person is now individualized against everyone else who's normal. But what they don't know is that all these normal

¹⁶ The absence of midwifery legislation and lack of reproductive mental health services, such as postpartum services, are other examples.

people are doing it as well...” – Kaci

When the foundational position of the generalized community regarding sex and sexuality is rooted in a perspective framed by traditionalism and Christianity, and is accented by anti-choice sentiment, youth sexuality - and perhaps all extramarital non-procreative sex(uality) - is devalued. In many ways, this environment denies the larger reality young people are living in and leaves young Island residents, particularly young Island women, balancing both the conservative local context and its material manifestations, and the larger neoliberal context and its material manifestations. Participant narratives indicate a level of awareness of, and engagement with, this cultural dualism.

“... [A]nything sexual is taboo, which stunts the growth of the province in so many ways...” – Ella

“...[W]ith the way society is, you know, PEI is behind the times but we have the internet here, and we see all of the music videos, and sex is very much promoted now a days, and to be promiscuous...I think it’s worse too with the [cell phone] technology...” – Fiona

Island familiarity adds a gloss of disquietude; although there is an identifiable disconnect between local cultural prescriptions and the wider sociopolitical reality, traditionalism and historical religiosity generate a phobia of directly addressing the tension. Familiarity functions to reinforce the established norms via silence, which is maintained by the fear of being targeted.

“...Talking is not controversial. Information is not controversial. So why you have to protest information [related to reproductive choice], why? That’s bothersome...” - Iris

“...[I]t’s just all very hush hush I find...discussing, like, sexual tendencies, and

reproductive services on the Island is so shied away from...” Kaci

As should be clear, human activity exists in a context, and that context is central to the configuration of human activity (O'Donnell, Tharp, & Wilson 1993). Activity setting theory gives primary consideration to the local, or community, context precisely because the local environment provides the spaces that structure everyday life experiences (McLaren & Hawe, 2005). Arguably, the culture of a community is absorbed and reproduced in activity settings to the extent that these settings produce certain experiences. In grounding the reproductive experiences of young Island women three activity settings are particularly important; the family space, the space of formal sexual education, and the medicalized space. It is important to note that all of these spaces contain power differentials that may constrain both the action and articulations of young women. In each case her position is subordinate; she is the daughter, the student, the patient. Despite this power differential, or perhaps owing to this power differential, each of these spaces is generally imagined as a resource that can facilitate young people in achieving sexual-reproductive wellness. However, owing to Island culture, these resources tend to be surveilled by both formal and informal mechanisms. As result, participants report that they rarely receive what they need in any one of these settings - let alone in all three.

Reciprocal communication with parents around health sexuality was described as absent by all participants who offered reflections in this area. Parental templates that draw on Island culture simply do not include the possibility of open and honest conversation about relational intimacy, sexuality, and sexual-reproductive health between parents and their children.

“... [T]hat’s not anything that, you know, my mother had ever touched on, like...if that happens to you go get the morning after pill. She’s kind of like...get married and...have kids. That’s the kind of mentality she has...I don’t think she

really believes in abortion and the morning after pill...when it comes to sexual stuff me and my mother have a pretty closed off relationship. - Bev

“... [M]y mom wasn’t very emotional and we didn’t talk about feelings, or boys, and things like that [sex and contraception]...” – Fiona

Parental communications that are sanctioned by Island culture inherently maintain the sex negatively found in both secular traditionalism and historical religiosity. If the belief that young women are not legitimate sexual actors is accepted; which is safeguarded to some extent by an Island familiarity that could call the parental ability of dissenters into question, then parental communications must reinforce this assumed illegitimacy. As a result, communications that are offered by Island parents are likely to imply disapproval and emphasize risk. Conversations that frame youth sexuality as wrong and dangerous are unlikely to evoke comfortable and honest contributions from young people. Therefore, the activity setting of the family, in relation to youth sexual reproductive health, produces a unilateral pattern of communication which functions to silence the experiences and concerns of young women. Such silencing renders this space uncondusive to achieving and maintaining sexual-reproductive wellbeing.

“...I don’t want you going out and having sex at this age, you’re way too young, but if you feel the need to sneak behind my back and do it, you better use a condom...” Hayley

“... [M]y mom is a good mom but she’s not, you can’t go to her for stuff like that [related to sex]. She’s a *mom* (emphasis/ voice strict or bossy), like (laughs), she’s not you’re friend...” – Kaci

Additionally, although all but one participant self-identified as pro-choice at the time of interview, six participants reported receiving anti-choice messages in their family settings. Of

those participants who identified as being raised in an anti-choice home, the general trend evidenced in their narratives suggested an emersion in the anti-choice perspective, some internalization of that perspective, followed by an analytical rejection of that position.

“...I did go through a very strong abortion is wrong, and you don’t do it, when I was younger. Mostly because I grew up going to church every Sunday and God will smite you. You’ll burn in hell and all that Catholic bullshit. (laughing)...I’m very right now, like, exceptionally left wing in pretty much everything that I believe in. But, uh, no I did definitely go through a period...” - Alex

“... [I]t’s a woman’s body and as unfortunate – you can battle it either way. It’s, you can go both ways, but...at the end of the day it’s, if this person wants to be a parent then wonderful, if they don’t why should they?... [M]y parents are very, very (emphasised) [anti-choice], if (laughing) it [pregnancy] happens too bad...”
– Kaci

Interestingly, participant narratives would suggest that a religious upbringing, more than Island residency, is a conduit for anti-choice communication in the family home. Of the six participants who reported receiving anti-choice messages from parents, four also discussed their religious upbringing. Jessica, for example, relocated to PEI as an independent post-secondary student, but was raised in a very Catholic home and attended a Catholic school.

“...I grew up in a very Catholic household, and I went to a Catholic high school, and I had pro-life drilled into my head from the time I was very very young, and had felt in my heart that I was pro-life all throughout high school. And I even went to a couple pro-life rallies, and things like that...” – Jessica

Only two women reported receiving explicitly pro-choice communications at home. In both of

these cases the participant's parents were not exclusively or originally from Prince Edward Island.

“... [M]y mom, you know, always raised me pro-choice. That's what she always said, you know, it's a very tough position to be in and she's always said that she believes that a woman should have that right...” - Fiona

The public education system provides an activity setting in which the explicit purpose is sexual-reproductive health education. This formal sex education is delivered as part of the health curriculum offered to students enrolled in grades six through nine (Prince Edward Island Department of Education and Early Childhood Development, 2009). As previously mentioned, all aspects of the health curriculum delivered to Island students are presented from a “choice” framework. The communicated aim of the overall program is to provide students with the information needed make well-informed healthy choices, and develop healthy behaviours (Prince Edward Island Department of Education and Early Childhood Development, 2007; 2009). Parents are required to consent to their child's participation in health curriculum components specific to human sexuality (Prince Edward Island Department of Education and Early Childhood Development, 2007; 2009). The current curriculum begins with a biological focus on puberty and the human reproductive system (Prince Edward Island Department of Education and Early Childhood Development, 2009), and ends with an emphasis on risk management – assault, contraception, sexually transmitted infections, and pregnancy – and avoids any sex-positive communications (Prince Edward Island Department of Education and Early Childhood Development, 2007).

As this program was introduced in 2007, it should be noted that the participants whose narratives are represented in this project would not have participated in this exact curriculum.

The health curriculum delivered previously is no longer available for review. However, as the program described above represents liberalization, it is likely that the “conservative” description used by other researchers when referencing the old curriculum (e.g. MacDonald et al., 2011) is quite accurate. Additionally, it should be noted that all participants did participate in formal sexual education; none reported having their access blocked or limited by their parents.

Participants generally spoke of their experience with formal sexual education as being irrelevant or insufficient; it was simply too basic, too dated, and too far removed from their own realities.

Participants also discussed perceptions regarding their instructors discomfort with youth sexuality, or commented on restrictions placed on both the curriculum and facilitator communications given the larger community culture.

“...[I]t’s like a 1990’s kind of textbook kind of, like,...I mean I guess I understand it [poor quality sexual education], ‘cause a lot of the stuff if you do talk about it...as a teacher you can get in trouble for it...” – Bev

“...[S]he [the teacher] was even up there, I remember in the class, and saying, like, “well when you’re sixteen, like, you just don’t do that” [have sex]. Errr, I’m seventeen and I do (laughs)...Lovely lady I’m sure, but not as a, she needs to get updated...” - Kaci

Participants additionally noted that, although pregnancy was discussed during sexual education classes it was often equated with the consequence of young parenthood; reproductive decision-making, specifically the option of abortion was often ignored or approached from a value laden position.

“... [A]bortion was never discussed in my sex ed...why isn’t it part of the curriculum? Like, why isn’t it discussed? I think that’s something that we really

need to talk about, and really put it to the education system. Because it doesn't matter how old you are, like, you still have the right to [information]..." - Alex

"...They, if, anytime I've heard about abortion being taught in school, and into, at school it's kind of been like abortions not good, or, like, debates and stuff, like, a lot of the pro-life debates..." - Bev

Some participants were able to supplement their formal sexual-reproductive health education through electives offered in high school or through post-secondary institutions. However, most reported an overall dissatisfaction with the official sexual education offered to Island residents.

"...I don't remember a whole lot from, like, junior high...but I took an elective course in the health sort of field...in high school...It was all about that [human sexuality] sort of stuff...I honestly think it should be a mandatory course..." – Hayley

"... [T]here's not any resources to even teach about protected sex. Like, I mean those stupid classes that they make you do in grade nine are completely useless..." - Ella

The key assumption guiding a “choice based” or “risk reduction” model of sexual-reproductive health education is that an increase in knowledge will effect attitudes and alter behaviour (e.g. Spencer, Doull, & Shoveller, 2012). However, the community culture described would suggest a resistance to the delivery of that information. Indeed, community opposition was identified as key reason for the postponement of updates to the health curriculum (MacDonald et al., 2011). As has been suggested, sexual health programs that focus heavily on individual choice are independently problematic (e.g. Spencer, Doull, & Shoveller, 2012). However, when the information itself is presented inconsistently, is censored, or is delivered

with moralistic or judgemental undertones, complications grow exponentially. In teaching sexual education to Island students the community culture subtly, or not so subtly, communicates some level of disapproval or discomfort. Therefore, the community culture encourages a barebones approach to sexual-reproductive health education, which functions to undermine the (already problematic) knowledge transfer focus. The activity setting created here is one of disconnect; the students are unable to relate to the decontextualized information, and instructors are discouraged from relating, or connecting material, to the lived experiences of youth.

“... [W]hat’s happening in schools? We’re missing that, it’s like this golden time period. It’s like you gotta catch them [the students], inform them, and they might be grossed out and act all like they don’t care, but they’re listening... [T]here’s a reason I can remember those sex ed. classes so vividly. It’s ‘cause this is totally brand new to you, and of course it’s called sex ed. so everyone is really excited about it...” - Grace

Community culture also interacts with medicalized spaces to produce complicated activity settings for young women in relation to sexual-reproductive health. The medicalization of women’s sexuality and reproductive capability (e.g. Moynihan, 2003; Polzer & Knabe, 2012), is an overlapping issue that cannot be adequately addressed here. However, owing to this medicalization, women are encouraged to manage their sexual-reproductive health within medical systems; prescription birth control, pap tests, official pregnancy testing, and the behind the counter status of emergency contraception, all highlight this phenomenon. The Western scientific paradigm positions those working within the medical sphere as authoritative experts. This perspective is arguably internalized by citizens living around the world (e.g Polzer & Knabe, 2012), and not just those living in PEI. However, the Island community culture builds on

the authority of the medical institution in ways that are unique; or at least unique to communities with a similar culture. The association of traditionalism with an unquestioned or uncritical respect for authority, for example, manifests in very clear power differential between the patient and healthcare provider.

“... [A] lot of people don’t want to oppose physicians. It’s a, I think it’s considered to be a very power point kind of job to hold... a lot of people don’t want to oppose their doctor...” - Alex

Historical religiosity manifests in a blurring between medical and moral authority. This fusion was evident when the professional lobby Physicians for Life assumed a key role in removing the TAC’s from Island hospitals, and continues to be evidenced today by the presence of a didactic component to medical provision. This element of moral messaging can include overt religiosity, or operate more covertly through the inclusion of value based communications.

“...[T]he one [doctor] that...I used to be with...[is] extremely extremely proactive in that [fundamentalist church]...I think that he runs into a lot of problems in his practice because of his personal views...and I’ve heard a lot of negative feedback about that...” – Claire

“...I even think like the pharmacist...they're there to fill a prescription. They're not there to give me advice on [“rightness”], or tell me that they won't do it [fill a prescription for a chemical abortion]...or give me attitude behind it either...” –

Dawn

Again, while the inclusion of moral posturing with the delivery of medical services may be constructed negatively, and even resisted, at the individual level, both traditionalism and Island familiarity work to maintain the status quo. Additionally, familiarity further impacts young

women when accessing sexual-reproductive healthcare via the very reality of being known, or the fear of being known, by medical providers. Although no participants explicitly mentioned issues related to doctor-patient confidentiality, this may be a concern for younger residents – particularly in relation to parents.

“...My own family doctor, he’s wonderful, but he is very old school and he, like, he gave birth to me. He was there for the whole thing...he’s like an uncle to me... I just feel as though I would be judged [by my doctor]...” Kaci

The activity setting created in the medicalized space is one where the authority granted to the practitioner legitimizes not only their professional knowledge base, but also their personal values. This is not to say that all individuals working in the health field in Prince Edward Island incorporate a didactic element into their professional role. Indeed, participant narratives evidenced examples of professionalism as well as unprofessionalism.

“...[T]he family doctor that I have now, like, I haven’t known her for that long but I feel really comfortable talking with her about anything. So, it’s really great that I can have that relationship already...” – Hayley

However, the community culture does not enforce a nonjudgmental professional standard – it arguably undermines it. Consequently, those under the eye of a medical provider may feel that they are not only being objectively assessed medically, which can be uncomfortable enough, but also that they are being subjectively assessed through moral or value based scrutinization. It is difficult to imagine this activity setting producing a space in which young women feel at ease in addressing their sexual-reproductive health needs.

“...You can hold whatever opinions and beliefs that you want, but when you’re in a line of work such as nursing, I mean, you can’t make it so obviously that you

are so firmly judging someone...” – Alex

As a result of the community culture, and its interactions and influence on the activity settings of alleged sexual-reproductive health resources, young Island women enter into sexual relationships with limited knowledge, health supports, and reproductive options. Additionally, the general message espoused through Island community culture suggests that young women who encounter reproductive saliency are “bad” not only because such encounters allegedly disrupt the ideal path of participation in the neoliberal system, or because of experientially related restrictions placed on their ability to perform contemporary youthful femininity, but also because encountering reproductive saliency signifies something “bad” about their character – who they are as a person. Consequently, when young Island women do encounter a salient reproductive event they anticipate a punitive response from the community in general – adding additional anxiety to an already stressful situation.

“... [M]istakes get made, but I think PEI treats it like we’re out there trying to get pregnant...they treat it like, “oh well, you guys shouldn’t be having unprotected sex,” and it’s like there’s not any resources to even teach about protected sex...there’s no resources to even prevent this from happening...” - Ella

“...[G]ood girls don’t get pregnant...there’s so much openness about this attitude, especially here on the Island, it really really bothers me that you’re allowed to just be so hateful. Really hateful. You know, a girl gets pregnant, and it’s just [sighs]. She, whatever choices—if people found out she had an abortion, or if she gave the kid for adoption, or if she had it, it doesn’t matter what choice she makes, she’ll always be that one that “Oh, she got pregnant whenever she was only 14, or 16” or whatever, and everybody knows forever...” – Iris

In situations where pregnancy is avoided, young women seeking emergency contraception may encounter both cultural barriers, such as Island familiarity, and material barriers, such as issues related to transportation and cost. Logically, such barriers would be more acutely experienced by young women residing in remote areas, as well as young women marginalized by other factors such as socioeconomic status. Island pharmacies stock one type of emergency contraception, which is known by the brand name Plan B; these pills contain a high dosage of levonorgestrel and can sometimes be purchased as a generic medication. The price of the emergency contraception available varies between pharmacies based on profit margin, but generally costs between 35 and 40 dollars. Emergency contraception is not normally covered by insurance providers (K. Crawford, Registered Pharmacist, Shoppers Drug Mart, personal communication, November 18, 2014).

“...I knew it [emergency contraception] existed...I think, I was too, you know, embarrassed. I was, you know, just a kid. I was just kind of too embarrassed, and too ashamed to kind of ask someone about it...” - Bev

“...I didn’t even know you could get morning-after pills. I’m still not quite sure on the situation about that here [in PEI]...” – Iris

Young Island women who do experience pregnancy engage in reproductive decision-making in an extremely restricted possibility space. As per the 1995 interprovincial billing agreement between the provincial government and the QEII hospital in neighboring Nova Scotia, women seeking abortion through the public system must: a) obtain a referral from an Island physician, b) obtain an ultrasound and c) bloodwork through the Island health system, d) wait while their paperwork is processed, hoping it falls within the 15 weeks gestation limit set at the QEII, and then e) secure travel arrangements which includes procuring a required support person

to accompany them to Halifax (MacQuarrie, MacDonald, & Chambers, 2014). However, misinformation about the public system continues to be circulated widely. In 2009, for example, Alex was directed directly to a private clinic in Fredericton, New Brunswick by an Island physician who should have been aware of the referral system.

“...My physician came in and...he said that I didn’t need to be there. That I didn’t need to see him about this [needing an abortion]...he wrote down the...Morgentaler clinic in Fredericton...and then that was that, and then he left...I didn’t even know that [publicly funded abortion access] was happening now, and I kind of try to keep up to date on what’s going on (laughs)...I really, I had no idea. So, I’m kind of, I’m really curious about how hush-hush that’s trying to be kept...” - Alex

Beginning in 2011, nascent pro-choice organizations worked to increase awareness about the availability of abortion services through the public health system (e.g. Campbell, 2011), which resulted in Health PEI publicizing the information on its website in December of that year (DesRoches, 2012). However, in 2013, when Ella contacted Health PEI as a student living out of province requiring abortion services, she was also given misleading information by the office clerk who took her call.

“...[S]he [the office clerk at Health PEI] said “well, you have to, like, you have to have the consent of two Island doctors and have a reason to need an abortion for us to cover it...” – Ella

However, owing to the development of Island pro-choice visibility, Ella was able to fact check the information she was given by connecting with a community organization focused on abortion rights and access.

“...I did get in contact with, it was called PEI Abortion Rights...they were like an advocacy group. And the girl I was in contact with I don't know her name, um, but she was really helpful...they were kind of like “no, no like you have rights to this, you have rights to this,” like, “if you're having a problem you call us we'll deal with it.” Like, they were really good...” - Ella

Nonetheless, despite the best efforts of activists, researchers, and concerned Island residents to increase the flow of accurate information and increase accountability, this cumbersome system clearly continues to cause numerous problems for Island women – particularly young women. Each stage of the process required for obtaining pre-paid abortion services presents potential barriers (MacQuarrie, MacDonald, & Chambers, 2014). The didactic component of care observed in the medicalized space, for example, may actually be reinforced in cases concerning abortion by the ideological tone set by successive provincial governments in relation to the medical procedure (Clorey, 2007; DesRoches, 2012; MacQuarrie, MacDonald, & Chambers, 2014). As a result, many participants reported encountering abortion stigma while trying to gather information related to abortion access, or when trying to obtain their referral.

“...[Y]ou're physically drained [because of the pregnancy] but then to be sitting on the phone for three-four hours at a time [with members of the Island health community], and people are, you're arguing with people [regarding how to access abortion] but like no one can really give you the answer, and just the different, like, people [in the health community] were very rude...” - Ella

“...I even called to get a referral [for abortion], I called my baby doctor [obstetrician]...I thought like he's pretty cool about normal stuff, you know what I mean? And I asked his nurse and they even freaked...I thought, like, he's not just

delivering babies he's like a vag doctor right?...[S]he [the doctors nurse] just said we, we deliver babies not kill them or something like- I was just like oh my god..." – Dawn

Once a referral is granted, or perhaps more realistically, if an abortion referral is granted; obtaining the required ultrasound can cause further delays. Ultrasounds completed for women seeking abortion are required to be marked "emergency," but considerable fluctuations in wait times for the service, peaking at 35 weeks in 2008, can still interfere with timely access (MacQuarrie, MacDonald, & Chambers, 2014). Additionally, securing transportation out of province and raising the associated funds can result in delays. Indeed, for young Island women requiring transportation and accompaniment, may compromise both their privacy and their ability to access the service.

"... [I]f you're young like trying to pretend to your parents that you're, you know? [not pregnant/getting an abortion] And I mean like old enough to get an abortion without legally having to tell your parents, but young enough that if you live with them or, you know, you're like still financially dependent it's going to look really strange to them if you take off [out of province]...for two days, you know what I mean?..." – Claire

"...You had to have a person there, which was really hard for me because I really didn't want to tell anybody. But of course, the cost was really hard for me, because I was 16, and...I had to go across and everything..." - Iris

The combined effect of locating provincial abortion access out of province increases the likelihood that Island women who access abortion through the publicly funded system receive the service later than they would have otherwise.

“... [T]here was two other girls from PEI getting it done the same day I went over there... they actually both had the same doctor. I forget who they had but they had no problem getting a referral. It's just they had a long waiting time. They found out at five, six weeks and they were getting it done at eleven, twelve weeks. And it gets more trickier as they get further along...” - Dawn

“...I found out [I was pregnant] on the Friday, and then I called on the Monday, and then I had the [first] appointment made the following Monday. So I think it would have been, like...maybe the 18th, or something like that. So I had to wait until the 5th to go [to Halifax], so it was a while...” - Jessica

Specific populations of young women may be left especially vulnerable in the current system. Those receiving economic assistance through government, for example, may face additional challenges associated with securing the funds needed to access abortion, potentially increasing the delay, and are also subjected to additional surveillance.

“... [T]hey told me Thursday [my appointment date]. I had to get, Friday talk to my worker...I had to explain to my male worker that I'm going to Halifax. And he's [asks] why...[s]o I explain to him [that I need an abortion], and then everyone has their opinions on abortion as it is, so I'm trying to explain to him... And he's gotta talk to his supervisor to see...I'm like panicking. And it's like fuck (laughs) is this gonna happen?..” – Dawn

“...No, [social services would not pay for transport by shuttle bus] because that wasn't a, they didn't think that was a smart way to do it [to get to the appointment], but my mom didn't know how to get to Halifax, like, [driving] by herself you know what I mean? So they wouldn't pay...” - Dawn

PEI health card holders temporally living out of province, like many Island student's, are also left particularly vulnerable in the current system. As these residents are not physically in the province they cannot participate in the referral process as it is currently defined. Ella, for example, was pursuing her post-secondary education in central Canada when she required abortion services. Ella was told; after weeks of daily contact with representatives from an Ontario hospital and representatives from Health PEI, that she would have to independently pay for the procedure and associated costs, and then apply for reimbursement from Health PEI.

“...[B]asically Ontario was just like we're not touching this, like, we'll do it [the abortion procedure] for you but you have to pay us. Like, which to me was, like, shocking because the year before...I spent almost four months in the hospital [in the same Ontario city] and never once did my PEI health-card ever pop up as an issue...So when they start saying you need to pay me I'm looking at them going, okay last year I was here for four months you had my health-card it was never a problem, like why is it a problem now? And they were like because PEI's abortion, um, laws are different than ours so we don't touch it, like you deal with it...now my pregnancy isn't just a pregnancy it's a problem, like, and it's a scary problem...” - Ella

“... [I]t was almost thirteen hundred dollars, and...it was like needed immediately, like they don't do a payment plan, like they wanted up front. They wanted it a week before the procedure and then, um, the day of the procedure I had to bring a hundred and sixty dollars cash to give to the doctor the morning of [the procedure]...” – Ella

In the recent past, the estimated majority of Island women in need of abortion services,

accessed at the closest private Morgentaler clinic in Fredericton, New Brunswick (Campbell, 2011). This allowed women, including participants' represented in this project, to avoid the barriers and delays inherent in the current public system. However, those who accessed at the private clinic had to raise funds for the procedure itself, as well cover the costs associated with travel and accommodations.

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

“... [M]y mom took me over and it cost a lot of money, um, for not just the procedure, but like to go over and stay in a hotel, and the gas, and the bridge, and all that stuff so, and I was only there for like maybe like twenty-four hours...It was definitely more than a thousand dollars, for sure...” - Claire

Unfortunately, due to lack of funding, the clinic closed in July of 2014 (Grant, 2014). Kaci accessed abortion at the Fredericton clinic earlier that year, after being told by an Island physician that only medically necessary abortions were covered through the public health system, and was concerned about the potential impact the closure of the clinic would have on Island women given the misinformation circulating in the province regarding abortion access.

“...It's so frustrating...and the Morgentaler clinic in Fredericton was, correct me if I'm wrong, but I'm pretty sure it's the only private clinic in the Maritimes...I hate to say it, but they [the Island community] are going to see an increase in attempted suicides...at the end of the day if, if I absolutely could not go to QEII, like, if there was no way that they would let me go...you would probably find me

on the Hillsborough Bridge. *That desperate* (emphasized). - Kaci

Once an abortion is obtained, cultural and related material factors may continue to negatively impact on young women's health and wellbeing. The lack of local abortion access, for example, can also impact the ability of women to obtain aftercare. Fiona confirmed a pregnancy while in central Canada and was able to rearrange her schedule in order to obtain an abortion while out of province, but was not referred to an Island physician for follow-up care.

“...Before I found out I was pregnant I had made the decision to move back to PEI...I found out I was pregnant after I had bought my ticket so I had to change, uh, pay a fee and change my plane ticket to come here [to PEI and] didn't get a chance to get any of that [aftercare]. But that was the thing, I had to change my ticket because I knew I couldn't come here and have the abortion. So, I had to stay there longer and pay the fee and all of that stuff because if I came here that wouldn't have been an option because you can't get an abortion here, right? So I didn't, no I didn't really get aftercare...” - Fiona

Other participants described avoiding aftercare appointments because of the community culture and resulting high levels of abortion stigma, others discussed perceiving a reduction in the quality of their care, and others reported being denied aftercare by healthcare providers.

“...I remember having a care sheet [laughs] and I was supposed to go see...I'm not sure which doctor it was, but I was supposed to see a doctor for some check-up afterwards, but I didn't want to, and my god, [inaudible], and so I didn't...” – Iris

“... [I]t took me, [gives dates; almost three [months], it took me to get a check-up to see that everything was going okay...I went to her [the doctor] after [the

abortion] and just very (moves hand to indicate mediocre/ dismissive)...maybe she was just having a bad day, I don't know. Everyone has bad days..." - Kaci

"...He [my family doctor] didn't even- I made a follow up appointment with, with him and he cancelled it. And I didn't see him since..." - Dawn

Complications following the termination of pregnancy can also cause additional problems for Island women who are hesitant to approach the Island medical community for assistance. After experiencing heavy bleeding, Kaci opted to call a healthcare hotline rather than seek in person services

"...I called 811, which is the, you call that hotline to talk to an RN, 'cause I didn't want to go emerg and be embarrassed and blaa..'[c]ause it is, it is a *touchy subject* (emphasised). Again, I'm afraid to go to go to emerg because I know the care won't be as good..." - Kaci

When Dawn experienced complications after obtaining a chemical abortion from an Island physician she received exceptionally poor quality care from the emergency room staff at her local hospital. She returned to the hospital on three separate occasions with the same complaints before an ultrasound, which showed the chemical abortion had been unsuccessful, was offered.

"...I was having still extreme like, um, like in the pelvis area or whatever you call it. Um, it felt like cramping still or like labour almost...a few weeks later and I'd go to the hospital and it's nothing, it's nothing...I told them I had taken, like the two, the cocktail of pills [prescribed chemical abortifacients], and they didn't do an ultrasound or anything. And I had a bit of discharge like pink bloody stuff, and I went back because I thought maybe my period was starting, but the pain was still unreal. And [on my third visit] some young medical doctor decided to do an

ultrasound and told me I was still pregnant...” – Dawn

Complications related to a surgical abortion require Island women to return to the doctor who performed the procedure, which means Island women are again forced to leave their province in order to obtain needed healthcare (DesRoches, 2012).

The Island’s community culture, and the resulting high levels of abortion stigma within the province, also has a negative impact on the wellbeing of young Island women in other ways. With abortion successfully framed as taboo through historical religiosity (the removal of abortion services) and traditionalism (the anti-abortion position maintained by successive provincial governments) Island familiarity, which always functions in support of the status quo, sanctions an anti-choice perspective. As mentioned, with a strong pro-choice push in full swing, it is possible to suggest that informal system is eroding.

“... [With] all this—the PRRO rally, and everything, the media articles and everything, right, so everybody’s talking [about abortion access/rights]...” – Iris

However, Island women are still likely to encounter anti-choice communications, or abortion stigma, in public places.

“... [T]here’s this big billboard that says, “Abortion is murder.” Everywhere you go, you’re driving around, every once in a while there’s a little bumper sticker that’s “abortion is murder...” – Iris

“...[I]t just seemed like everybody that I came into contact with that had something to say about it [abortion] was just “no, no, no, it’s bad, it’s bad, it’s bad.” Didn’t matter if they were religious, or not...” - Jessica

Additionally, Island women are unlikely to perceive appropriate resources in the community when wanting support in unpacking, or otherwise dealing with, their abortion related

experiences.

“...[T]here’s not even a feeling that you could just go to a counsellor on PEI and sit down, and be like, “I just want to talk about my experience. I had an abortion and never been able to say anything about it, ever.” Like, you can’t. There’s this feeling that that’s not something you talk about, because it’s not something you do here...” – Iris

“... [W]hen I got back from my [abortion] procedure, like there’s nothing here for anybody to talk about their feelings, their choices they made, nothing. There’s no supports, at all...” - Kaci

As discussed previously, adoption is not a common reproductive option selected by Canadian residents (Al-Sahab et al., 2012; Maticka-Tyndale, 2001; McKay, 2013). Most completed adoptions in Prince Edward Island involve children who are, for various reasons, in the permanent custody of the Director of Child Welfare and therefore do not actually represent the birth mother’s reproductive resolution; the voluntary placement of infants for adoption is described as an uncommon occurrence in the province (Vieira, 2010). The Vital Statistics Program does not differentiate between ordered and voluntary adoptions, rendering provincial adoption statistics unintelligible on this point (L. Noonan, Director of Vital Statistics at PEI Department of Health and Wellness, personal communication, October 9, 2013).

“...[I]t was actually almost unheard of on PEI that a woman would get pregnant and want to place their child outside of their family. This was the first time they’d ever done that...” - Alex

However, Prince Edward Island does offer both public adoption through the Department of Community Services and Seniors, and private adoption options that require the involvement of

an adoption agent licensed by the Director of Child Welfare (PEI Department of Community Services and Seniors, 2013). Prince Edward Island's Adoption Act requires counselling with a professional authorized by the Director of Child Welfare, and a fourteen day delay after birth before adoption papers can be signed (Legislative Counsel Office, 2010). Women seeking voluntary adoption placements are generally directed towards private options as they allow for choice in the selection of adoptive families, and generally provide more transparency and flexibility (Vieira, 2010).

“...[T]hey gave us, um, letters to read from different people, and the father and I went through and picked what, like, the family that we thought was most suitable...” - Alex

Island culture, particularly Island familiarity, may influence young women's considerations of adoption in that the decision would be lived publicly, and involve interconnecting social networks, in a ways that may not be the case in other locations.

“...I Googled [the prospective family] and found out that [the prospective father] was head of [a committee in a town very close to where I grew up]. So I was just like, anywhere on PEI, like, people are going to find out...So I called [the Island adoption team] and I said that I really want to do an out of province, um, adoption...I couldn't deal with knowing that [my child's], you know, fifteen minutes away...they told me no it's too late. We can't do it, you've left it too long, there just isn't enough time... [My mother] got home from work that evening she said, “okay I've called [adoption agency] in Halifax... [they] said you could have your out of province adoption. So, that was figured out within an afternoon. When I was told by Island lawyers no it's too late we can't do

it...Halifax definitely kind of, definitely up-stepped PEI on yet another, um, women's rights issue. If you wanna, yeah I think you could call it that..." - Alex

According to the most recent data available young women aged 24 and under account for approximately 23% of the childbirths in the province (Prince Edward Island Reproductive Care Program, 2013). Although the local contextual environment continues to communicate a certain level of disapproval, young women who make the decision to parent may encounter fewer cultural and material barriers when it comes to actualizing their decision.

"... [T]hey'll [people in the community] look at you weird if you do have a child when you're young. I get a lot of weird and [inaudible] looks and everything. It was, it was hard but I mean I can understand that the older population is like that because they grew up a certain way..." - Hayley

However, the local context provides other challenges to young mothers – particularly those who lack a strong support system. In all likelihood, a young mother will initially be required to engage in fulltime parenting. Without adequate maternity level from an employer, or strong economic support from a partner or parents, many young mothers will rely on government support through the provincial social assistance program. However, reports indicate that assistance rates have not adequately increased with rising housing and food costs; Island families relying on government funding are often unable to meet their basic needs (Walton & Taylor, 2013; Women's Network PEI, 2012). According to the pre-added budget, for example, which is used to simplify assistance application calculations, the maximum funding available for a single parent with one child is approximately \$1, 080 per month (PEI Department of Community Services and Seniors, 2014). These funds are expected to stretch across housing costs such as rent and utilities, and cover other essentials such as food, clothing, and transportation.

“...I get as much as you can from the government monthly to help out with my expenses, and if I didn't have my dad paying my rent...I would be living in a cardboard box...” – Claire

“...I can't afford them. I'm on welfare, you know what I mean...I get four hundred dollars a month...” - Dawn

When young mothers are in a situation where they are able to consider seeking paid employment they face an unemployment rate of 15.7% for their age group and gender (Prince Edward Island Statistics Bureau, 2013).

“...I always made decent money, but now it's so hard because I can't, there's not a lot of options, especially in PEI there's not a lot of [job] options...” – Fiona

“...I've only found work through [school], because I'm a student, seriously, and there's one point where I applied everywhere on the Island, like [coffee chains], like all of these places that I would never want to work at, I didn't even get interviews...” - Grace

Childcare also poses challenges for young mothers who are able to secure employment, or are making efforts to continue their education. Low income families are able to apply for a child care subsidy through the Department of Community Services and Seniors, but eligibility guidelines restrict full coverage to childcare centers registered as early learning centers (PEI Department of Community Services and Seniors, 2013). Unfortunately, Island parents face a shortage in terms of the spaces available in these centers particularly for children under the age of two. The provincial government implemented a new strategy for early childhood education in 2010, and this did result in an increase in the number of spaces available to parents with young children. However, the total number of spaces, available for children under the age of two, meeting

subsidy requirements is reported at just over 200 (Wright, 2011). Additionally, Island childcare centres and afterschool programs do not run in the evening or overnight, which can create a gap in childcare in the context of shift work.

“...I only get half coverage for my daycare from child subsidy, childcare subsidy...because [my child’s] in a private home, because there were no spaces in a public facility...I was like it’s not my fault that there’s no spot in the ones that you fully pay for, so why can’t you fully pay for the one in someone’s home, because otherwise, if it weren’t for the fact that there are no spots, I would have put [my child] in one that I could get the full subsidy for...” - Claire

“...I can’t work...I was offered a job the earliest you get off it eight thirty, I can’t take that. Even the afterschool programs the latest it runs is six, I think. So, its, there’s a lot of obstacles, you know?..” - Fiona

Owing to Island culture and the material manifestations of this culture, young Island women confront unplanned encounters with reproductive saliency with great anxiety, limited knowledge, and inadequate resources. When these experiences result in reproductive decision-making, young Island women experience the process in a restricted and pressured environment – in both a physical and social sense.

“... [T]he system [for Island abortion access] doesn’t work for girls in my situation at all. Like, it does not benefit us and its made, the way that the system is made right now, it’s made to like twist your choice because if it’s that much work to go through, like some girls can’t go through that, some girls can’t afford it, you know whatever reason. Like, it’s made to bend your choice and it’s to made like, it shouldn’t be that hard. It just really, really shouldn’t be so hard...” - Ella

“...[Y]ou go to public health, you’d think public health would have something [on reproductive decision-making/options], nope, nothing. None, here’s a list of the vaccinations you need. That’s kind of it...appraisals for your babies, like, for people who are already parents, or are planning on being parents. There is nothing about anything else...There’s just that one choice [give birth] and if you’re not choosing that, well that’s too bad...” - Kaci

This climate around reproductive decision-making is often perceived by young women as an extension of sex-negativity. In this way, the message young women interpret from the community culture is that encountering a salient reproductive event is a punishment for their sexual activity, failure to prevent pregnancy, or both. This perception is alarming not only because it is completely disconnected from reality; young people have sex, young women ovulate, and statistically most encounters with reproductive saliency occur because of contraception misuse or failure (Maticka-Tyndale, 2008; McKay, 2013). This was true for the majority of participants included in this project, and suggests that young Island women, despite their limited access to sexual-reproductive resources, attempt to employ safer-sex strategies. However, the misogyny implicit in this punitive perception is equally, if not more, alarming.

Equating reproductive saliency with punishment suggests that A: only women who are deserving of punishment encounter reproductive saliency, or B: women are solely to blame for unintended encounters with reproductive saliency. Option A requires that one believe that “bad” things only happen to “bad” people, or that all women who engage in sexual activity outside of reproductive aspiration deserve punishment. Deeply flawed logic aside, this perspective also perpetuates an extremely unhealthy view of human sexuality denying the many ways healthy sexuality can positively contribute to wellbeing (e.g. Fine & McClelland, 2006). Option B, not

only perpetuates unhealthy attitudes regarding sexuality, but also reinforces attitudes related to the feminization of pregnancy prevention, and operates under the foundational assumption that encountering reproductive saliency is inherently blameworthy. Arguably, reproductive saliency is simply an experiential possibility in the reality of those born with a uterus; it can be managed, but it cannot be completely controlled in the absence of a hysterectomy. Viewed this way blame is not only unproductive, but is also unnecessary. Additionally, as the province of Prince Edward Island has maintained a system that is observed as bullying young women towards maternity, mothering itself becomes equated with punishment. This suggests a significant undervaluing of both motherhood and family, as children become, in essence, imagined as an embodied penalty. In considering the provinces approach and position regarding reproductive healthcare as an expression of the Islands community culture, it can be suggested that reproductive oppression, and therefore the oppression of women, has been woven into the social fabric of Prince Edward Island.

“...I can’t quote who it was ‘cause I really don’t know, but it was some Prince Edward Island, like, MP or Premier office person, and he basically was just saying we need to keep PEI, um, the way that it was and we can’t be letting women just run around getting abortions every time that they’re irresponsible, like he was just completely out of context...” – Ella

“... [T]hey [people who are anti-choice] don’t want to talk about the women, they want to talk about their children...” Iris

Coming of age as a woman in this context can be difficult enough, but experiencing reproductive saliency in this context can be extremely oppressive. Participants’ offered suggestions for combatting the both the antiquated community culture and the material

manifestations of this culture by advocating for everything from developing material spaces to shifting interpersonal exchanges. However, when it comes to addressing the needs of young Island women in the realm of sexual-reproductive health, more than any one specific community project, participant narratives highlight safety as a key requisite.

“...Well I think like to lead like a happy sexual life you have to feel safe. Um, you have to feel safe with your partner, with your health care, and...you also have to feel good with yourself...” - Ella

Importantly, the safety that participants make reference to is not intelligible when read through a paternalistic frame that equates safety with a constricting form of protection. Rather what young women need; and what Island women in particular lack, is a community that understands them as individuals capable of steering their own sexual development and a system of community supports that enables their ability to do this safety. This means expanding – not restricting – the educational and health resources available to young Island women, and trusting in their ability to make their own sexual and reproductive decisions. Currently, the Island’s community culture functions to narrow the sexual-reproductive supports available to young women within in their families, educational institutions, and health systems. As a result, young women often engage in sexual activity in the absence of supportive adults who could answer questions or address concerns, clear and factually accurate information about human sexuality and the navigation of sexual relationships, and a supportive healthcare system with a range of accessible reproductive options. This context makes young women unsafe, facilitates in their mistreatment, and could be understood as a clear indicator of systemic violence against women.

“...I think that they [young women] need knowledge, knowledge about sex...just to know all of that stuff [contraception, consent, communication]...[a]nd I think

the younger you get this [real life information] through to girls, 'cause it took me...I'm just learning all of this stuff, you know? If you can get this in at a younger age it could avoid, like, a lot of, um, hurt and sadness, and traumatic events..." – Fiona

"...I had like those big hospital pads on... [but] you can't ask the [shuttle bus] driver to pull over I need to use the bathroom...I bled all over the bag, like, it was horrible. And it's like you gotta kind of hide it whenever you are getting out...it didn't go on the seat thank God...it's just, it's so pathetic. We get out at the [names fast-food establishment] parking lot and, yeah. So and then you're sore and it's just...degrading a little bit (laughing) I guess you could say. Instead of just going a couple miles [for an abortion] and going home..." – Dawn

Young women differ from adult women based on their relatively dependent status, which is precisely why they need laws, public policies, and community resources that support their sexual-reproductive agency (Fine & McClelland, 2006) Indeed, the more marginalized or dependent a young woman is, the more likely she is to need a supportive system. Eliminating the oppression experienced by young Island women necessitates advancing a project of reproductive justice; empowering young women by creating both the relational and system conditions needed to facilitate their agency. Achieving this aim in the province of Prince Edward Island is no simple task. It essentially requires shifting the change resistant community zeitgeist, and altering both the mentality and the method of every Island system that interacts with youth or sexual-reproductive health. However, the community engagement spurred by the 2011 research initiative (MacQuarrie, MacDonald, & Chambers, 2014) has done well to demonstrate a growing dissatisfaction with the existing state of affairs, exposing the fragility of the status quo. As the

tide continues to turn, it is likely that new opportunities for efforts directed at advancing reproductive justice will open. Reintroducing abortion services to Prince Edward Island should be positioned as a foundational goal from which other reproductive justice initiatives can grow.

Conclusion

Today, young Canadian women are coming of age in a context governed by neoliberal ideology stressing individual responsibility and risk management, post-feminist assumptions, agentic femininities, and changing demographic characteristics that have lengthened pathways to adulthood. A key requirement of the successful neoliberal female subject is the avoidance of early reproductive experiences, as encounters with such experiences result in potential disruptions to, or reductions in, economic participation potential. For young women, this context has translated into longer periods of risk-management intended to avert reproductive events; with marginalized young women struggling to participate in prevention strategies. When young women do encounter a reproductive event, regardless of the circumstances surrounding the experience, neoliberal ideology assumes a personal failing and mobilizes the discourses of responsibility and risk management to shame and blame them. This positioning feeds into the false belief that responsible young women are able to control their fertility, and creates the archetype of an irresponsible young woman who, through her own careless choices, becomes unworthy of public support. Consequently, when a pregnancy is confirmed young women are expected to responsibly “choose” from the three named reproductive alternatives. However, when the focus is put on individual choice an artificial line is drawn between choice and result that obscures the ways in which choices are embedded and enacted within complex social, cultural, and contextual meaning structures that impact material reality, and interact with other forms of social stratification, influencing what choices are imaginable, acceptable, and available.

In this study, interpretative phenomenological analysis was used to explore the various reproductive experiences of 11 diverse young women residing in the province of Prince Edward Island. All participants encountered their first reproductive event before the age of 24 and, despite many significant differences; they shared a common experience referred to as reproductive saliency. Reproductive saliency can be defined as an experience in which reproductive ability or decision-making becomes personally relevant in the life of a woman. This term is inclusive in that it captures pregnancy experiences as well as other events; such as occurrences of sexual violence or the procurement of emergency contraception, but is distinguishable from pregnancy anxiety in that alterations in the lifeworld are interpreted during the encounter. As reproductive events are rendered intelligible through sociohistorical and political meaning structures, as well as the circumstances and interactions of the individual, reproductive saliency is experienced uniquely by each person; the occurrence cannot be separated from the specific context of the particular lifeworld. However, female embodiment, collective demographics, a common nexus of social meaning, and shared geographic location, did produce common experiential elements that were thematically identified through analysis.

The first two themes identified, Transformation and Negotiation, are positioned as the essential structure of a salient reproductive event; regardless of age or residency status it is expected that these themes would be identifiable in the reproductive experiences of women. The theme labelled Transformation captures a shared disruption in familiar ways of being, and a common journey of change and growth. The theme Negotiation highlights how a salient reproductive event is mediated by socially constructed meaning, as well as personal interactions with social others and systems. In examining the sociopolitical context surrounding young North American women, which functions to frame their reproductive experiences, two additional

themes were presented. Gender as Experience highlights current hegemonic modalities of youthful femininities; which include an active (hetero)sexuality, but exclude reproductive events. This paradox was found to manifest in participant's reproductive experiences through the presence of gendered liability and gendered discipline. Gender as Category captures the politicization of gender as a structuring force in material reality through the identification of reproductive oppression and a shared sociopolitical position. Participants resisted neoliberal notions of the isolated individual and post-feminist notions of equality by extending their personal reflections to include considerations of "women" as a population category. Therefore, while gender may become salient for women during a reproductive event regardless of age, the appearance of this saliency is age related to the extent that age influences conceptions of appropriate gender performance and the meaning attached to reproductive events. The final theme, Island Observation(s) extrapolates experiential contingencies related to young women's residency in the province of Prince Edward Island. It was found that a conservative community culture; disapproving of youth sexuality and therefore critical of young women's reproductive experiences regardless of outcome, but particularly disapproving of abortion, has been integrated into the sexual-reproductive health resources available in the province. This was observed as negatively impacting on young women's ability to author the meaning of their reproductive experiences, obtain reproductive health information and services, and meaningfully exercise the decision-making power the neoliberal paradigm presupposes. Consequently, young women residing in Prince Edward Island experience unique cultural and material obstacles to reproductive health and wellbeing.

Young women are more than the sum of their sexual and reproductive parts; they are human beings with unique circumstances, standpoints, aspirations, and abilities. The larger

neoliberal sociopolitical context demands young women take up mechanisms of self-regulation and risk management in order to ensure their own success, and the local community context of Prince Edward Island actively disrupts young women's ability to access sexual-reproductive health resources and services; both function to deny the subjective situation of individual young women and intensify the reproductive oppression experienced by this population. The reproductive possibility space offered to young women residing in Prince Edward Island is reduced by a community context that interferes with the imagine-ability of adoption and has removed abortion from the reproductive health services provided in province. As a result, young Island women are left attempting to exercise their limited action potency within systems that actively undermine their agency. The provincial health system was constructed by participants as a key sexual-reproductive health resource. However, all participants who interacted with members of the Island medical community reported gross inconsistencies in professionalism and treatment, which were often attributed to their age and-or desired reproductive resolution. All participants were impacted by reproductive oppression to some degree, with those seeking access to abortion services experiencing this oppression most acutely. Rather than enabling the sexual-reproductive health of young women, the community culture of Prince Edward Island, and its material manifestations, functions to impair young women's well-being in this area of life.

In consideration of demographic alterations that are lengthening the phase of life in which young women are seeking to avoid or delay reproductive experiences, efforts should be made to provide young women with the tools needed to navigate the sexual-reproductive arena; this necessitates increasing access to information and resources, as well as expanding the perceived reproductive possibility space, so that young women are enabled to make meaningful decisions. This strategy moves the problem construction away from individual risk management

towards population enfranchisement. As Prince Edward Island struggles with the lowest GDP per capita among the Canadian provinces (The Conference Board of Canada, 2014) it is imperative that existing sexual-reproductive health resources be inclusive and fully utilized to maximize health and wellbeing benefits. The results of this analysis support the following recommendations:

Provincial Political Sector:

- Given previously cited evidence that suggest both economic and wellbeing gains, all members of the provincial government should contribute their support to the reintroduction of abortion services in the province. In the interim, leadership should immediately work with Health PEI to clarify that all abortions requested are defined as medically necessary, and work to address abortion access gaps experienced by Island health card holders living out of province.
- Given the importance of enabling employment and educational opportunities for young mothers, government should continue working to expand the availability of subsidized early childhood education programs. Additionally, given the limited spaces available, the scope of subsidized childcare should be reviewed particularly for children under the age of 24 months.

Provincial Health Sector

- Under the direction of Health PEI, the Island medical community should move to fill gaps in relation to reproductive health services by publicly communicating support for provincial abortion services, creating protocol around the provision of abortifacients including aftercare, and working with all Island physicians and support staff to ensure the professional (non-judgmental) delivery of sexual-reproductive health services.

- Health PEI should clarify on its website that all Island women are entitled to pre-paid abortion services, and should ensure that all Health PEI representatives interacting with citizens are accurately informed about provincial abortion access and are communicating this information accordingly.
- Public Health (Nursing) should increase their presence in both the community and online in terms of sexual-reproductive health promotion, and work to become a bridge to other sexual-reproductive health services. Both online information and actual services provided could be expanded in areas including building healthy relationships, family planning and contraception options, accurate information regarding reproductive decision-making and provincial access paths, and post-abortion services.

Provincial Education Sector

- The public education system should consider healthy sexual development as the key objective of sexual health education. A reproductive justice perspective, which emphasises a human rights framework, should be included when addressing pregnancy and reproductive decision-making. Program content should also include accurate information related to reproductive decision-making in the provincial context, detailed communication on various contraception options, address sexual desire and pleasure, discuss healthy and unhealthy relationship characteristics, incorporate communication skills with a focus on enthusiastic consent, and explore various sexual identities.
- The public education system should ensure relevant instructors are comfortable with the subject of youth sexuality, and are supported with professional development opportunities specific to sexual health education. Additionally, appropriate persons (i.e. school guidance counsellors) should be equipped with accurate information regarding

provincial reproductive options and should be able to connect students to additional resources and services.

- The public education system should move to incorporate a sexual-reproductive health and wellbeing program into the high school experience of Island youth.

Knowledge Mobilization

In light of the fact that this research has illuminated population specific issues regarding Prince Edward Island's provincial system of sexual-reproductive health resources and services, disseminating this information will be an ongoing component of this project. In August of 2014 preliminary findings; focusing on conflicts between choice language and material realities, was presented at an international reproductive justice conference held at the University of Prince Edward Island. Upon the completion of institutional assessment, further knowledge dissemination opportunities will be sought through academic publications. Additionally, a one page summary of findings and a one page summary of recommendations will be forwarded to key decision-makers in Prince Edward Island's provincial government, health sector, and education sector. In order to circulate this information in the wider Island community, local media will also be provided with a research findings summary and interview opportunities. The Facebook page associated with this research project will be updated to include research highlights, recommendations, and anonymous participant quotes to illustrate key ideas. In all communications the focus will be on providing the population of interest with a platform to communicate their reality.

Limitations and Future Directions

As is typical of all research projects, this work has its limitations and also suggests future research directions. Although proponents of post-positivist epistemologies may suggest

limitations related to researcher bias, this project has remained transparently within the self-aware constructivist-emancipatory paradigm. Directing such criticisms at this work ignores fundamental differences in epistemology, the social justice orientation of the research, and the contextually relevant research questions. This project meets various criteria used when assessing the validity of qualitative research. A strategy of empathetic neutrality was employed during research conversations to avoid reactionary guidance (Padgett, 2012). Transcripts were checked and rechecked against their audio files to ensure interview records that were as close to verbatim as possible (e.g. Poland, 1995). Quality during the analysis process was safeguarded through negative case analysis (Golafshani, 2003; Patton, 1999), and source triangulation through the inclusion of divergent experiential formations of the phenomenon of interest (Golafshani, 2003). Additionally, higher ordered themes were checked against and made visible within each individual case transcript (Willig, 2008), and participants were provided with the opportunity to member check the findings and confirm reliability (Patton, 1999).

The project utilized secondary data collected with an emphasis on Island abortion access. Although participants were provided with the space to speak about, and often did address, other personal reproductive events, their abortion related experiences were the main focus of these research conversations. This represents a limitation in terms of data fit or specification, which was minimized to a degree through the presence of additional participants with multiple experiences during primary data collection. The small sample size reflected in this project allowed for a deep interrogation of each individual case, which enriched understanding and contributed to a detailed phenomenological integration. Nonetheless, the research project was unable to enlist the number of participants (n=20) initially proposed. Although the sample size achieved does meet the standards recommended for phenomenological research (Creswell, 1998;

Moustakas, 1994); it is possible that additional participants, particularly younger participants, would have contributed meaningfully to this work. In many ways this represents an access limitation; the younger cohort included in the population of interest was difficult to reach as a collective. Recruitment efforts were prevented from entering the public school system due to internal processes regarding research. Additionally, recruitment efforts were blocked from entering government affiliated spaces, such as programs directed at young mothers, also due to internal (PEI REB) process that would have further delayed the completion of this work. As a result, those young women who would be particularly marginalized in their reproductive experiences because of age were not included in this study. This is particularly concerning given the conclusions reached through analysis. Investigations into the salient reproductive experiences of Island women ages 18 and younger represents a key area of investigation for researchers interested in advancing reproductive justice in the province of Prince Edward Island.

Additionally, given the amount unprompted accounts of sexual violence, pursuing research focused on this topic with Island youth should be understood as necessary. Participant's complex considerations of, and engagement with, prenatal care in the context of an abortion resolution also suggests a noteworthy subject for qualitative inquiry. In order to disrupt abortion stigma, research must privilege how women themselves understand and render various aspects of an abortion experience significant. Additionally, in the context of increasing socioeconomic pressures and escalating maternal expectations, research delving into the various experiential components of young motherhood will continue to produce valuable insights relevant to the advancement of gender equality, and will also work to counter the silencing and trivialization of women's experiences.

References

- Adamczyk, A. (2008). The effects of religious contextual norms, structural constraints, and personal religiosity on abortion decisions. *Social Science Research, 37*(2), 657-672. doi:10.1016/j.ssresearch.2007.09.003
- Adler, N. E. (2000). Abortion and the null hypothesis. *Archives of General Psychiatry, 57*(8), 785-786. doi:10.1001/archpsyc.57.8.785
- Allen, K., & Osgood, J. (2009). Young women negotiating maternal subjectivities: The significance of social class. *Studies in the Maternal, 1*(2), 1-17.
- Al-Sahab, B., Heifetz, M., Tamim, H., Bohr, Y., & Connolly, J. (2012). Prevalence and characteristics of teen motherhood in Canada. *Maternal and Child Health Journal, 16*(1), 228-234.
- Ambuel, B. (1995). Adolescents, unintended pregnancy, and abortion: The struggle for a compassionate social policy. *Current Directions in Psychological Science, 4*(1), 1-5.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American psychologist, 55*(5), 469.
- Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for?. *Child development perspectives, 1*(2), 68-73.
- Arney, W.R. and Bergen, B.J. (1984) 'Power and visibility: The invention of teenage pregnancy', *Social Science and Medicine, 18*, 11-9.
- Attwood, F. (2006) 'Sexed up: Theorizing the sexualization of culture,' *Sexualities 9*(1): 77-94
- Baber, Z. (1991). Beyond the structure/agency dualism: An evaluation of Giddens' theory of structuration*. *Sociological Inquiry, 61*(2), 219-230.
- Baker, C., Wuest, J., & Stern, P. N. (1992). Method slurring: The grounded theory/phenomenology example. *Journal of Advanced Nursing, 17*(11), 1355-1360.
- Balin, J. (1988). The sacred dimensions of pregnancy and birth. *Qualitative Sociology, 11*(4), 275- 301.
- Bekhouch, Y., Hausmann, R., Tyson, L. D., & Zahidi, S. (2013). The global gender gap report 2013. *Geneva Switzerland World Economic Forum*. Retrieved June 1, 2014 from http://www3.weforum.org/docs/WEF_GenderGap_Report_2013.pdf
- Berkowitz, E. (2012). *Sex and punishment: Four thousand years of judging desire*. Berkeley, CA: Counterpoint.
- Bernard, P., Charafeddine, R., Frohlich, K. L., Daniel, M., Kestens, Y., & Potvin, L. (2007). Health inequalities and place: A theoretical conception of neighbourhood. *Social Science & Medicine, 65*(9), 1839-1852.
- Biggerstaff, D., & Thompson, A. R. (2008). Interpretative phenomenological analysis (IPA): A qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology, 5*(3), 214-224.
- Boonstra, H. (2008). Comprehensive evidence review concludes abortion does not harm women's mental health. *Guttmacher Policy Review, 11*(4), 10.
- Breen, L. J. (2007) The researcher 'in the middle': Negotiating the insider/outsider dichotomy. *The Australian Community Psychologist, 19* (1), 163-174.
- Brodie, J. (2007). Reforming social justice in neoliberal times. *Studies in Social Justice, 1*(2), 93-107.
- Bromley, V. L. (2012). *Feminism matter: Debates, theories, activism*. North York: University of

- Toronto Press.
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American psychologist*, 32(7), 513.
- Butler, J. (1999). *Gender trouble*. New York, NY: Routledge.
- Bynner, J. (2005). Rethinking the youth phase of the life-course: The case for emerging adulthood? *Journal of youth studies*, 8(4), 367-384.
- Campbell, K. (2011). No legal barrier to abortion on PEI. *CBC News Prince Edward Island*. Retrieved November 22, 2011 from <http://www.cbc.ca/news/canada/prince-edward-island/no-legal-barrier-to-abortion-on-p-e-i-1.1012249>
- Carabine, J. (2007). New Labour's teenage pregnancy policy: constituting knowing responsible citizens? *Cultural Studies*, 21(6), 952-973.
- Chabot, C., Shoveller, J. A., Johnson, J. L., & Prkachin, K. (2010). Morally problematic: Young mothers' lives as parables about the dangers of sex. *Sex Education*, 10(2), 201-215.
- Chapin, L. (2014). Abortion service on P.E.I. would have saved money: report. *CBC News Prince Edward Island*. Retrieved October 20, 2014 from <http://www.cbc.ca/news/canada/prince-edward-island/abortion-service-on-p-e-i-would-have-saved-money-report-1.2803587>
- Clark, W. (2003). Pockets of belief: Religious attendance patterns in Canada. *Canadian Social Trends*, 68, 1-5.
- Clark, W. (2007). Delayed transitions of young adults. *Canadian Social Trends*, 84, 14-22.
- Clorey, C. (2007). *Votes and vetoes: A discursive history of abortion politics in Prince Edward Island from 1980-1996*. (Unpublished Master of Arts). McMaster University.
- Connell, R. (1987). *Gender and power: Society, the person and sexual politics*. Palo Alto, CA: University of California Press.
- Connell, R. (2002). *Gender*. Cambridge, UK: Polity Press.
- Conroy, S. A. (2003). A pathway for interpretive phenomenology. *International Journal of Qualitative Methods*, 2(3), 36-62.
- Cook, R. J., Cusack, S., & Dickens, B. M. (2010). Unethical female stereotyping in reproductive health. *International Journal of Gynecology & Obstetrics*, 109(3), 255-258.
- Cook, R. J., & Dickens, B. M. (2009). From reproductive choice to reproductive justice. *International Journal of Gynecology & Obstetrics*, 106(2), 106-109.
- Côté, J., & Bynner, J. M. (2008). Changes in the transition to adulthood in the UK and Canada: The role of structure and agency in emerging adulthood. *Journal of youth studies*, 11(3), 251-268.
- Craven, C. (2007). A “consumer's right” to choose a Midwife: Shifting meanings for reproductive rights under neoliberalism. *American Anthropologist*, 109: 701–712.
- Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions (pp.13-72)*. Thousand Oaks, CA: Sage.
- Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing research*, 52(3), 202-205.
- Currie, C., Zanotti, C., Morgan, A., Currie, C., Looze, M., & Roberts, C. (2012). *Social*

- determinants of health and well-being among young people*. World Health Organization Regional Office for Europe. Retrieved April 15, 2013 from <http://www.hbsc.unito.it/it/images/pdf/hbsc/prelims-part1.pdf>
- Darlaston-Jones, D. (2007). Making connections: The relationship between epistemology and research methods. *The Australian Community Psychologist*, 19(1), 19-26.
- Denzin, N.K., & Lincoln, Y.S. (2005). Paradigms and perspectives in contention. In N.K. Denzin & Y.S. Lincoln (Eds). *The Sage handbook of qualitative research (3rd Ed., pp. 183-215)*. Thousand Oaks, CA: Sage.
- Department of Justice (2012) Age of consent to sexual activity. Retrieved April 15, 2013 from <http://www.justice.gc.ca/eng/dept-min/clp/faq.html>
- DesRoches, A. (2012). *Sidestepping stigma: Abortion stigma and Prince Edward Island's impacted women*. (Unpublished Bachelor of Arts Thesis). University of Prince Edward Island.
- Dixon-Woods, M., Agarwal, S., Jones, D., Young, B., & Sutton, A. (2005). Synthesising qualitative and quantitative evidence: A review of possible methods. *Journal of Health Services Research & Policy*, 10(1), 45-53B.
- Duits, L., & Van Zoonen, L. (2006). Headscarves and Porno-Chic Disciplining Girls' Bodies in the European Multicultural Society. *European Journal of Women's Studies*, 13(2), 103-117.
- Eagle, D. E. (2011). Changing patterns of attendance at religious services in Canada, 1986–2008. *Journal for the Scientific Study of Religion*, 50(1), 187-200.
- Eisner, S. (2013). *Bi: Notes for a bisexual revolution*. Berkeley, CA: Seal Press
- Ekstrand, M., Tydén, T., Darj, E., & Larsson, M. (2009). An illusion of power: Qualitative perspectives on abortion decision-making among teenage women in Sweden. *Perspectives on Sexual and Reproductive Health*, 41(3), 173-180.
- Employment and Social Development Canada. (2014). Family life: Age of mother at childbirth. Retrieved April 20, 2014 from <http://www4.hrsdc.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=75>
- Evans, A., Riley, S., Shankar, A. (2010). Technologies of sexiness: Theorizing women's engagement in the sexualisation of culture. *Feminism and Psychology*, 20(1), 114- 131.
- Faludi, S. (1991). *Backlash: The undeclared war against American women*. New York: Broadway Publishers.
- Finlay, L. (2008). Introducing phenomenological research. (Unpublished Article). Retrieved April 1, 2013 from <http://www.apac.org.uk/alms/sessions/4/IntroductionToPhenomenology2008.pdf>
- Finlay, L. (2002). "Outing" the researcher: The provenance, process, and practice of reflexivity. *Qualitative Health Research*, 12, 531-545.
- Fine, M. (1988). Sexuality, schooling, and adolescent females: The missing discourse of desire. *Harvard Educational Review*, 58(1), 29-54.
- Fine, M., & McClelland, S. I. (2006). The politics of teen women's sexuality: Public policy and the adolescent female body. *Emory Law Journal*, 56, 993 - 1038.
- Foucault, M. (1973). *The birth of the clinic: An archaeology of medical perception*. (A.M. Sheridan Smith, Trans.). New York: Pantheon Books. (Original work published 1963).
- Foucault, M. (1979). *Discipline and punish: The birth of the prison*. (A. Sheridan, Trans.). New York : Vintage Books (Original work published 1975).
- Fredrickson, B. L., & Roberts, T. A. (1997). Objectification theory. *Psychology of Women Quarterly*, 21(2), 173-206.

- Freud, S. (1912). On the universal tendency to debasement in the sphere of love. In *Contributions to the Psychology of Love II*. Retrieved from http://math.msgsu.edu.tr/~dpierce/Texts/Freud/freud_debasement.pdf
- Galambos, N. L., & Martínez, M. L. (2007). Poised for emerging adulthood in Latin America: A pleasure for the privileged. *Child Development Perspectives*, 1(2), 109-114.
- Gatrell, C. (2011). Policy and the pregnant body at work: strategies of secrecy, silence and supra-performance. *Gender, Work & Organization*, 18(2), 158-181.
- Gatrell, C. J. (2013). Maternal body work: How women managers and professionals negotiate pregnancy and new motherhood at work. *Human Relations*, 66(5), 621-644.
- Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. Berkeley: University of California Press.
- Gill, R. (2007). Critical respect: The difficulties and dilemmas of agency and 'choice' for feminism. *European Journal of Women's Studies*, 14(1), 69-80
- Gill, R. (2011). Sexism reloaded, or, it's time to get angry again. *Feminist Media Studies*, 11(1), 61- 71.
- Gill, R. (2012). Media, empowerment and the 'sexualization of culture' debates. *Sex Roles*, 66(11-12), 736-745.
- Given, L. (Ed.). (2008). *The Sage Encyclopedia of Qualitative Research Methods*. Thousand Oaks: Sage.
- Grant, K. (2014). As Morgentaler clinic closes, New Brunswick abortion-rights group turns to crowdfunding. *The Globe and Mail*. Retrieved July 20, 2014 from <http://www.theglobeandmail.com/news/national/as-morgentaler-clinic-closes-new-brunswick-abortion-rights-group-turns-to-crowdfunding/article19679632/>
- Greene, K., & Faulkner, S. (2005). Gender, belief in the sexual double standards, and sexual talk in heterosexual dating relationships. *Sex Roles*, 55, 239-251.
- Greenhalgh, T., Robert, G., Macfarlane, F., Bate, P., Kyriakidou, O., & Peacock, R. (2005). Storylines of research in diffusion of innovation: a meta-narrative approach to systematic review. *Social Science & Medicine*, 61(2), 417-430.
- Greene, S. (2006). Becoming responsible. *Journal of Progressive Human Services*, 17(1), 25- 43.
- Griffin, C., Szmigin, I., Bengry-Howell, A., Hackley, C., & Mistral, W. (2012). Inhabiting the contradictions: Hypersexual femininity and the culture of intoxication among young women in the UK. *Feminism & Psychology*, 23(2), 184-206.
- Halldén, B. M., Christensson, K., & Olsson, P. (2005). Meanings of being pregnant and having decided on abortion: Young Swedish women's experiences. *Health Care for Women International*, 26(9), 788-806.
- Hansen, L., Mann, J., McMahon, S., & Wong, T. (2004). Sexual health. *BMC Women's Health*, 4(1), 24- 32.
- Harris, A. (2004). *Future girl: Young women in the twenty-first century*. Psychology Press.
- Harris, A. (2013). Discourses of desire as governmentality: young women sexuality and the significance of safe spaces. *Feminism and Psychology*, 15(1), 39-43.
- Hay, P. (2006). A phenomenology of islands. *Island Studies Journal*, 1(1), 19- 42.
- Hays, S. (1996). *The Cultural Contradictions of Motherhood*. Yale University Press.
- Heffner, L. J. (2004). Advanced maternal age-how old is too old. *The New England Journal of Medicine*, 351(19), 1927-9.
- Heidegger, M. (1982). *The basic problems of phenomenology*. (A. Hofstadter Trans.). Bloomington: Indiana University Press.

- Heidegger, M. (2010). *Being and time*. (D.J. Schmidt Rev. ed.; J. Stambaugh, Trans.). Albany: State University of New York Press. (Original work published 1927).
- Hirschman, C., Impett, E. A., & Schooler, D. (2006). Dis/embodied voices: What late-adolescent girls can teach us about objectification and sexuality. *Sexuality Research & Social Policy*, 3(4), 8-20.
- Hollway, W. (1984). Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn and V. Walkerdine (Eds). *Changing the subject*. pp. 227- 263 London: Methuen.
- Hollway, W. (1985). Women's power in heterosexual sex. *Women's Studies International Forum*, 7(1), 63- 68.
- Holstein, J. A., & Gubrum, J.F. (1994) Phenomenology, ethnography, and interpretive practice. In N.K. Dezen & Y.S. Linclon (Eds.). *Handbook of qualitative research*. New York: Sage.
- Hust, S. J., Brown, J. D., & L'Engle, K. L. (2008). Boys will be boys and girls better be prepared: An analysis of the rare sexual health messages in young adolescents' media. *Mass Communication & Society*, 11(1), 3-23.
- Hustedde, R. J., & Ganowicz, J. (2002). The basics: What's essential about theory for community development practice? *Community Development*, 33(1), 1-19.
- Jelen, T. G., & Wilcox, C. (2003). Causes and consequences of public attitudes toward abortion: A review and research agenda. *Political Research Quarterly*, 56(4), 489-500. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=12364759&site=ehost-live>
- Jordan, B. (2005). Social theory and social policy: Choice, order and human well-being. *European Journal of Social Theory*, 8(2), 149-170.
- Journal of the Legislative Assembly Collection. (1988). Prince Edward Island Legislative Documents Online. Available: <http://www.peildo.ca/fedora/repository/leg%3A3295?startpage=&solrq=abortion>
- Kalichman, S. C., Williams, E. A., Cherry, C., Belcher, L., & Nachimson, D. (1998). Sexual coercion, domestic violence, and negotiating condom use among low-income African American women. *Journal of Women's Health*, 7(3), 371-378.
- Kandrack, M. A., Grant, K. R., & Segall, A. (1991). Gender differences in health related behaviour: some unanswered questions. *Social Science & Medicine*, 32(5), 579-590.
- Koffman, O. (2012). Children having children? Religion, psychology and the birth of the teenage pregnancy problem. *History of the Human Sciences*, 25(1), 119-134.
- Kumar, A., Hessini, L., & Mitchell, E. M. H. (2009). Conceptualising abortion stigma. *Culture, Health & Sexuality*, 11(6), 625-639. doi:10.1080/13691050902842741
- Leacock, E. (1983). Interpreting the origins of gender inequality: Conceptual and historical problems. *Dialectical Anthropology*, 7(4), 263-284.
- Legislative Counsel Office. (2010). Adoption act. Retrieved October 20, 2014 from http://www.gov.pe.ca/law/statutes/pdf/a-04_1.pdf
- Lippman, A. (2006). *The inclusion of women in clinical trials: Are we asking the right questions?* Retrieved December 1, 2013 from <http://people.stfx.ca/accamero/gender%20and%20health/health%20research/inclusion%20of%20women%20in%20clinical%20trials.pdf>
- Lips, K. E. (2011). Prince Edward Island, Canada. In Baldacchino, G. (Ed.). *Extreme Heritage*

- Management: The Practices and Policies of Densely Populated Islands*. New York: Berghahn Books.
- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative Health Research, 14*(5), 726-735.
- MacDonald, J.A., Gognon, A., Mitchell, C., Di Meglio, G., Rennick, J.E., & Cox, J. (2011). Asking to listen: Towards a youth perspective on sexual health education and needs. *Sex Education: Sexuality, Society, Learning, 11*(4), 443-457.
- Macleod, C. I. (2010). *Adolescence, pregnancy and abortion: Constructing a threat of degeneration*. Routledge Academic.
- MacQuarrie, C., MacDonald, J., & Chambers, C. (2014) *Trials and trails of accessing abortion in PEI: Reporting on the impact of PEI's Abortion Policies on women*. Retrieved June 1, 2014 from http://projects.upei.ca/cmacquarrie/files/2014/01/trials_and_trails_final.pdf
- Macvarish, J. (2010). The effect of 'risk-thinking' on the contemporary construction of teenage motherhood. *Health, risk & society, 12*(4), 313-322.
- Maticka-Tyndale, E. (2001). Sexual health and Canadian youth: How do we measure up? *Canadian Journal of Human Sexuality, 10*(1/2), 1-18.
- Maticka-Tyndale, E. (2008). Sexuality and sexual health of Canadian adolescents: Yesterday, today and tomorrow. *Canadian Journal of Human Sexuality, 17*(3), 85-95.
- Maxwell, J.A. (2005). What do you want to understand? In J.A. Maxwell (Ed). *Qualitative research design: An interactive approach* (pp. 65-78). Thousand Oaks: CA: Sage.
- McCabe, J. L., & Holmes, D. (2009). Reflexivity, critical qualitative research and emancipation: A Foucauldian perspective. *Journal of Advanced Nursing, 65*(7), 1518-1526. doi:10.1111/j.1365-2648.2009.04978.x
- McConnell-Henry, T., Chapman, Y., & Francis, K. (2009). Unpacking Heideggerian phenomenology. *Southern Online Journal of Nursing Research, 9*(1), 6.
- McInturff, K. (2013). The gap in the gender gap: Violence against women in Canada. Canadian Center for Policy Alternatives. Available: http://www.policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2013/07/Gap_in_Gender_Gap_VAW.pdf
- McIntyre, M., Anderson, B., & McDonald, C. (2001). The intersection of relational and cultural narratives: Women's abortion experiences. *Canadian Journal of Nursing Research, 33*(3), 47-62. Retrieved April 15, 2013 from <http://search.ebscohost.com.rlproxy.upei.ca/login.aspx?direct=true&db=cin20&AN=2002038555&site=ehost-live>
- McKay, A. (2013). Trends in Canadian national and provincial/territorial teen pregnancy rates: 2001-2010. *The Canadian Journal of Human Sexuality, 21*, 3-4.
- McKay, A., & Barrett, M. (2010). Trends in teen pregnancy rates from 1996-2006: A comparison of Canada, Sweden, USA and England/Wales. *Canadian Journal of Human Sexuality, 19*(1-2), 43-52.
- McLaren, L., & Hawe, P. (2005). Ecological perspectives in health research. *Journal of Epidemiology and Community Health, 59*(1), 6-14.
- McQuade, L. (2008). Reframing reproductive oppression: Medical research into mortality at San Juan Pueblo. *UCLA Center for the Study of Women*. Retrieved September 1, 2014 from <https://escholarship.org/uc/item/14s71191>
- McQuaid, R. (2011). *Identifying Adolescents' Perceptions of the Facilitators and Barriers to the*

- Promotion of Healthy Sexuality for Adolescents of Prince Edward Island.* (Master of Nursing Thesis). Dalhousie University. Retrieved April 15, 2012 from <http://dalspace.library.dal.ca/bitstream/handle/10222/14234/McQuaid,%20Rosanne,%20MN,%20NURS,%20August,%202011.pdf?sequence=1>
- McRobbie, A. (2011). Beyond post-feminism. *Public Policy Research*, 18(3), 179-184.
- Mikkonen, J., & Raphael, D. (2010). Social determinants of health: The Canadian facts. Toronto: *York University School of Health Policy and Management*.
- Miller, E., Decker, M. R., McCauley, H. L., Tancredi, D. J., Levenson, R. R., Waldman, J., Schoenwald, P., & Silverman, J. G. (2010). Pregnancy coercion, intimate partner violence and unintended pregnancy. *Contraception*, 81(4), 316-322.
- Moradi, B., & Huang, Y. P. (2008). Objectification theory and psychology of women: A decade of advances and future directions. *Psychology of Women Quarterly*, 32(4), 377-398
- Moustakas, C. (1994). *Phenomenological research methods*. London: SAGE.
- Moynihan, R. (2003). The making of a disease: Female sexual dysfunction. *British Medical Journal*, 326(7379), 45-47.
- Naples, N. (2003). *Feminism and method: Ethnography, discourse analysis, and activism research*. New York: Routledge.
- Neiterman, E. (2013). Pregnant bodies in social context: Natural, disruptive, and unrecognized pregnancy. *Symbolic Interaction*, 36(3), 335-350.
- Nelson, G., & Prilleltensky, I. (Eds.). (2010). *Community psychology: In pursuit of liberation and well-being* (2nd ed.). New York: Palgrave Macmillan.
- O'Donnell, C. R., Tharp, R. G., & Wilson, K. (1993). Activity settings as the unit of analysis: A theoretical basis for community intervention and development. *American Journal of Community Psychology*, 21(4), 501-520.
- Palley, H. A. (2006). Canadian abortion policy: National policy and the impact of federalism and political implementation on access to services. *Publius: The Journal of Federalism*, 36(4), 565-586. doi:10.1093/publius/pjl001
- PEI Caucus on Youth Sexual Health. (2005). Perceptions and attitudes of PEI youth, parents and professionals about sexuality. Charlottetown, PE: Women's Network.
- PEI Department of Community Services and Seniors. (2013). Adoption services. Retrieved October 20, 2014 from <http://www.gov.pe.ca/sss/index.php3?number=18536&lang=E>
- PEI Department of Community Services and Seniors. (2013). Child care subsidy program policy manual. Retrieved October 7, 2014 from <http://www.gov.pe.ca/sss/index.php3?number=1048985&lang=E>
- PEI Department of Community Services and Seniors. (2014). Social assistance: Pre-added budget. Retrieved October 30, 2014 from http://www.gov.pe.ca/photos/original/CSS_SAP_5-6-3E.pdf
- PEI Statistics Bureau (2012). 38th Annual Statistical Review: 2011. Retrieved April 15, 2013 from http://www.gov.pe.ca/photos/original/fema_asr2011.pdf
- PEI Statistics Bureau (2013). Prince Edward Island Population Report: 2013. Retrieved June 1, 2014 from http://www.gov.pe.ca/photos/original/pt_pop_rep.pdf
- Pini, B. (2002). Focus groups, feminist research and farm women: Opportunities for empowerment in rural social research. *Journal of Rural Studies*, 18(3), 339-351.
- Pitt, K. (2002). Being a new capitalist mother. *Discourse and Society*, 13(2), 251-267.
- Polzer, J. C., & Knabe, S. M. (2012). From desire to disease: Human papillomavirus (HPV) and the medicalization of nascent female sexuality. *Journal of Sex Research*, 49(4), 344-352.

- Price, K. (2010). What is reproductive justice? How women of color activists are redefining the pro-choice paradigm. *Meridians: Feminism, Race, Transnationalism*, 10(2), 42-65
- Prince Edward Island Department of Education and Early Childhood Development (2007). Prince Edward Island health curriculum: Grade nine. Retrieved September 1, 2014 from http://www.gov.pe.ca/photos/original/ed_heal9_0708.pdf
- Prince Edward Island Department of Education and Early Childhood Development (2009). Prince Edward Island health curriculum: Grade six. Retrieved September 1, 2014 from http://www.gov.pe.ca/photos/original/edu_HealthGr6.pdf
- Prince Edward Island Reproductive Care Program (2013). Perinatal database report: 2011. Retrieved June 3, 2014 from http://www.gov.pe.ca/photos/original/dhw_rcp_rpt2011.pdf
- Prince Edward Island Statistics Bureau. (2013). Prince Edward Island labour force survey: 2013 annual report. Retrieved October 14, 2014 from http://www.gov.pe.ca/photos/original/pt_statcan_labor.pdf
- Public Health Agency of Canada (2008). Canadian guidelines for sexual health education. Retrieved April 15, 2013 from <http://www.phac-aspc.gc.ca/publicat/cgshe-ldnemss/pdf/guidelines-eng.pdf>
- Radner, H. (2002). Pretty Is as Pretty Does: Free Enterprise and the Marriage Plot'. In J. Collins., H. Radner., & A. P. Collins (Eds.), *Film theory goes to the movies* (56-76). New York: Routledge.
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15(2), 121-148.
- Rappaport, J. (1995). Empowerment meets narrative: Listening to stories and creating settings. *American Journal of Community Psychology*, 23(5), 795-807.
- Raskin, J. D. (2001). On relativism in constructivist psychology. *Journal of Constructivist Psychology*, 14(4), 285-313. doi:10.1080/1072053012604
- Rizzo, K. M., Schiffrin, H. H., & Liss, M. (2013). Insight into the parenthood paradox: Mental health outcomes of intensive mothering. *Journal of Child and Family Studies*, 22(5), 614-620.
- Roberts, S., Graham, M., & Barter-Godfrey, S. (2011). Young mothers' lived experiences prior to becoming pregnant in rural Victoria: A phenomenological study. *Australian Journal of Rural Health*, 19(6), 312-317.
- Rodgers, S., & Downie, J. (2006). Abortion: ensuring access. *Canadian Medical Association Journal*, 175(1), 9-9.
- Rolleri, L. A. (2013). Gender norms and sexual health behaviors. *Research fACTs and findings*. Ithaca, NY: ACT for Youth Center of Excellence. Retrieved December 1, 2013 from http://www.actforyouth.net/resources/rf/rf_gender2_1213.pdf
- Romagnoli, A., & Wall, G. (2012). 'I know I'm a good mom': Young, low-income mothers' experiences with risk perception, intensive parenting ideology and parenting education programmes. *Health, Risk & Society*, 14(3), 273-289.
- Rosen, R. A. H., & Martindale, L. J. (1975). *Abortion as "deviance"; traditional female roles vs. the feminist perspective*. Retrieved April 15, 2013 from <http://search.ebscohost.com.rlproxy.upei.ca/login.aspx?direct=true&db=eric&AN=ED123517&site=ehost-live>
- Ross, L. J. (1992). African-American women and abortion: A neglected history. *Journal of Health Care for the Poor and Underserved*, 3(2), 274-284.

- Saewyc, E. M. (2014). Adolescent pregnancy among lesbian, gay, and bisexual teens. In A. Cherry & M. Dillon (Eds.), *International Handbook of Adolescent Pregnancy*. New York: Springer
- Savin-Williams, R., & Diamond, L. (2004). Sex. In R. Lerner & L. Stinberg (Eds.), *Handbook of adolescent psychology*. New York: Wiley.
- Scott, L. M. (2006). *Fresh lipstick: Redressing fashion and feminism*. Palgrave: Macmillan.
- Sen, G. G., & Östlin, P. P. (2008). Gender inequity in health: why it exists and how we can+ change it. *Global Public Health*, 3(S1), 31-12. doi:10.1080/17441690801900795
- Shaw, A. (2010). Media representations of adolescent pregnancy: The problem with choice. *Atlantis: Critical Studies in Gender, Culture & Social Justice*, 34(2), 55-65
- Shoveller, J., Johnson, J., Prkachin, K., & Patrick, D. (2007). “Around here, they roll up the sidewalks at night”: A qualitative study of youth living in a rural Canadian community. *Health & Place*, 13(4), 826-838.
- Shrank, J. (1994). The language of advertising claims. In P. Eschholz, A. Rosa, and V. Clark (Eds). *Language awareness*. New York: St. Martin’s Press.
- Silliman, J., Fried, M. G., Ross, L., & Gutierrez, E. (2004). *Undivided rights: Women of color organizing for reproductive justice*. Boston: South End Press.
- Smith, A. (2005). Beyond pro-choice versus pro-life: Women of color and reproductive justice. *New World Sciences Academy Journal*, 17(1), 119-140.
- Smith, J., & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith., (Ed.), *Qualitative psychology: A practical guide to research methods* (53 – 80). New York: Sage.
- Solinger, R. (2001). *Beggars and choosers*. New York: Hill and Wang.
- Spade, D. (2013). Intersectional resistance and law reform. *Journal of Women in Culture and Society*, 38(4), 1- 25.
- Spencer, G., Doull, M., & Shoveller, J. A. (2012). Examining the concept of choice in sexual health interventions for young people. *Youth & Society*, XX(X), 1-23.
- Statistics Canada. (2012). Live births, Canada: Age and marital status of mother. Retrieved April 1, 2013 from <http://www.statcan.gc.ca/pub/84f0210x/2008000/t007-eng.htm>
- Steinberg, L. (2008). *Adolescents*. New York: McGraw-Hill.
- Stewart, J. (2003). The mommy track: The consequences of gender ideology and aspiration on age at first motherhood. *Journal of Sociology and Social Welfare*, 30(2), 3-30.
- Suri, H., & Clarke, D. (2009). Advancements in research synthesis methods: From a methodologically inclusive perspective. *Review of Educational Research*, 79(1), 395-430.
- Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. New York: Guilford Press.
- Tangney, J. P., & Fischer, K. W. (1995). *Self-conscious emotions: The psychology of shame, guilt, embarrassment, and pride*. New York: Guilford.
- Taylor, K. (2006). Today’s ultimate feminists are the chicks in crop tops’. *The Guardian*, 23.
- Thakkilapati, S. D. (2009). *Better mothers, good daughters and blessed women: Gender performance in the context of abortion*. (Unpublished Master of Arts). Ohio State University.
- The Conference Board of Canada. (2014). Economy: Provincial ranking. Retrieved November, 20, 2014 from <http://www.conferenceboard.ca/hcp/provincial/economy.aspx>
- Tolman, C. (1994). *Psychology, society and subjectivity: An introduction to German critical psychology*. New York: Routledge.
- Tolman, C. (2009). Holzkamp's critical psychology as a science from the standpoint of the

- human subject. *Theory & Psychology*, 19(2), 149-160.
- Tolman, D.L., Striepe, M. I., & Harmon, T. (2003). Gender matters: Constructing a model of adolescent health. *The Journal of Sex Research*, 40(1), 4-13.
- Travers, R., Newton, H., & Munro, L. (2011). " Because it was expected": Heterosexism as a determinant of pregnancy among sexually diverse youth. *Canadian Journal of Community Mental Health*, 30(2), 65-79.
- Trickett, E. J. (2009). Multilevel community-based culturally situated interventions and community impact: An ecological perspective. *American Journal of Community Psychology*, 43(3-4), 257-266.
- United Nations Department of Economic and Social Affairs (2012). Definition of youth. Retrieved April 15, 2013 from <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-definition.pdf>
- Valenti, J. (2009). *The purity myth: How America's obsession with virginity is hurting young women*. Berkeley: Seal Press.
- Vieira, S. (2010). Adopting on Prince Edward Island. Retrieved October 2, 2014 from http://www.adoptiveparents.ca/pei_main.shtml
- Viner, R. M., Ozer, E. M., Denny, S., Marmot, M., Resnick, M., Fatusi, A., & Currie, C. (2012). Adolescence and the social determinants of health. *The Lancet*, 9834(375), 1614-1615.
- Walton, C. & Taylor, J. (2013). Prince Edward Island pilot food costing project report. Retrieved September 1, 2014 from <http://peifoodsecurity.files.wordpress.com/2013/11/upei-fsn-food-costing-report-nov-21-2013.pdf>
- Webley, L. (2012). Gender, hierarchy, power, and inequality: What sociological theory adds to our understanding of sex-discrimination. *Westminster Law Review*, 1(1), 38- 43.
- Willig, C. (2008). *Introducing qualitative research in psychology*. (3rd ed.). New York: McGraw-Hill.
- Willmott, R. (1999). Structure, agency and the sociology of education: Rescuing analytical dualism. *British Journal of Sociology of Education*, 20(1), 5-21.
- Wright, L., Walters, D., & Zarifa, D. (2013). Government student loan default: Differences between graduates of the liberal arts and applied fields in Canadian colleges and universities. *Canadian Review of Sociology*, 50(1), 89-115.
- Wright, T. (2011). Shortage of infant daycare spaces causing problems for working parents. *The Guardian*. Retrieved October 9, 2014 from <http://www.theguardian.pe.ca/News/Local/2011-08-24/article-2723687/Shortage-of-infant-daycare-spaces-causing-problems-for-working-parents/1>
- Wolf, N. (2001). *Misconceptions: Truth, lies, and the unexpected on the journey to motherhood*. New York: Doubleday.
- Women's Network PEI. (2012). Paths to prosperity. A community response to poverty. Retrieved October 5, 2014 from <http://media.virbcdn.com/files/ab/1b83b0b35f6f6c9c-PathstoProsperityFullReport.pdf>
- World Health Organization. (2013). Health topics: Reproductive health. Retrieved April 15, 2013 from http://www.who.int/topics/reproductive_health/en/
- Yoshino, K. (2000). The epistemic contract of bisexual erasure. *Stanford Law Review*, 52(2), 353.
- Zon, H. (2013). The unholy alliance of neoliberalism and postmodernism. *Zomer*, 47(2), 110 – 114). Retrieved August 1, 2014 from <http://www.imavo.be/vmt/13214-van%20Zon%20postmodernism.pdf>

Appendix A: Research Conversation Guides

Interview Guides Used in the Understanding for a Change Project (2011)For women who have had an abortion:

1. Tell me about your experience with securing an abortion (or if applicable: with using the morning after pill).

Probes

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

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

1. Tell me about your experience with using a home remedy to secure an abortion.

Probes

- a. Year/age/context
- b. The time leading up to the abortion (or if applicable, attempted abortion if pregnancy continued).
- c. The abortion process (or if applicable, attempted abortion if pregnancy continued).
- d. Post abortion care (or if applicable attempted abortion after care if pregnancy continued).
2. When you think about the social messages that women who wanted an abortion were getting at the time, what were they?
3. How do you think those messages made women feel?
 - a. What do you think the effects of those messages were/are?
 - b. Can you think of how you were effected by those messages?
 - i. Strengths developed?
 - ii. Internalized negative messages?
4. If you could journey back in time with your current day wisdom, what would you tell

yourself?

5. What are some changes you would like to see?
 - a. Intrapersonal
 - b. Interpersonal
 - c. Structural
6. What is important to keep in mind when we are doing work on women's abortion rights?
7. Is there anything we have not talked about that is important for me to know?

For women who were blocked from obtaining an abortion:

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

Probes

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

Modified Interview Guide for Reproductive In(Justice) Study

For conversations with participants who have experienced pregnancy

Do you have any questions before I start the recording?

Is it okay for me to turn the recorder on?

The recorder is now on.

1. To start, would you mind providing some background information by telling me a bit about yourself?
 - a. Age
 - b. Length of Island residency
 - i. location of residency

- ii. primary and secondary education attendance
 - c. Current situation
 - i. student/employed/unemployed
- 2. Can you tell me, with as much detail as possible, about the experience(s) you've had that made you to want to participate in this interview?
 - a. Age
 - b. Context
 - c. Decision-making process
 - i. Options considered (abortion, adoption, parenting)
 - ii. Barriers
 - iii. Supports
- 3. Can you describe how you were feeling as you moved through this experience?
 - a. Negatives (e.g.) isolated, panicked
 - b. Positives (e.g.) strengths developed
 - c. Current feelings towards past situation
- 4. If there are any, can you describe your experiences with the Island medical community – staff, nurses, doctors – during this time?
 - a. Concerns about approaching/expectations
 - b. Pregnancy confirmation
 - c. Options presented
 - d. After care
 - e. Perception of influence

4b. How did you feel about these interactions with the Island medical community?

 - a. Level of comfort
 - b. Perceived reactions
 - c. Support
 - d. Impressions
- 5. At the time of your experience, what do you remember about the social messages young women were hearing about pregnancy, reproductive rights, and reproductive decision making?
 - a. Where were these messages coming from?
 - i. Family
 - ii. Friends
 - iii. Medical community
 - iv. Media
 - b. What effect do you think these messages have on women?
 - i. Influence on decision-making
- 6. Personally, how did those messages make you feel at that time?
 - a. How did/do you deal with these feelings?

- i. Acceptance/internalization
 - ii. Resistance/strengths
 - b. What do you think the effect of these feelings were/are?
 - 7. What do young women need to be healthy and happy in their reproductive lives?
 - a. Education system
 - b. Medical system
 - c. Community
 - d. Society
 - 8. Based on your experiences, if you were in a position to change things in this province what would you like to see changed?
 - a. Intrapersonal
 - b. Interpersonal
 - c. Structural
 - 9. If you could go back in time right now and visit yourself in some of the moments we have been talking about what would you say, or what advice would you give yourself?
 - a. Advice to others
 - 10. Is there anything else you would like me to know about your experience that we haven't talked about?
- ***
- 11. What do you think is important for me to keep in mind as I talk to young women about experiences in their reproductive lives?
 - 12. As an interview participant, do you have any recommendations in terms of how I can improve this experience for others?

For conversations with participants who have experienced a pregnancy scare

Please take all the time you need to think about a question before answering, and feel free to ask me questions at any time. At the end of the interview I will inform you before turning off the recorder.

Do you have any questions before I start the recording?
Is it okay for me to turn the recorder on?

The recorder is now on.

- 1. To start, would you mind providing some background information by telling me a bit about yourself?
 - a. Age
 - b. Length of Island residency
 - i. location of residency
 - ii. primary and secondary education attendance
 - c. Current situation
 - i. student/employed/unemployed

2. Can you tell me, with as much detail as possible, about the experience(s) you've had that made you want to participate in this interview?
 - a. Age
 - b. Context
 - c. Process

3. Can you describe how you were feeling as you moved through this experience?
 - a. Negatives (e.g.) isolated, panicked
 - b. Positives (e.g.) strengths developed
 - c. Current feelings towards past situation

4. If there are any, can you describe your experiences with the Island medical community – pharmacy staff, nurses, doctors – during this time?
 - a. Concerns about approaching/expectations
 - b. Process
 - 4b. How did you feel about these interactions with the Island medical community?
 - a. Level of comfort
 - b. Perceived reactions
 - c. Support
 - d. Impressions

5. At the time of your experience, what do you remember about the social messages young women were hearing about pregnancy, reproductive rights, and reproductive decision-making?
 - a. Where were these messages coming from?
 - i. Family
 - ii. Friends
 - iii. Medical community
 - iv. Media
 - b. What effect do you think these messages have on women?
 - i. Perception of influence

6. Personally, how did those messages make you feel at that time?
 - a. How did/do you deal with these feelings?
 - i. Acceptance/internalization
 - ii. Resistance/strengths
 - b. What do you think the effect of these feelings were/are?

7. What do young women need to be healthy and happy in their reproductive lives?
 - a. Education system
 - b. Medical system
 - c. Community
 - d. Society

8. Based on your experiences, if you were in a position to change things in this province what would you like to see changed?
 - a. Intrapersonal
 - b. Interpersonal
 - c. Structural

9. If you could go back in time right now and visit yourself in some of the moments we have been talking about what would you say, or what advice would you give yourself?
 - a. Advice to others

10. Is there anything else you would like me to know about your experience that we haven't talked about?

11. What do you think is important for me to keep in mind as I talk to young women about experiences in their reproductive lives?
12. As an interview participant, do you have any recommendations in terms of how I can improve this experience for others?

Appendix B: Informed Consent Form



WILFRID LAURIER UNIVERSITY

Reproductive (In)Justice Research Study
INFORMED CONSENT STATEMENT

PRINCIPAL INVESTIGATOR: ANGELE DESROCHES – ADVISOR: DR. ROBB TRAVERS

You are invited to participate in a research project focused on young Island women’s experiences of reproductive saliency. Reproductive saliency is a term used to describe a period of time when reproductive ability and decision-making becomes personally relevant in the life of a young woman (i.e. such as in the event of an unplanned pregnancy). The purpose of this study is to explore this experience with young women who have gone through it. This project will assist in generating a better understanding of such experiences, and help clarify young Island women’s needs in relation to sexual-reproductive health. This research is being conducted in partial fulfillment of the degree requirements associated with the principal investigators program of study.

INFORMATION

This study seeks the participation of sixteen young women residing in the province of Prince Edward Island. Women will self-select to participate based on age (24 years old and younger) and reproductive experience. Possible experiences include: young mothers, women who have accessed abortion, women who have pursued adoption, and women who have - or have attempted – self-induced abortion. Please note that women currently experiencing pregnancy are not eligible for participation in this particular study, and that there is *no* compensation for contributing to this research.

RESEARCH ACTIVITIES

This research project involves one-on-one interviews and a concluding focus group. You may choose to be involved in one or both activities. Participation in one activity (the interview) does not require participation in the other activity (the focus group). However, all participants in the focus group will have participated in the interview process. Please note that as a participant in this study you have the right to end your participation at any time, for any reason, without any penalty.

During the interview you will be asked to reflect on and answer questions related to your own personal reproductive experiences. You will also be asked to reflect on and answer questions related to the context of your personal experiences (i.e. what was going on around you). Interviews are expected to last between one and two hours, and will be audio recorded with your permission. Only the principal researcher will have access to the audio recording. The audio recording will be disposed of upon the completion of a de-identified interview transcript (typed out copy of the interview).

Focus group participants will be asked to provide feedback on the analysis, findings, and research process. Prior to the focus group discussion the principal researcher will provide a presentation on the research, and participants will be given a paper copy of the research summary. The focus group is expected to last one hour, and will be audio recorded in order to ensure all communications are captured. Only the principal researcher will have access to the audio recording. The audio recording will

be disposed of upon the completion of a de-identified transcript (typed out copy of the focus group).

All data (i.e. transcripts, field notes, forms) will be destroyed five years after the completion of this research, and will be stored in a secure location until that time.

RISKS

There are no foreseeable risks to your safety as a result of participating in this research. However, given the personal nature of the research topic, it is possible that you will find participation difficult at times. For your convenience, a list of community supports has been attached to this document. You can access these supports if you would like to. It is important to note that the purpose of this research is not to judge anyone's behavior or decisions. Rather the purpose is to gain an understanding of how you experienced certain events at a specific time in your life. Please feel free to not answer particular questions, and please know you can end your involvement with the study at any time. Please keep in mind that focus group participation may carry more of a social risk than interview participation (you will see other participants and other participants will see you). Although focus group participants will be reminded that the identities and contributions of participants must be kept confidential, the principal researcher cannot fully guarantee confidentiality in this setting. Please use your own judgment when determining how confidential you would like your involvement with this research to be.

BENEFITS

You may find it beneficial to talk about important events in your reproductive life with a non-judgmental and non-involved person. Additionally, you may be indirectly benefited by this research in that the information you provide will be used to contribute to conversations regarding sexual-reproductive health and reproductive rights in the province of Prince Edward Island. Lastly, your story will help advance what is known about young women's reproductive experiences, and reproductive decision making.

CONFIDENTIALITY

Identifying information (i.e. contact information) collected during your participation in this research will not be shared. All hardcopy data (paper documents such as this consent form) will be securely stored in a locked filing cabinet in the principal researcher's home office, which only the principal researcher will have access to. All electronic data (i.e. audio recordings) will be encrypted, password protected, and stored on a password-protected computer and secure server space. All identifying information (i.e. names, dates, places, etc.) will be removed from transcribed copies of recordings. Audio recordings will be destroyed after transcribed copies have been made. This research will combine personal narratives to produce an account of the experience of reproductive saliency as it is described. As such, quotations from your communications may be used in publications and presentations. However, these quotes will not contain identifying information. Given the nature of this research (small number of participants and small province) anonymity cannot be guaranteed. However, every effort will be made to keep your participation and information confidential. All hard copy data will be destroyed no later than April 1, 2014. All electronic data, excluding disaggregated files, will be deleted from both the password protected laptop and secure server space no later than September 1, 2014. Disaggregated files will be deleted no later than April 1, 2019. Please note that both Angele DesRoches (primary researcher) and Dr. Robb Travers (advisor) will have access to the data associated with this study.

CONTACT

If you have questions at any time about this study or the procedures, (or you experience adverse effects

as a result of participating in this study) you may contact the researcher, Angele DesRoches, via email at desr7890@mylaurier.ca, or by phoning 902-315-2434. You may also contact Dr. Robb Travers, the supervisor of this research, via email rtravers@wlu.ca, or by phoning 519-884-0710 ext.2577. This project has been reviewed and approved by the University Research Ethics Board, and is associated with the approval number 3694. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-1970, extension 4994 or rbasso@wlu.ca

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate at any time without penalty. If you decide to participate, you may withdraw from the study at any time without penalty. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

The results of this research will be used for both academic and community purposes; with the primary associated publication being the thesis (required paper for degree) this research is intended inform. Dissemination of this information may include academic publications (i.e. research journals), presentations, media releases, and electronic reports. Resulting reports will be shared with the Island community at large, policy makers, and the academic community. Participants can contact the principal researcher at any time for updates on this research, and a results summary will be made available on the associated Facebook page by September 30, 2014:

<https://www.facebook.com/ReproductiveInJustice>

CONSENT

Quotations

As mentioned, in communicating the research findings of this study de-identified quotes from participant communications will be used.

- Yes, please quote me.
- Yes, you can quote me but I would like to review the quotes being used.

Contact Information: _____

- No, I do not want to be quoted.

Focus Group

Once all interviews have been completed, and the information collected has been analyzed, a focus group will be conducted. Participating in the focus group will give you an opportunity to provide feedback on the analysis, findings, and research process, and will help improve the accuracy of the research findings. Please note that by participating in the focus group your involvement in the research will no longer be confidential – you will be known to others who have agreed to participate. However, also note that, in participating in the focus group, you will be asked to reflect on the interview findings as a collected whole. You will not be asked to speak to your specific/personal experiences in the focus group. The focus group is expected to last an hour, and take place by late June, 2013.

- Yes, I would like to participate in the concluding focus group. *Please provide your email address or phone number so that you may be contacted with an invitation.*

Contact Information: _____

No. I do not wish to participate in the focus group, but I would like to receive a copy of my analyzed transcript via email. *Please provide your email address.*

Email Address: _____

(Note: Confidentiality of transcript cannot be guaranteed while in transit over the internet).

No. I do not want to participate in the focus group, and I do not want to receive a copy of my transcribed interview.

I have received this form as a focus group participant.

Make sure that you have read and understand the above form, and that you agree with the following statements.

- I have received information about this study, and I have had the opportunity to have any questions about my participation answered.
- I understand that I can contact the Wilfrid Laurier Research Ethics Board if I have any concerns about the ethical conduct of this study.
- I know that I have the freedom to withdraw from this study at any time and/or not answer any specific questions.
- I understand that I can keep a copy of this signed and dated form.

I agree to participate in this study.

Participant's Name (please print)

Participant's signature

Date

Investigator's Name (please print)

Investigator's signature

Date

Appendix C: Community Resource List

Available Community Supports

<p style="text-align: center;"><u>Island Help Line</u> (24 hours, bilingual) 1-800-218-2885. http://www.healthpei.ca/index.php3?number=1020501&lang=E</p>	<p style="text-align: center;"><u>Kids Help Phone</u> (24 hours, bilingual, also serving young adults). 1-800-668-6868 http://www.kidshelpphone.ca/teens/home/splash.aspx</p>
<p style="text-align: center;"><u>Richmond Services</u> (Free counseling and other support services). http://www.gov.pe.ca/infopei/index.php3?number=16580 Children & Youth Line: 1-866-833-5443</p>	<p style="text-align: center;"><u>East Prince Women’s Information Centre</u> (Information and referral service to community resources). 109 Water Street Summerside, PE C1N 1A8 Phone: 902-436-9856 Email: epwic@eastlink.ca</p>
<p style="text-align: center;"><u>Family Service PEI</u> (Therapeutic counseling services regardless of payment ability). <i>Charlottetown Location</i> 155 Belvedere Avenue, Suite 6 Phone: 902-892-2441</p> <p><i>Summerside Location</i> 109 Water Street Phone: 902- 436-9171</p> <p><i>Alberton Location</i> Alberton Business Centre, 455 Main Street Phone: 902- 436-9171</p> <p><i>O’Leary Location</i> Future Tech West, 454 Main Street Phone: (902) 436-9171</p>	<p style="text-align: center;"><u>Women’s Network PEI</u> (Offers referral services) http://wnpei.org/ 40 Enman Cr., Charlottetown Phone: 902-5040. Email: info@wnpei.org</p> <p style="text-align: center;"><u>PEI Rape Crisis Centre</u> Main office: 902-566-1664 Therapy line: 902-368-8055 http://www.peirsac.org/</p> <p style="text-align: center;"><u>Family Service Bureau Prince County</u> (Counseling services on a sliding fee scale). 277 Notre Dame St, Summerside 902-436-9171.</p>
<p>UPEI students: <u>Department of Student Services/W.A.</u> Murphy Student Centre Phone: 902-566-0488 Email: stuserv@upe.ca.</p>	<p>Services specific to Violence: <u>PEI Family Violence Prevention</u> 159 Euston Street, Charlottetown Phone (Administrative Office): 902- 894-3354 ext.221 Email: admin@fvps</p> <p><u>Victim Services</u> Phone: 902-368-4582 or 902-888-8217 or 902-888-8218</p>

Appendix D: Field Note Document

Template Document for the Recording of Field Notes

Interview #: _____

Date: _____

Time: _____

Ease/Flow of conversation:

General mood/tone of conversation:

Body language/emotional reactivity:

Other observations/notes:

Appendix E: Analysis Summary Document

Analysis Summary for Reproductive (In)Justice Research Study

Through an interpretative phenomenological analysis (IPA) 5 superordinate themes were identified. All superordinate themes remain grounded in earlier stages of idiographic analysis; higher order themes were checked against, and made visible, in individual case transcripts. All eleven participants are represented, to varying degrees, in each of the superordinate themes.

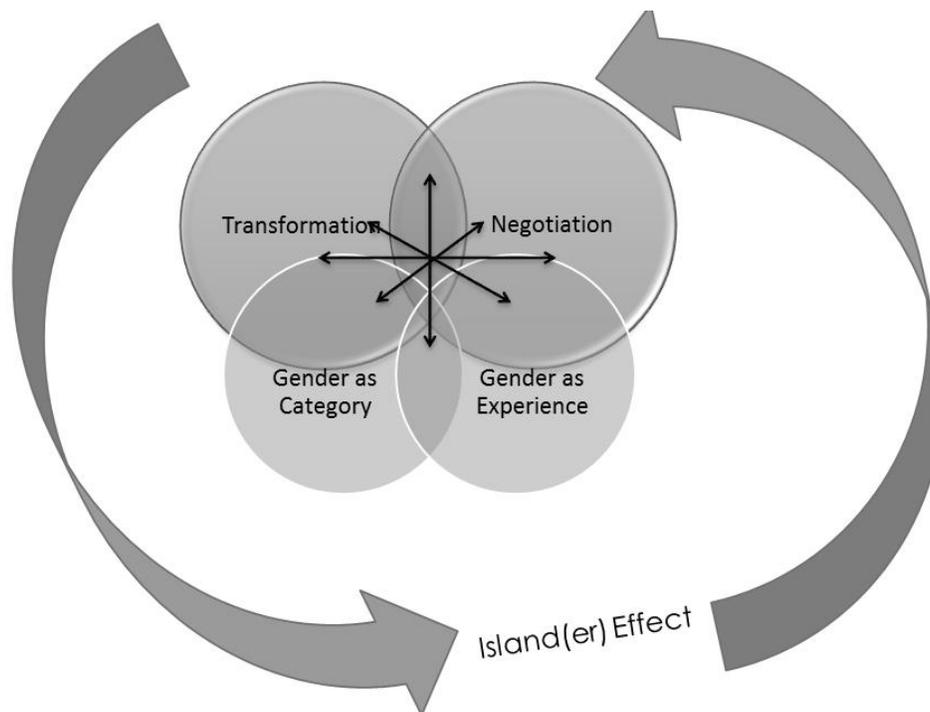


Figure 1. Summary model of interconnected superordinate themes

1) “I was changed:” Transformation - Regardless of the final decision, all participants spoke about a journey of personal growth, reflection, and change. Participants could no longer “be in the world” as they had been before. They could not unknow the experience of reproductive saliency and were fundamentally changed by it.

2) “What they think:” Negotiation – For young women, a salient reproductive event comes prepackaged with socially constructed meaning. A negotiation of that meaning occurs simultaneously with the personal process of transformation. This negotiation process is further influenced through interaction with social others and social systems.

3) “So personal:” Gender as Experience – Through the embodied reality of reproductive saliency participants offer many reflections on embodied experience in relation to sexuality and reproduction, and on the management and experience of their bodies in this area of life.

4) “With the way the world is:” Gender as Category – Through confronting reproductive saliency participants also contend with the meaning of being a young pregnant woman, which is extended into examinations of what it means to be classified as a woman in terms of social category.

5) “The Island effect:” Interactions with local setting – A dynamic interaction between the larger sociocultural context and local environment, as well as experientially relevant localized characteristics, were observed in participants’ descriptions of their social environment and the communicated interaction of local context with related experiences.

Transformation.

A salient reproductive experience is marked by an ontological shift (changes in lived reality) caused by the significant disruption the event introduces into the flow of lived experience. After pregnancy confirmation, participants could no longer be-in-the-world as they had been before; their perception of self, social others, and things had been altered to the point that they were seeing their lifeworld differently – through the lens of a pregnant young woman.

Once the new reality has been acknowledged there is a questioning of what this means in the larger context of the lifeworld. This meaning is created through the social mediatedness of human existence – i.e. meaning available in the environment (this is a bad thing), and meaning created through interactions with others (I’m disappointed in you).

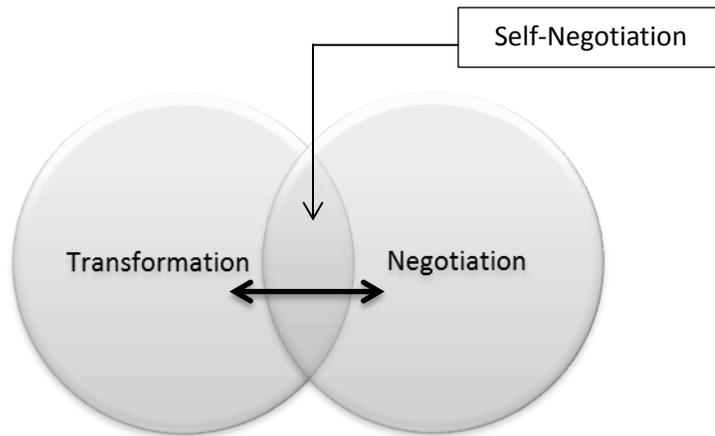


Figure 2. Self-negotiation as the overlap of Transformation and Negotiation

Although this project presents entry into young women’s experiences of reproductive saliency at the point of Transformation, the negotiation of meaning has already begun before the new reality has been verbalized to any social other.

Each participant comes into the experience of reproductive saliency as already being-in-the world and already holding social knowledge: i.e. already having some sort of understanding of what it means to be a young pregnant woman.

The overlap of Transformation and Negotiation provides a spaces for negotiations with “self” - How does this event make me feel? What does this mean in the context of my life, and my desires for myself? What does this event mean in terms of how I understand myself?

Negotiation

As women begin exploring themselves in this way they are directed towards their own attitudes and opinions surrounding reproductive choice, which provides one entry point into Negotiation as a superordinate theme.

Note: All participants; although diverse in terms of confidence and resoluteness, indicated that they had identified at least an uncertain preferred course of action before disclosing to others.

The negotiation process is marked by a back and forth relationship between the young woman as the experiencer and the social world – a world of meaning and other individuals.

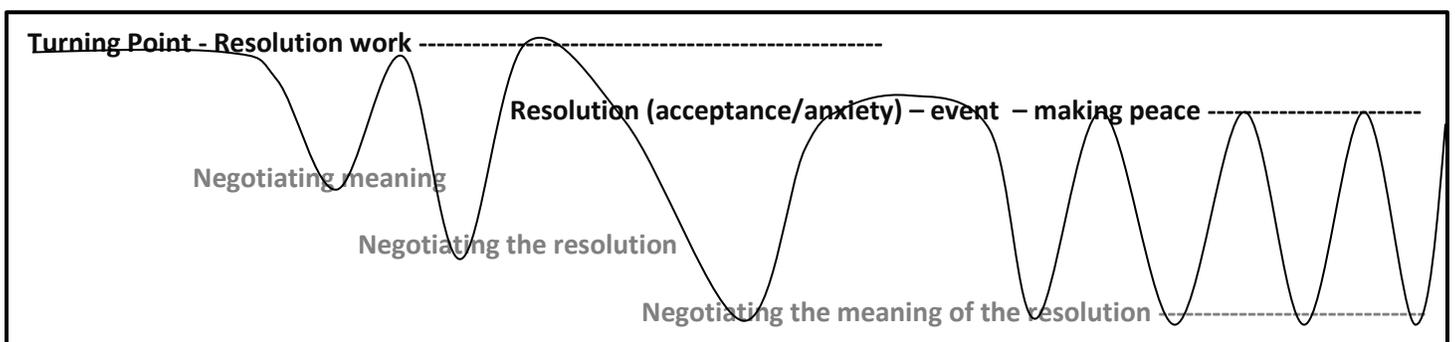


Figure 3. Process of negotiation

In considering the future participants, to some extent, began the process of resolution work; that is they began to formulate an answer to the question, what am I going to do?

In disclosing the event to other people, who are also embedded in the same structures, the meaning of the event becomes (re)negotiated.

These negotiations are interpreted and engaged with subjectively by young women and are taken into account during the process of resolution work.

The resolution itself is also negotiated through a process of reflection and communication, and eventually an outcome is decided upon.

The meaning of that resolution continues to be negotiated through the and into the future as the subjective understanding of the experience continues to undergo changes over time.

Gender saliency emerged as a requisite of reproductive saliency – it was made necessary by particular circumstances i.e. age and social stigma. Gender saliency was observed as appearing as a dichotomy (two sides of the same coin). One component, Gender as Experience, centres on the individual as female; the other, Gender as Category, acknowledges woman as a social group (i.e. shared experiences).

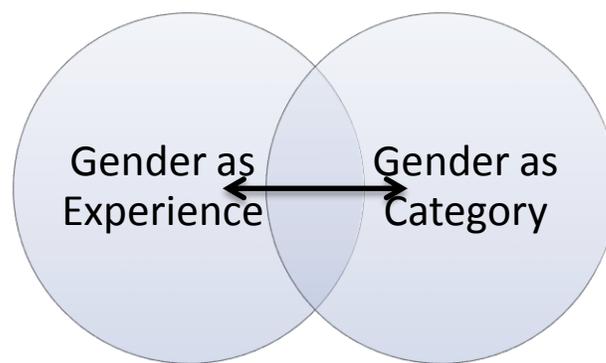


Figure 4. The dichotomy of gender saliency

Gender experience

Through the experience of reproductive saliency participants bump into their gender (i.e. blame and shame) and biological sex (medical interventions, pregnancy symptoms) in new ways that have to be processed.

Pregnancy shifts how young women understand and engage with their bodies. This involves the notion of a body betrayal as the “pregnant body” is described as being different from the “young body.”

In experiencing an unplanned reproductive event, young women experience social judgment which functions to communicate a devalued potential - it is thought to reflect poorly on who you are (i.e. not smart, not responsible, not good).

In engaging with judgment and assumptions young women move through an internalization-resistance process at the site of identity i.e. they work to answer the question what, if anything, does this experience say about who I am?

Note: The emotionality of reproductive saliency is marked by guilt, shame, and embarrassment, which are all self-conscious emotions, indicating an intense awareness of social surveillance.

Through the experience of reproductive saliency participants develop an awareness of a gendered reality that is social rather than physical. Women are aware that the partner involved in the pregnancy is not experiencing the same reality (he's not experiencing the same judgement or "tug and pull" on his body). In working through an understanding of this gendered reality participants communicate an awareness of isolation and disproportionate responsibility. i.e. she will be held accountable in ways that her partner is not.

Gender category

In journeying through the experience participant become aware of the fact that other people (young women) are also encountering the same things (shared/similar social experiences).

Gender as Category is marked by a shift in focus from “I” or “me” to “we” or “women/girls,” as well as a growing awareness that as a collective women are not in the best position in this and other (related) areas of life (i.e. gender violence).

Here participants offer a cultural critique involving: gender socialization and performance as well as popular culture (sexualisation/ objectification – morality/judgement).

Gender as Category also facilitates a deconstruction of “woman” as a social position through attention to rights (women’s, citizens, patients), the woman blaming default position (slut shamming), comparing the constructions of motherhood versus fatherhood (parental permanence), and otherwise challenging notions of gender equality.

In engaging with Gender as Category participants display a critical consciousness that facilitated a recognition of privilege (i.e. in this situation I am better off than someone who...), and solidarity (a recognition that “I” am, for better or worse, part of this group labeled woman).

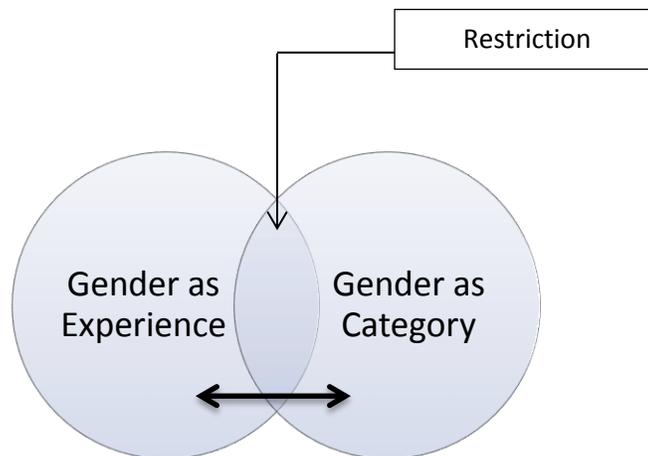


Figure 5. Perception of restriction as the overlap between gender as experience and gender as category

The overlap between Gender as Experience and Gender as Category is observed as the perception of restriction. In the current system, the female gender functions as a limiting condition both structurally (there are rules regulating the female body) and at the experiential level (I experience particular pressures as a female person).

The Island(er) Effect

Was illuminated in attending to how local (PEI) culture interacts with experiences of reproductive saliency, and is imagined as wrapping around the experience as a whole.

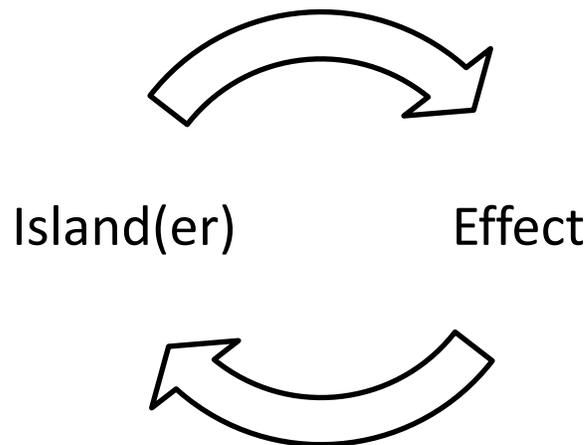


Figure 5. Local context as wrapping experience of reproductive saliency

In the local context four factors were identified as being important to young women's experiences of reproductive saliency.

- 1) Traditionalism: Things are the way they are for a reason, and should remain that way unless there is a very obvious reason to move away from it. = devaluation of critical thought, change resistant, and a romanticism of the past (the good old days).

- 2) Historical religiosity: Understanding human sexuality and reproduction from a Christian point of view (Catholic and Protestant) in which there is an emphasis on sinfulness and appropriate relationships.
- 3) Size: As an Island resident one is “known,” or can be easily identified through social networks, which is experienced as a high degree of social surveillance. Through this surveillance a high value becomes placed on sameness and conformity in order to ensure belonging.
- 4) Culture of Silence: As a consequence of the other factors there is a perception that one should remain silent on issues that may be thought of as controversial, or that others may take issue with. Rocking the boat, so to speak, risks social punishment that can manifest in material ways i.e. employment insecurity.

In the local context young people are not understood as legitimate social actors. As a result Island youth receive shame based messages around sex/sexuality and poor quality sex education. Sexual issues are approached from a system of traditional/moral values rather than a health based (sex positive) perspective.

As a result young women enter sexual relationships with limited knowledge, without guidance or an awareness of where to seek support, and perceiving barriers in terms of interacting with health care systems.

When a salient reproductive event is encountered, young women perceive a punitive response from the Island community, which is rooted in ageism and sexism, and experience anxiety when approaching systems of health care. Relatedly, young women also find themselves having to navigate barriers to actuate information while encountering misinformation. In the event of pregnancy, the possibility space, in terms of

options, is also reduced for young Island women as abortion is removed from the local health system and adoption is compromised by social surveillance and size.

Appendix F: Participant Narrative Summaries

Narrative Summaries

Alex

Age at first experience: 19

Alex was twenty-four at the time of interview, which was conducted in 2011. Alex experienced her first pregnancy at the age of nineteen. She described this event as very stressful often using words such as terrifying and panicked. Alex did not elaborate on the experience of suspecting pregnancy, but did mention that she and her partner had tried to access a free home pregnancy test at community resource. This was experienced negatively as the organization refused to provide Alex's partner with the test without speaking to her. She expressed that she was fearful of being manipulated by the organization's representatives, and refused to go in. The pair opted to purchase the test at a pharmacy, and a doctor's appointment was booked following the positive result. At this appointment the doctor informed Alex of all options. Alex indicated that she was disgusted by the suggestion of abortion, and attributed this reaction to growing-up in a conservative family with strong religious beliefs. Alex felt that adoption may be the best option for her, and she and her partner began this process through Island systems. Alex was dissatisfied by the service she received from provincial workers, and reported being told that they had never handled an out of family adoption before. After reviewing materials provided by potential parents, Alex began to doubt the feasibility of an in province adoption as the couple she selected was known to her own family. After deciding that an in province adoption would not provide distance or anonymity, Alex contacted the legal team she was working with and requested an out of province adoption. She was told that window of time was too small to make the change, and by the end of the conversation Alex had agreed to proceed. Later that day Alex described the conversation to her mother, who was suspicious about the advice her daughter was being given. Within an afternoon Alex's mother was able to connect with an adoption agency in Nova Scotia, and confirmed an out of province adoption was still possible. Alex and her partner ended relations with their provincial team, and began working with the Nova Scotia based agency. Alex was pleased with the new process; a week before her due date she would stay with a family member in Nova Scotia so she could give birth in that province, the agency would then move the child into temporary foster care to provide Alex with her mandatory two week cooling off period, after which she would be approached with adoption papers, and after signing the selected family would be notified. Alex gave birth a few days earlier than expected, but events proceeded as planned. However, when the cooling off period ended Alex was unsure if she wanted to go through with the adoption. After an additional three weeks Alex opted to have her child returned to her care.

In 2009, at age twenty-one, Alex experienced her second pregnancy. She described immediately knowing that she did not want to continue with the pregnancy, but was unsure of how to access abortion. She did some research online and found that there had been a helpline associated with Island abortion access, but it was no longer in service. Alex booked an

appointment with her mother's family physician, as she was now living a thirty minute drive away from her own doctor, and was frustrated by the service she received. She left the appointment after being provided with a phone number to the closest Morgentaler clinic, located in Fredericton New Brunswick. No one in the doctor's office provided Alex with information related to provincial abortion referrals. Alex learned of this possibility through the interview process. She was surprised that the province was offering funding, and angered to learn she was not offered a health service she was entitled to - a point she returned to often. Alex called the Fredericton clinic and, after answering several questions, she was advised to wait two weeks before making an appointment. Working from the dates of Alex's last menstrual cycle there were concerns that she would arrive too early, and she would be out the costs associated. Although Alex's partner was willing to split the costs associated with accessing the abortion, arriving too early was a still a financial risk, and so she waited. Alex experienced the delay as emotionally difficult, and when she arrived at the clinic she was greeted by anti-choice protestors. Alex reported being treated well by all staff at the clinic with one large exception. The ultrasound technician informed Alex that the estimated stage of her pregnancy had been incorrect, and that she was almost at the three month cut off. The technician printed the sonogram image and placed it in Alex's view. Alex suggested that this made getting over the experience harder. Alex made it clear that, despite her immediate and intuitive response to the pregnancy, she still experienced the process thoughtfully and intensely. The system barriers to abortion access clearly increased the stressfulness of the experience, and the resulting delays had physical (i.e. more painful) and emotional (i.e. more guilt) consequences. Alex received after care in PEI through her own family physician and experienced this process positively. She noted feeling a sense of relief after obtaining the abortion, and commented that her life resumed as usual about a week and a half after receiving the procedure.

In reflecting holistically on her experience, Alex reported that she was happy to have had her child at a younger age. She felt that she would be able to pursue her own aspirations later in life, having already completed her child rearing. Alex reported perceiving strong social judgments directed at young people in regards to anything sex related. She recounted events, such as accessing the morning after pill and obtaining medical services for her child, where she felt that her age influenced the quality of service she received – in both cases she was asked by service providers how old she was although it was irrelevant to the presenting issue. Alex suggested that this kind of treatment was contrary to what she believed to be the ideal; the younger a person, the more willing service providers should be in providing information, assistance, and support. As a lifelong Island resident, Alex's communications highlight how ageism is one component of the traditionalist mindset of the province. Alex's narrative also illuminates how perceived gender differences in parenting interact in ways that are compounding and negative for young women. Alex indicated that changes in the area of sexual-reproductive health services would require changing the traditional mindset eclipsing the province, but noted that introducing comprehensive sexual education, clarifying procedures for Island doctors around

reproductive choice, and developing a provincial sexual-reproductive health clinic would be concrete steps in the right direction.

Bev*

Age at first experience: 19

In 2011, at the time of interview, Bev was twenty-one and, although she had not experienced pregnancy, she felt she had something to contribute to a conversation focused on reproductive events based on her experiences as a young woman and Island resident. On Bev's nineteenth birthday she was raped. She indicated that she had been drinking heavily and was intoxicated to the point of being incapacitated. Bev did not report the rape, and she acknowledged that, because she was not physically resistive, she did not construct the experience as rape until recently. Bev communicated that pregnancy was an immediate concern, but she was paralyzed into non-action by her sense of shame. She knew abortion was not available in the province, and did not know anything about accessing the service out of province. Bev also communicated that she did not believe her mother would be supportive of abortion regardless of the circumstances. She reported that she knew that emergency contraception existed but was unaware of how it was accessed, and she felt too embarrassed to ask anyone about it. Bev indicated that she experienced a great deal of anxiety around the pregnancy scare until she began her menstrual cycle approximately a week and a half after the assault. Bev described this event as one of the best days of her life and her voice contained a clear sense of relief.

Bev began her first sexual relationship after the assault two years later, at the age of twenty-one. She obtained a prescription for birth control (the pill) after the relationship developed, and explained to her partner that, because it was a new prescription, they would need to continue to use condoms for a period of time. During their last sexual encounter, her partner removed the condom during intercourse without Bev's knowledge or consent. Bev reported feeling angry with her partner, and ended the relationship because of the incident, but she also described feeling ashamed herself. The possibility of pregnancy was again an immediate fear, but Bev remained unsure of what to do. She reported returning to her home and trying to shower and scrub her fears away, but a gut feeling pushed her to reach out. The following day she contacted a friend who worked with a pharmacist to ask about the morning after pill. The friend provided her with information, but Bev still needed the funds to purchase the emergency contraceptive and transportation to a pharmacy. She reported that she was not sure if her mother would be supportive of her accessing the medication, and that she did not feel comfortable approaching her with this particular health issue. Bev did not believe her mother would take her to the pharmacy without asking questions. She went on to describe her relationship with her mother as closed off in relation to issues of sex and sexuality. The following day, two days after the assault, Bev managed to find the appropriate amount of funds and was able to ask a close friend to take her the pharmacy. She felt she was treated respectfully by the pharmacy staff who took her into a consult room to explain the process. However, she also reported feeling very aware of the other people in the store when she initially asked for the product. Bev was very

concerned about the effectiveness of the medication as it decreases each day. Fortunately, Bev avoided having to deal with a pregnancy.

Throughout the interview Bev was adamant that the way in which youth sexuality is constructed within Prince Edward Island is harmful to young people. She noted that the culture of shame and silence surrounding youth sexuality impacted the way she handled her own negative experiences. She also believed the social environment influenced other people's reactions to these events when she disclosed them. She was critical of the fact that the education system had done little to supplement the conservative sexual education she received at home, which made making educated decisions difficult. She talked at length about the culture of slut shaming, and explained how damaging and ridiculous this discourse can be. Bev explained that the culture of judgment aimed at young women, even within her peer groups, made a lot of youth scared to talk about things related to healthy sexuality. She also noted that within her own high school the punitive response of labeling (weird, slut, lesbian) often kept people quiet. Bev tied these attitudes to strong religious affiliations within the province, and noted that this kind of thinking prevented social progress. Bev mentioned the presence of a snobbish or condescending collective mindset, which constructed young women who experience pregnancy, or a pregnancy scare, as irresponsible. Bev implied that this kind of thinking perpetuated the false belief that, by being responsible, one could prevent such experiences from happening. Bev acknowledged that as a young person she had also shared in this belief, but her own experiences had acted as a convincing counter to such attitudes. Her interest in participation was a direct result of wanting to change the conversation around youth pregnancy away from the unnecessary shaming of young women. However, Bev did communicate a belief that young people, specifically teenagers, do not make good parents. This opinion helped inform her pro-choice attitudes – as did her experiences with sexual assault. Bev communicated that the social messages she received as a young Islander; around sexuality, pregnancy, and reproductive decision-making, often made her feel ashamed to be a woman. This narrative clearly highlights the need to lift the veil of secrecy surrounding youth sexuality so young women can experience more agency in their own sexual-reproductive lives.

Claire*

Age at first experience: 19

Claire was twenty-two, in 2011, at the time of interview. Claire experienced pregnancy for the first time at the age of nineteen. She was in the process of starting post-secondary education, and was in a committed relationship with a partner she described as her best friend. Upon confirming the pregnancy Claire's initial desire was to parent. Unfortunately, when Claire communicated her desire to important people in her life it was not met with support. Both her parents and her partner's parents felt she should seek an abortion. Claire felt that her partner's parents influenced his thinking, and soon he was advocating for abortion as well. Claire described herself as being persuaded into pursuing abortion, but clarified that she did not feel forced into it. She suggested that the lack of support caused her to change her mind because she knew she would need a lot of support to parent successfully. Claire did not seek pregnancy

confirmation in Prince Edward Island, and was not aware that abortion was accessible as an out of province medical procedure. Her mother booked an appointment with the Morgentaler clinic in Fredericton. The cost of the event totalled over one thousand dollars, which was split by her parents and her partner's parents. Upon arrival Claire and her mother were met by anti-choice protestors. Claire communicated that the protesters did not speak to her directly, and that she wasn't particularly bothered by them because she knew she would "never see them again." Claire's pregnancy was confirmed at seven weeks via ultrasound at the clinic. Claire described the procedure as very fast and felt that she received quality non-judgmental care. She obtained aftercare in PEI, and felt she received adequate and non-judgmental care at this appointment as well. Claire expressed that she felt that abortion was the best decision for her at the time, despite it not being what she wanted initially. She attributed her lack of regret to the fact that her youthful freedom was extended as a result. Claire expressed that accessing the procedure had made her acutely aware of how difficult it was for Island women. She emphasised that the cost alone could simply be prohibitive for some women. She also observed that the distance and time involved would make getting an abortion without alerting others in your social network difficult, which could be a concern for young people – especially those not wanting to involve their parents. Claire identified the barriers to abortion access as an inequality in health-care influenced by traditionalist ideology, and was confused about the legality of such policies.

Approximately a year after obtaining her abortion Claire experienced another pregnancy. Claire seemed to be embarrassed by the fact that she had experienced pregnancy twice, and emphasised that she had been taking the birth control pill. She noted that her partner, with whom she shared the first pregnancy, was still unsupportive of parenting. However, Claire decided that she would be continuing with the pregnancy regardless. Their relationship ended and Claire reported that her ex-partner does not play a role in their child's life. Claire's communicated that her parents had become incredible supports; helping with both child care and personal finances. Claire suggested that she would not be able to continue her education without the support of her parents. She noted that she received an amount of money from her ex-partner's parents monthly, which covered the cost of baby formula. Claire spoke angrily about the lack of accountability directed at the father of the child, and noted that he was now living out of province. Even with financial assistance from her parents, and some government assistance, Claire reported that she still struggled financially. She had accessed community resource for things like baby clothes, but expressed a discomfort with the organization's religious affiliations and anti-choice stance. Claire also spoke at length about her struggles to secure childcare for her infant. She was unable to find an open spot in an accredited childcare center, and had no choice but to place her child in a private home service. Unfortunately, policies governing daycare subsidy only cover half of the costs associated with home centers. Despite explaining why her child was attending a home centre to several people, including her MLA, Claire continued to be held accountable for half of the costs – irrespective of her fulltime student status. Frustrated with the lack of support, Claire expressed concern that the system could effectively keep someone in poverty by providing little opportunity to get ahead.

Claire suggested that it is extremely important that young women feel that they are able to consider all available options when confronting an unplanned pregnancy. She noted that she did not personally consider adoption, but she had considered parenting and abortion during both of her pregnancies. In reflecting on the ambivalence that often accompanies an unintended pregnancy Claire articulated that abortion carries less of a risk for all involved when compared to parenting. Based on this opinion, Claire believed that all women should be absolutely sure they

want to parent before doing so. She noted that blocking women from accessing abortion would deny them that opportunity to engage cognitively with all options, which Claire suggested could have devastating consequences. Claire believed that child poverty and child neglect could both be reduced by making it possible for women to choose abortion. She also observed that Island youth need an adult to make abortion a viable option, which could be problematic. Claire suggested that a pro-choice sexual-health facility was badly needed in the province for providing information, counselling, and health services. She also felt that family friendly policies and services intended to provide young parents, or parenting students, with opportunities to better themselves were lacking in the province. Claire suggested that focusing on these two areas would have a big impact on the Island community, especially the quality of life experienced by young women and their children.

Claire's reflections on her abortion experience were clearly viewed through the perspective of a young person who was now engaged in parenting. Her current reality as a single mother and a fulltime student were fused with her reflections on her previous experiences. Claire's narrative highlights that reflection occurs from a point of reference, and draws attention to the way events and experiences are integrated into a cohesive whole. It is likely that Claire would reflect differently on her abortion experience if she was not currently parenting.

Dawn*

Age at first experience: 19

In 2011, at the time of interview, Dawn was twenty-four. She was parenting two children and recovering from a complicated abortion. During the interview she briefly recounted some of the problems she had experienced with her partner of seven years, including domestic violence. Dawn and her partner, the father of both of her children, separated briefly in 2011. After which Dawn discovered she was pregnant and was informed that her partner had also impregnated another woman around the same time. Dawn explained that she knew she wanted to have the pregnancy terminated immediately. She had accessed a surgical abortion previously and remembered reading about chemical abortions. She knew that she would be early enough in her pregnancy for that service, and began calling local pharmacies attempting to find one that would suggest a physician to write the prescription. After enduring rude commentary from several local drug stores she was eventually provided with the information she needed. She made an appointment with the recommended physician, and was provided with a prescription and a contact number in case of complications. She administered the prescription, as directed, herself. Her experience was what she was told to expect; bleeding and a lot of cramping. Dawn had every reason to believe that the chemical abortion had been successful. However, after a few weeks she was still experiencing what she described as a lot of pelvic pain. She went to her local emergency room and explained that she had recently accessed a chemical abortion and, after a long wait and a short exam, she was told to go home and have a hot bath. She returned to the hospital again a few days later with the same complaints and was given a prescription to Percocet.

A month later the pain had gotten worse and she returned to the emergency room for the third time. This time an ultrasound was ordered and it was found that Dawn was still pregnant. She would now have to access a surgical abortion. To access through the public system she now

needed a doctor's referral and an ultrasound – the one obtained at the hospital was insufficient as it was not performed by an ultrasound technician. Her family doctor would not provide the abortion referral because he had provided one previously; when she was twenty-one and had gotten pregnant almost immediately after having her second child. Her family doctor had his assistant tell Dawn he did not believe in abortion as a form of birth control. Dawn indicated that she was not particularly surprised by her doctor's behaviour, and noted that he had also refused to provide the aftercare following her first abortion. Dawn had not made an appointment with him since that time. She reported wanting another family doctor, but believed it would be difficult given the doctor shortage in the province. Dawn contacted her gynecologist for a referral and was told by his receptionist that the doctor delivered babies and did not kill them. Dawn was finally able to speak to a physician working part time at a women's health clinic; she agreed to provide the referral and ordered an emergency ultrasound. As a recipient of financial assistance Dawn then had to petition her income and support worker to address the costs associated accessing the procedure. She eventually secured funding for accommodations, but was not awarded anything for travel. This was because she would be making the trip by shuttle bus, which she was advised against, but had no choice as both her and her mother, who would be accompanying her, were unable to drive. Dawn felt good about the care she received at the Halifax hospital, but noted that she experienced a lot of physical pain because of the stage of pregnancy (approx. four months). She sat on a garbage bag on the drive home to prevent bleeding on the seat. This was experienced as embarrassing and degrading. At Dawn's aftercare appointment, completed by the referring physician in PEI, it was observed that she had a cut on cervix and a blister had formed. She was told that she would have to return to Halifax to have it drained. Dawn made the appointment and contacted income and support regarding the associated costs. Her request for funding was denied without explanation, and Dawn had to ask her mother to completely fund the second trip.

Dawn repeatedly raised concerns about the moralistic overtones governing the responses of the medical community regarding reproductive health care. She explained that prior to her last pregnancy she had inquired about tubal ligation and was told she would have to wait until she was twenty-five years of age, or had birthed three children. Dawn clearly felt that doctors, nurses, pharmacy staff, and social workers, were all passing judgement on her while she was trying to make the best decisions she could make in her situation. It was clear that Dawn felt additional children would detract not only from her own quality of life, but also her children's. Dawn candidly explained that her abortion decision was informed by her ability to care for her existing children. She speculated that, given her economic situation and relationship with her partner, adding another child to her family could result in increased involvement of child and family services. She was concerned that her children would be taken out of her care. Dawn explained that depending on social assistance for the survival of her family was difficult. She talked about wanting to return to school, and aspired to provide her children with a better life. Her youngest child had just started daycare and Dawn was looking forward to discovering opportunities for personal development. Dawn estimated that in her lifetime she had experienced

pregnancy seven times; three miscarriages, two abortions, and two children. She judged herself harshly for this fact. Dawn explained that speaking of her reproductive experiences holistically “sounded wrong,” and implied it reflected negatively on her character, but seemed to ignore the physical process of ovulation. Dawn expressed that she did not want any more children, but was happy to be a mother. Her partner seemed to be an influencing factor in her decision to parent. Dawn explained that he was very instant that she carry to term when pregnant, and that she had lied to him in order to access the first abortion. She explained that she had never considered adoption because she did not believe she would follow through with it in the end. Dawn noted that even seeing the sonogram image of the fetus had increased her emotionality towards the pregnancy and life potential. Dawn’s narrative highlights how young women interact with the choices they perceive in any given situation in order to make the best decisions they can. Clearly, additional complexities, largely rooted in marginalization, interact with the navigation of already difficult moments in young women’s reproductive lives.

Ella*

Age at first experience: 23

Ella was twenty-three at the time of interview in 2013, and had recently experienced her first pregnancy. She was living in a city in central Canada, and had recently finished the education program she was pursuing there. Ella had grown up in Prince Edward Island and, as an out of province student, still held a PEI health card at the time of her pregnancy. She was living with her partner and described their relationship as healthy and happy. Ella noted that she had a prescription to birth control, but had difficulties taking it in the prescribed way (i.e. at the same time daily). She also mentioned she had health concerns related to the birth control pill (i.e. blood clots), which she suggested made her less motivated to fill the prescription regularly. Ella noted that condoms were not normative in her relationship, and that she associated them more with STI protection and other concerns more relevant in casual encounters. Ella was aware of her regular menstrual cycle and became concerned when she didn’t have a period at the normal time. She discussed it with friends, and rationalized that the changes in her cycle were likely related to the stress of starting a new job. As the days passed Ella became more anxious and she and her partner purchased a home pregnancy test. Ella communicated that despite her suspicion she was not expecting, or prepared for, the positive test results. Ella described herself as completely shocked and she was initially very upset. Her partner attempted to comfort her, but Ella was inconsolable. She described immediately feeling that her life was changing.

In previous conversations with her partner on the topic of family planning, Ella had indicated that she would seek abortion in the event of an unplanned pregnancy. She was not prepared for the conflicting emotions that accompanied the positive pregnancy test. Ella explained that knowing she was physically pregnant made decision-making harder. She also noted the fact that she was in a loving committed relationship, was employed, and had completed her post-secondary education made abortion seem like less of an option. She felt like parenting was feasible at this point in her life, even if it was not ideal. Throughout Ella’s narrative she

spoke about an ideal life path; completing post-secondary education, settling with a partner, getting married, and then having children if desired. She positioned her own situation against teen pregnancy, in which having a child would be a disruption to this ideal path, thus making abortion the obvious option. Ella indicated that, for her, adoption was a non-option because she did not believe she would be able to follow through on the decision. In the end Ella decided on abortion based on her assessments of her current situation; she felt like she was just starting life as an independent person, and did not want to be in a position where she would resent a child for limiting her. She felt that she had reached the decision on her own, and without pressure from others in her life; her parents and her partner had taken an unconditionally supportive position. After making her decision Ella reported feeling more at ease emotionally, but continued to experience a lot of negative physical symptoms related to the pregnancy.

Ella confirmed her pregnancy at five weeks with a physician a week after taking the home test. She was asked about her plans regarding the pregnancy and she reported that she would be seeking an abortion. She was given the number to a women's health clinic, which would complete an ultrasound and book the abortion procedure. Ella called the women's clinic and was provided with information and an appointment time. At the end of the conversation Ella was reminded to bring her Ontario health card, and explained that she had a PEI health card because of her student status. Ella reported that the demeanor of the office clerk changed from concerned to disinterested; she informed Ella that PEI did not cover abortion. Ella was in shock, she knew abortions were not performed in Prince Edward Island, but had never thought about what that actually meant. She hung up with the women's clinic and immediately called the Health PEI office. She explained her situation and was told that an Ontario doctor would have to fax information regarding the medical relevance of the procedure, the meaning of which was not explained, and that her request would have to be approved by two Island doctors. Ella hung up in disbelief and began searching the internet on her phone for more information. The information she found online was unclear, but seemed to call into question some of the things she was being told. Ella called Health PEI for the second time that day and explained her situation again, this time the answering office clerk simply said she did not have information related to that issue and transferred her to the Out of Province Physician Referral Coordinator. This person was sympathetic to her situation, but also seemed unsure of how to proceed as Ella would not be seeing an Island doctor. However, the Out of Province Physician Referral Coordinator did offer to investigate. Ella immediately called the Ontario women's health clinic back to confirm the appointment. She was told she would have to be prepared to pay out of pocket; her health card would not be accepted for this procedure. Ella was again shocked; she had accessed health care since moving to Ontario, she even had a lengthy hospital stay due to a chronic health condition, and her health card had never been an issue. She was told by Health PEI that the issue could be resolved if an official document was faxed from Ontario, with her health card number and procedure description, to the Health PEI office. This request was declined by the women's health clinic. Ella was repeatedly told she would have to pay for the procedure, and work with the province for reimbursement on her own.

Ella explained that after hours of conversations with health service representatives she began to panic. Ella noted that her and her partner would not be able to cover the costs. The next day Ella phoned her mother, who was aware of Ella's decision to have an abortion, and explained the new circumstances. Her parents agreed to cover the costs which would total over 1,300 dollars. Ella explained that going through the process had raised her awareness regarding Island women's access to reproductive health care. She had largely come to the position that it was classist and had the potential to close off options for women. Ella also described how having to deal with the added difficulties contributed to a general sense of being overwhelmed. Three months after accessing the procedure Ella felt that she was still recovering, not from the abortion, but from the fight to have one. At the time of interview Ella was still waiting to be reimbursed by the province after sending her receipts to Health PEI. She noted that students who tried to cover abortion costs with tuition money would be put in a very precarious position because of the time it took to get reimbursed. Ella reported that, although she had experienced some ambivalence, she was happy about her decision. Ella's narrative highlights how Island health card holders can become highly aware of their own privilege when attempting to access abortion.

Fiona*

Age at first experience: 18

Fiona relocated from central Canada to Prince Edward Island with her mother as an adolescent, and has moved between the two locations since that time. At the time of interview, in 2013, Fiona was twenty-eight and had experienced pregnancy four times. Fiona's motivation for participation was presented as wanting to contribute to conversations had about young women and their navigation of sexual-reproductive spaces. Fiona experienced her first pregnancy at the age of eighteen; she had recently returned to central Canada as an independent for the first time, and described herself as being blindly in love with her new partner. Fiona communicated that her feelings for her partner influenced her decision to continue the pregnancy, and she linked her desire to parent with her desire to be with her partner. Fiona made arrangements to return to Prince Edward Island soon after confirming the pregnancy in order to be close to her own mother, and her partner soon followed. Because of the seven year age difference between the two, and rumored criminal behaviour, Fiona's mother refused to let him stay at the family residence. Fiona quickly found herself two low paying jobs in order to rent an apartment. After giving birth Fiona communicated that she had a hard time; her relationship was deteriorating and she was feeling a severe reduction in her own freedom and mobility. Eight months after giving birth Fiona's body was showing her stress; she was no longer sleeping or eating and her weight dropped to just over ninety pounds. Around this time, she was given an opportunity to return to central Canada. Fiona approached her mother about the possibility of leaving her child in her care until she could get settled. Her mother supported this decision and Fiona left, ending her relationship with her partner shortly after. She reported that he has not had any contact with their child since this time.

Fiona moved into a youth shelter after plans to stay with some family members fell through. She describes this as being a very positive experience; she was able to focus on herself and save some money. After a few months she became involved with a new partner who she described as a “gangster guy.” The relationship was turbulent and, after being away from her child for a year, Fiona purchased a plane ticket back to Prince Edward Island. Shortly after purchasing the ticket Fiona discovered, at the age of twenty-one, she was pregnant for the second time. Under the circumstances Fiona felt it would be best to obtain an abortion, but found this reality a difficult one to face. Her mother had raised her with pro-choice attitudes, and she had known women who had accessed abortion, but she communicated that, as a mother, she had a very clear sense of what she was giving up. Fiona believed she would not be able to access abortion from Prince Edward Island, and paid a fee to have her transportation postponed. Fiona was unable to access abortion aftercare as she returned to PEI days after the procedure. After returning home, Fiona found a job but was unable to earn enough to secure her own residence. She found herself frequently fighting with her sister, who lived in the family home, and did not approve of Fiona’s decision to have an abortion. Frustrated with limited opportunities to get ahead Fiona decided to leave her child in the care of her mother, and return to central Canada after a few months. While there Fiona became involved with a new partner and quickly became pregnant. Fiona immediately knew that she wanted an abortion because the relationship was still very new and already unhealthy. Her partner resisted her decision and Fiona brought him to a counselling service, offered at a sexual health/abortion clinic, to resolve the issue. They were unable to get on the same page but, motivated by the possibility of having another fatherless child, Fiona followed through on her decision. The relationship continued, although on shaky ground, and when Fiona became pregnant again several months later, she felt like it was feasible to continue. She attended doctor’s appointments, diligently took her prenatal vitamins, and downloaded songs for baby on her ipod. Unfortunately, as the pregnancy progressed, Fiona noticed her partner becoming more verbally abusive. One night he returned intoxicated and a physical altercation occurred. A neighbour phoned the police who inquired about the presence of children in the home upon arrival. Fiona communicated that this event was a wakeup call for her in terms of the environment she would be bringing her new child into, and she obtained an abortion shortly after. Fiona was devastated; she was already emotionally invested in the pregnancy and was still in love with her abusive partner. She became depressed and began drinking heavily. Recognizing she was sliding down a dead-end path Fiona returned to Prince Edward Island, and became involved with an addictions program.

Throughout the interview Fiona was eloquent in connecting her family life and personal history with her sexual development. Fiona believed she lacked the communication skills needed in an intimate relationship, and had learned that her worth was dictated by her attractiveness. She acknowledged that she rewarded male attention with sex and had difficulty negotiating safer sex practices. Sexual encounters would often leave Fiona feeling badly about herself and she would look for more attention to feel better, and this pattern became a painful cycle. Fiona noted that she is currently taking time to focus on herself, but expressed that she finds it difficult to talk to

potential partners about her sexual-reproductive history. Fiona felt that comprehensive sexual education, with a focus on healthy relationships and communication, would be beneficial for girls who feel like she once did. She expressed that she received little sex education in the school system and even less at home. Fiona has already started to communicate with her child about healthy sexuality, at an age appropriate level, and hopes that in doing so her child will learn to find their own voice in the conversation. Currently, Fiona is living in Prince Edward Island, is caring for her child fulltime, and has returned to school. She noted that times are tough financially because of little employment opportunity combined with the added difficulty of finding shifts that work with her parenting and school schedule. She noted that she has been able to maintain a positive relationship with her mother, but is working through the guilt she feels about allowing her to parent her own child for the better part of four years. Fiona communicated that she is happy about continuing her education and is, at the moment, content in PEI. However, she would like to settle elsewhere permanently; as a visible minority Fiona has found it difficult to exist in a location that seems to value homogeneity over difference, and has experienced racism frequently. She would like to bring her child up somewhere offering more opportunity and diversity. Fiona's narrative includes a temporal distance and level of previous reflection highlighting peripheral issues such as sexual pressures, cultural objectification, and self-objectification.

Grace*

Age at first experience: 22

Grace was twenty-five at the time of interview in 2014. She had recently relocated to Prince Edward Island to pursue her education and to be closer to her partner who works in the province. Grace became pregnant at the age of twenty-two. At the time she was attending school in her home (maritime) province and was also working part-time. She and her partner had been together for approximately four months. It was a relationship that Grace defined as casual, or not one that she constructed as something permanent. Grace confronted the news of her pregnancy with ambivalent feelings. She reported that she had always assumed she would have at least one child in her lifetime, but she imagined that it would be at a later time. Grace initially felt like she wanted an abortion; she felt like her partner was not someone she wanted to raise a child with, she wanted to continue her education, and she was not in a stable economic situation. When she told her partner about the pregnancy he expressed a desire to parent, and Grace requested time to think things over. Her partner initially agreed to hold the news of the pregnancy in confidence but he quickly informed his parents. His parents were not supportive of his desire to parent and his mother began sending text messages to Grace that suggested she terminate the pregnancy. Grace felt like she was being pulled in two different directions. At the same time she was dealing with her own disappointment in deviating from the life course she planned for herself. Grace started to withdraw from all of her relationships. Noticing Grace pulling away, her partner began to advocate for an abortion as well. Grace was still unsure; she communicated that she was constantly thinking about the "what if's" and, for her, it came down to feasibility. It was not ideal but, after weeks of thought, Grace decided it was doable – alone. She ended her relationship with her partner and informed her own family.

Her mother was supportive of Grace's decision to parent and, after finishing her year-end exams, Grace moved back home. Her mother and two sisters were strong sources of support throughout the pregnancy, and accompanied her to every doctor appointment. Although Grace described feeling isolated from the friends she had made at school, she did find peer support in a friend who had already had a child; they went to prenatal classes together and were able to bond through shared experiences. Grace rarely spoke to her ex-partner and did not see him again until the birth of their child. Grace experienced a difficult delivery and had to have an emergency cesarean section. She awoke to find her ex and his entire family had arrived at the hospital. She was frustrated given their lack of support during the pregnancy, and wished that they would have waited for an invitation. Grace reported that her ex-partner has had little involvement since the birth of their child; sporadic weekend visits and providing a monthly support payment of one hundred and twenty dollars. Approximately four months after the birth of her child Grace began dating a friend who had moved to PEI for work two years before her pregnancy. Grace communicated that dating long distance allowed them to reconnect and approach their relationship slowly. Eventually they decided Grace should apply to continue her education from PEI and, after being accepted, Grace relocated with her child. Grace reflected on their relationship positively; they had been living together for two years and functioned as a family. However, Grace did feel the reduction in her support network after relocating and has struggled to breaking into the often closed social networks of many "Islanders."

Grace spent a considerable amount of time reflecting on her intersecting roles as mother, partner, student, and employee. She was overwhelmed and frustrated by her perception of both internal and external expectations, which both projected an unachievable standard of performance. Motherhood, she noted repeatedly, was ubiquitous; every want and every decision required she take this role into account. As a fulltime student, she was expected to participate in an intense academic marathon, which did not account for her parental status, and as part-time employee she felt there was little consideration given to her need to work within the timeframe of childcare facilities. As a partner, negotiating co-parenting with a non-biological parent was challenging, and she seemed to feel indebted by her partner's contributions to childcare. She admitted she found it difficult to ask her partner for help with the running of their household because she did not want to become the "nagging wife" figure, and so many domestic tasks overlapped with childcare. Grace noted that her perception of an ideal mother was someone who managed to find balance in her life, but acknowledged that she did not see how it was possible. Grace believed that her role as a mother functioned as a barrier to success in other areas of her life. She found this construction of motherhood distressing because her child was a real source of happiness in her life, and she wanted to be able to enjoy their relationship. In speaking about these contradicting feelings Grace suggested that the competing pressures were created by the illusion of gender equality; women were now expected to get their education, develop a professional career, raise their children, and take care of their home. Men, she explained, have not demanded an equal share in domestic work or child rearing responsibilities.

Grace's motivation for participation seemed to come from a belief that if society was more open and honest with young people about sexual-reproductive health, she may have never gotten pregnant in the first place. Grace suggested that, because adults continue to be uncomfortable talking about sex with the young people in their lives, schools should take a more proactive approach in sexual-reproductive health through compressive sexual education; one that moves away from biology and towards a relational framework. She also noted that unwanted pregnancies often happen because of improper contraception use or failure, rather than the

absence of contraception. Grace communicated it was important to make sure that young people have access to sexual-reproductive health resources including; contraception, emergency contraception, STI testing, and abortion services. She noted this would probably mean consciously creating youth friendly spaces. Grace also noted that she had experienced some social judgement because to her pregnancy, mostly in relation to the absence of a partner. She explained that this type of shaming was unproductive; pregnancy results from sex and sex is a normal part of young people's lives. For Grace, helping young parents capitalize on their new motivation to provide a good life for their children, through things like education funding and universal childcare, just seems more logical and constructive. Grace's narrative clearly highlights the challenges experienced by young mothers determined to keep pace with their peers in an unsupportive structure offering limited opportunities to seek support.

Hayley

Age at first experience: 18

Hayley was twenty-four at the time of interview, in 2014, and had just had her second child. She was recently engaged and living with her partner, their new child, and her child from a previous relationship. She was born and raised in Prince Edward Island and had never lived elsewhere. Hayley is the only participant in this sample to identify as anti-choice. Although Hayley was opposed to the concept of abortion in theory, she did approach the option with some ambivalence when considering the specific situations of others. Her opposition to abortion seemed to be linked to the belief that abortion has become a type of birth control for irresponsible women. Her feelings about adoption as a theoretical reproductive option were positive; she noted the concept of supply and demand and the virtue in helping others. However, Hayley also communicated that she did not believe she would personally be able to give a child up for adoption. She explained that her mother had gone through the process before giving birth and changing her mind, and had always expressed negative sentiment towards the experience. Hayley did not articulate a clear motivation for participation but she did stress the importance of countering the "it won't happen to me" attitude among youth, and questioned the logic behind socially shaming and judging young mothers.

Hayley became pregnant for the first time at the age of eighteen, and felt it was important to contextualize this event throughout the conversation. She noted that she had been a "goody-two-shoes" for most of her life, but hit a rebellious stage in late adolescence. Hayley dropped out of school in grade eleven and started dating a slightly older male partner. The relationship fizzled romantically but the two remained in contact. When Hayley expressed wanting to move out of her family home her ex-partner offered her a room in his apartment. Hayley emphasized that she had clearly communicated that she only wanted a roommate and nothing more, and that her ex-partner indicated that he understood this. The night after moving her belongings into his apartment Hayley was offered a celebratory wine cooler. She recalls drinking two, and believes her ex-partner drugged her drink. Hayley recounted laying on his futon, being able to see and hear, but not being able to move or resist when he started having sex with her. Hayley was tormented by her ex-partner for two weeks after the rape, before she confided in her cousin who encouraged her to go to the police. Once back at her mother's house Hayley fell into a deep depression and was hospitalized after a suicide attempt. She sought support at the provincial rape crisis centre, and found the services offered there helpful, but eventually transportation became a problem. Approximately four months after the assault Hayley began a new relationship with a

male partner. Hayley described her new partner as “not the best person,” and noted that he introduced her to recreational drug use. Hayley confirmed her first pregnancy three months later and describes this experience as lifesaving. Heavily “partying” and still depressed, Hayley believed that having a child would motivate her to turn her life around. She quickly dropped the pending charges related to the rape to avoid putting any stress on the pregnancy.

Hayley’s mother accompanied her to a (anti-choice) community resource offering free pregnancy tests. She was provided with the test and was asked about her plans in the event that she was in fact pregnant. After confirming the pregnancy the organization representative assisted Hayley in telling her mother the news. Hayley’s mother cried a lot and the two went on a long drive, after which Hayley’s mother announced they should probably start shopping for baby necessities. Hayley’s father works out of province and was not supportive when he received the news, telling Hayley that she had ruined her life. Hayley told her partner who was initially supportive, but a month into the pregnancy he started to deny paternity and began another relationship. Hayley acknowledged that this breakup was hard, and that she was still processing the rape at the time. She noted that she did periodically consider that her child might be better off in the care of someone else, but that such thoughts were fleeting. Her mother became a tremendous source of support as her pregnancy progressed and after her child was born. After giving birth Hayley immediately went to work on obtaining her grade twelve equivalency, but she was also having a hard time getting along with her sister who also lived at home. Frustrated with her living situation Hayley took her child and moved into the basement of a friend’s house. Hayley’s mother was unsatisfied with the living conditions that Hayley was able to provide, and suggested the baby be returned to her home for the time being; Hayley agreed. She continued to work at advancing her education, but also started drinking heavily. A few months later Hayley’s friend was hospitalized for alcohol poisoning. This was a wake-up call for Hayley; she moved back home and became involved with alcoholics anonymous.

Over the next two years Hayley settled into her life as a mom and begin a new relationship. She developed a health conditioned and was advised that she would likely need a hysterectomy in the near future. Hayley expressed her desire to have at least one more child and her partner agreed. After three surgeries and seven months of trying, Hayley conceived for the second time at twenty-three. She reflected that the experiences were very different; she was in a better place emotionally the second time around, and also had a supportive partner throughout the pregnancy. She also observed that she received better treatment from health service staff during her second pregnancy, who she described as judgmental and dismissive during her first pregnancy. Hayley observed that having her children young had both positive and negative points; she noted that as a young person she had a lot of energy and eagerness, but was not yet finically stable. She received some government assistance and had participated in job creation and ready to work programs. Hayley acknowledged that she sometimes imagined what her life could have potentially been like if she had not been raped or gotten pregnant, but suggested that, in light of her health problem, god had created situations to teach her how to manage her expectations.

Hayley clearly harboured a lot self-blame around her experience of sexual violence despite verbalizing that she knew it was not her fault. This was most evident her identification of the need to make girls more aware of their surroundings, and attentive to their own safety. When asked why we teach girls to avoid rape instead of teaching boys not to rape, she paused and suggested she had never really thought of it that way before. Hayley communicated that she felt good about her working knowledge in the area of sexual-reproductive health, and explained that

she had taken an elective course in high school focused on such topics. Hayley expressed that every high school student should be exposed to such materials. She also explained that she believed parents have a role to play in the healthy sexual development of their children by providing a space for open communication, and making sure that youth have access to contraception. When asked about the advice she had for other young women Hayley simply said learn to “trust in yourself before you trust in anyone else.” Hayley’s narrative is unique in that, as someone who does not “believe” in abortion and expresses negative thoughts around adoption, parenting was her only option. This seems to create a palpable difference when comparing Hayley’s narrative with the reality communicated by other participants.

Iris*

Age at first experience: 16

Iris was twenty-six at the time of her interview in 2012, and identified as an “Islander” born and raised in the province of Prince Edward Island. She experienced pregnancy for the first and only time at the age of sixteen, and obtained an abortion at the Morgentaler clinic operating in Halifax (closed in 2003). At the time of her pregnancy, Iris was dating a male partner who she referred to as her high school sweetheart. Iris felt it was important explain how she had gotten pregnant. She and her partner had been sexually active and normally used condoms. However, during one particular encounter they had no contraceptive. Her boyfriend suggested that he would use the “pull out” method, Iris said no repeatedly, but her partner continued. Iris recounted feeling an immediate anxiety about the possibility of pregnancy afterwards. In an attempt to induce a period, or prevent implantation, Iris obtained and consumed several birth control pills and drank large amounts of alcohol. When her period did not arrive Iris confirmed her pregnancy with a home test. She knew immediately that she did not want to continue with the pregnancy, and began searching the internet for information. Iris eventually found information regarding the private clinic in Halifax, and she informed her boyfriend. Her partner did not resist her decision, but they were both concerned about how they would pay for the procedure and get to the clinic. Iris described her own family, specifically her mother, as very anti-choice. The two decided to continue attempts to induce a miscarriage through physical trauma; Iris had her boyfriend punch her in the stomach repeatedly. When that proved to be unsuccessful Iris and her boyfriend turned to his mother for help. Her boyfriend’s mother agreed to drive them to the clinic and also loaned them the money for the procedure. Iris called the clinic to book an appointment, and was advised to confirm her pregnancy with a blood test before making the trip. Iris reluctantly booked an appointment with her doctor. With the pregnancy confirmed Iris informed her doctor that she would be perusing abortion. The doctor offered her no information about the procedure itself, nor did he explain any routes to access. Iris explained that accessing the abortion had a “backdoor” feeling; she encountered protesters outside of the clinic and recalled that the first thing she saw upon entering was a spider.

Iris made a clear attempt to emphasise that, although her decision was intuitive and immediate, it was not flippant. She described in depth how knowing that she was pregnant, and knowing that she could not raise a child, produced a state of intense reflection. Iris recounted having to work through her own ideas about who she was in relation to the projected stereotype of the woman who accesses abortion, which she described as an irresponsible woman who uses abortion as a form of birth control. She noted that her own socialization in an anti-choice family

and exposure to anti-choice sentiments within the Island community intensified this reflection process. Iris suggested that working against a barrage of anti-choice messages impacted her negatively at certain moments of her life. She described existing in a space in which you are essentially told what you are (i.e. a slut) and how to feel (i.e. ashamed), which produces a lot of interaction with personal notions of self and identity. Iris noted that if her mother found out what had happened she would probably be disowned, and that she lives her life knowing she would be looked down on if people knew about her reproductive history. Iris reported often feeling bullied by the presence of anti-choice communications in the environment, and went on to say that since obtaining an abortion she can only date people who identify as pro-choice. Iris was also frustrated by the generalizations and lack of truth present in the judgmental mindset. Her perspective - the perspective of women who have accessed abortion is rarely attended to.

Iris concentrated a lot of her communications on exploring social messages. She began with perceptions of youth pregnancy and reproductive choice, and eventually expanding her critique to include social messages surrounding female and youth sexuality. Iris noted that sex is a natural thing for people to seek out and explore, and observed that popular culture pushes young girls to project a high level of sexiness. In light of such things, Iris struggled to understand the harsh social judgement directed at young women who experience pregnancy, and women who access abortion services. Iris observed that today, young girls can engage in sex and still be “good girls.” However, “good girls” do not get pregnant. This, Iris suggested, puts young girls in highly pressurized environment; pressure to be attractive and stimulating via popular culture, often pressure to engage in sexual activity from partners, and pressure to manage their own fertility. Iris believed this was problematic as women get pregnant in many situations outside of consensual non-protected sex; she highlighted partner pressure, date rape involving drugs and alcohol, and contraception failure as a few such circumstances. No matter what decision a young woman makes, Iris mused, she is judged based on the fact that she got pregnant, and is then read as irresponsible, reckless, promiscuous, and dumb. Iris noted that this is not a phenomenon that impacts the male partner involved in the situation. She observed that in her own experience her partner could have told anyone and it would not have impacted him in the same way because he is not the one who got pregnant, and he is not the one who obtained an abortion. Iris was very frustrated by this social bias, especially because she was not consenting in the sexual encounter that resulted in her pregnancy (although she did not acknowledge the incident as rape). She observed that this social marking is especially harmful in Prince Edward Island because of the presence of a long collective memory; “you’ll always be that one who got pregnant,” she suggested.

Iris talked at length about the interaction between her own experience and the social context in the province. Abortion is not for Island girls, she suggested, and with a segment of the population being vocally anti-choice it is difficult for an Islander to even publicly identify as pro-choice. Iris observed that, within Prince Edward Island, the anti-choice position has been constructed as the more moral position, which is intimidating to speak against. Iris also communicated that she had no problem with people who personally hold an anti-choice position, but felt disconnected from anti-choice interest in dictating the moral code of others. Iris suggested the high degree of moral discourse surrounding abortion silences women to the point that they cannot even seek counselling services for assistance in decision making, or for assistance in processing the experience after obtaining an abortion. She also explained that, although the risk of judgement can be enough to silence someone, there are also tangible consequences for being public about reproductive experiences and opinions, such as difficulty in

obtaining employment. Over the years Iris has disclosed her experience to some close female friends, and as a result has been asked to assist two women in accessing. She explained that she felt it was a privilege to be able to offer her friends the support and understanding that she lacked in her own experience. Iris believed that Prince Edward Island, as a community, needs to move the conversation on abortion away from the pro and anti-choice divide and towards a more complex understanding of the reality of unplanned and unwanted pregnancies. She returned to the notion of mutual respect often. Reflecting on the experience ten years later, Iris communicated that she had made peace with herself, and was proud of her decision. Iris's narrative represents a detailed prototypical account of how young Island women, with personal abortion experiences, interact with the anti-choice social context.

Jessica*

Age at first experience: 24

Jessica was twenty-four in 2012, the time of interview, and had recently experienced her first pregnancy. At the time of interview, she had been living in Prince Edward Island for four years after relocating from her home (prairie) province to continue her education. Jessica's partner worked in Halifax, N.S. while she attended school and worked part-time in PEI. Jessica confirmed her pregnancy with a home test and reported that she immediately knew she wanted an abortion. Her partner shared her opinion and, after a five minute conversation, the decision was made. Jessica knew that abortion was not available on Prince Edward Island, and as a visiting student she did not have a local family doctor from whom to seek information. Jessica phoned a sexual health clinic in Nova Scotia for information and was asked about her health card. Jessica explained that she had a health card from her home province, but had been living in PEI for four years as a student. The representative from the sexual health clinic advised Jessica to use the information connecting her to her home province only – likely to avoid any complications that might arise from citing an Island address. Jessica was anxious about potential cut of dates, as she was estimating her stage of pregnancy, and voiced that concern to the sexual health clinic's representative. As the clinic was acting as an intermediary they could not provide Jessica with an appoint date at that time, but they assured her they would work as quickly as they could. It was not suggested by anyone that Jessica seek an ultrasound in PEI to confirm the stage of pregnancy. An appointment was finally arranged for approximately three weeks after the home test had been taken. Jessica left PEI on a Sunday to attend an appointment at the sexual health clinic the next morning. At this appointment, Jessica was provided with information related to the abortion procedure itself, was given an STI screening, a prescription to the birth control pill, and a referral to the QEII for ultrasound and abortion. That same day Jessica obtained the ultrasound. She described this experience as both physically and emotionally uncomfortable; she was very worried that she would see the sonogram image and did her best to avoid that. The following morning Jessica returned to the QEII for her abortion and was accompanied by her partner. Jessica described feeling quite nervous about the actual procedure, and was happy to find that she was seated with approximately seven other women. She estimates that the entire procedure was over in less than ten minutes and, despite finding the surgery both physically and emotionally painful, Jessica described feeling a tremendous sense of relief immediately after the abortion was over. However, this sense of relief was tapered by a simultaneous feeling of imposed secrecy.

The socially imposed/self-silencing of the experience was a point Jessica returned to often, and was her identified motivation for participation; she wanted an outlet. Throughout her journey Jessica became sensitized to the fact that, in this situation, she was unable to give expression to her experience. She explained that she had been raised Catholic and did not feel comfortable telling anyone in her family about the pregnancy or abortion. Jessica seemed most bothered by this in relation to her older sister who she described as an important mother like figure in her life. In an attempt to reach out to her sister Jessica was able to work the topic into conversation prior to obtaining her abortion, but was met by an anti-choice stance. Similarly, Jessica had friends who had expressed anti-choice sentiments and she was very much aware that her partner's parents were eager to have grandchildren. These relational dynamics, combined with the fact that she had to sneak away to access the abortion, created a situation in which expressing her feelings was not a possibility. This was unfortunate because Jessica experienced a lot of feelings, and had no way to purge them. Throughout the interview Jessica reflected on how difficult it had been to hide the pregnancy and carry on with life as though all was normal while she was experiencing a lot of physical symptoms. Her mind was also preoccupied by the possibility of having a child; what it would look like, if it would be a boy or a girl, etc. Jessica experienced a lot of confusing feelings surrounding prenatal care, and she described feeling terrified that her body type made her vulnerable to miscarriages, which she felt would be a more negative experience than the abortion. Jessica reflected that keeping the experience in, while holding a belief that people she loved would think less of her if they knew, contributed negatively to her ability to process the experience after obtaining the abortion. She explained that feeling poorly about a decision that you know is best for you is uncomfortable and confusing. Jessica acknowledged that some of the negativity was likely due to an internalization of abortion stigma via her Catholic upbringing, and explained this she had only begun identifying as pro-choice in the two years prior to her own experience. Once back on PEI, Jessica looked for resources related to post-abortion counselling and found a support group listed online. However, after doing some research, Jessica realized the group had Christian affiliations and promoted an anti-choice agenda. Fearing that she would be expected, or encouraged, to regret her decision Jessica did not pursue involvement with the group. "I just want to tell somebody my experience," she explained.

For Jessica, this experience was clearly significant and profound. Through this experience Jessica was forced to confront her former self and explore her current self in order to reach a coalescence that could be experienced as authentic development. Jessica explained that she constructed her reaction to her pregnancy as a signifier of her moral development, and her movement away from imitative patterns of thought. In doing so Jessica had to confront learned stereotypes regarding women who obtain abortions; including the belief that they are selfish murderers. Jessica seemed strong in her belief that she, as well as every other woman, should have the right to choose their own path in life. For Jessica the ability to meaningfully choose a life path necessitates having control over reproductive decision making. Jessica's experience with accessing abortion also caused her to confront her own privilege as she recognized how difficult, if not impossible, it must be for Island women who do not have the same level financial security or relational support. At the time of interview it had only been two weeks since Jessica obtained her abortion. Throughout the research conversation she described the experience as a hidden scare, but went on to clarify that she felt it would eventually serve as a source of strength and a symbol of her transition to a more "whole person." Jessica's narrative provides a detailed

account of how young women grow out of anti-choice upbringings into pro-choice perspectives, and how that may interact with personal experiences of reproductive saliency.

Kaci*

Age at first experience: 23

At the time of interview, in 2014, Kaci was twenty-three and had recently experienced her first pregnancy. Kaci was born in Prince Edward Island and had grown up in a rural area. Kaci's parents were very involved with a church in their community and had raised Kaci with anti-choice attitudes. Kaci suggested she developed sceptical views towards "churchy thinking" early in life, but was an active participant in the church community until she moved out of her parent's home at the age of twenty-one. Kaci had been in a relationship with her partner for approximately nine months before becoming pregnant. Kaci explained that she had been on a type of birth control pill, but had been experiencing problems with irregular and sporadic bleeding. She took her concerns to health care professionals, and was advised to use additional contraceptives until her cycle was regulated. She reported that her and her partner began using condoms. However, after a couples vacation, Kaci's partner became concerned that she "looked different," and encouraged her to get a pregnancy test. Kaci was convinced that her partner's fears were unwarranted, but purchased multiple home tests with a close friend. Kaci took three home tests and all read positive. Kaci described her reaction was one of disbelief and complete shock, and reported that she was not able to react or even talk for a brief period of time. Kaci phoned her partner approximately three hours after taking the tests to inform him of the situation and was surprised to hear excitement in his voice. His excitement lessened as he realized Kaci was not excited. Kaci introduced the idea of abortion in that conversation and her partner assured her he would support whatever she thought was best. Kaci noted he was agreeable to the fact that the timing was not ideal, but also communicated that he would be there for her if she want to go through with the pregnancy. Kaci described this as the ideal reaction; it opened a space for her to really interact with what she wanted for herself.

Kaci acknowledged that she did feel pulled towards the idea of parenting, but attributed this to the barrage of social messages that told her it was the only option, and the fact that she does want to be a mother someday. However, after assessing her life situation; both in terms of her education and her relationship, Kaci determined it was not the time to have a baby. She knew abortions were not performed in the province but was aware of the possibility of obtaining a chemical abortion. She did not feel comfortable going to her family doctor for this information because of the nature of their relationship. Kaci explained that he had been her doctor since she was born and he was more like an uncle; she worried she would be judged. Kaci contacted several doctors in her area who were listed in yellow pages and requested pregnancy confirmation, but the expected four week wait time was simply too long. She reached out to pharmacists and public health employees, but was unable to unearth any information. Kaci also contacted the Island Pregnancy Centre and was baffled by their limited information, but was also unaware of their non-profit status and Christian affiliations. Accepting that accessing a chemical abortion was not going to be possible Kaci begin looking online for information related to surgical abortions. The information online seemed suggest that Island woman could have abortions covered through Medicare if it was medically necessary. Kaci was sceptical about this information, but when she called a doctor's office this information was confirmed as accurate.

Assuming this meant her only option was a private clinic Kaci searched the internet for the closest one and found the Morgentaler clinic in Fredericton. When she called to book the appointment Kaci was advised to confirm her pregnancy with a blood test before making the trip, and was provided with a name of an Island doctor who would be willing to run the test. Kaci reflected positively on that encounter and was able to book an appointment with the clinic. Unfortunately, because the clinic only provided abortion services one day a week Kaci had to make another tough decision; miss two days of a sixteen day rotation in her clinical nursing training, or postpone the procedure until there was a break in her studies. Kaci opted for later, delaying her abortion by five weeks.

In hindsight Kaci reports regretting the decision to wait; keeping the pregnancy a secret while dealing with the physical symptoms was psychologically draining. She noted that the delay also intensified the ambivalent feelings she had around her decision, and she felt she became more emotionally invested in the pregnancy. Despite her ponderings of what it would be like to birth and parent Kaci remained confident in her decision and was accompanied to the procedure by her partner. Kaci described her experience at the Morgentaler clinic as extremely positive; she was pleased by her perception of both a high level of professionalism and lack of judgment. Kaci also described taking comfort in the presence of the other women accessing abortion that day, and reported that they engaged in conversations about their pregnancy experience and decision. The procedure was over quickly but there was concern over Kaci's limited draining. Misoprostol, the drug Kaci wanted upon learning about her pregnancy, was administered before she was released. Kaci was given a brief description of what to expect once the drug began working, but she was not prepared for the amount of blood she awoke to the next morning. Utilizing her knowledge base, Kaci searched her bed sheets for visible clots, and noted the color and odor, before calling a medical information line to determine whether she should seek assistance. She was told that as long as the bleeding had stopped there was limited concern, but she was advised to inform the physician at her post-abortion appointment. Kaci went back to the doctor who had confirmed her pregnancy eight weeks after the procedure for her post-abortion check-up, and reflected less positively on this encounter. Kaci told the doctor about the heavy bleeding after the procedure and reported that she had not had a period since, but she felt her concerns were dismissed without any consideration or communication. The doctor performed a routine pap and told Kaci she would be contacted if there was anything wrong.

Kaci reported being happy with her decision overall, but was extremely frustrated by the challenges she encountered in finding accurate information and was disappointed by the treatment she received by individuals in the health sector. Kaci explained that the experience had increased her level of awareness in many ways; she verbally recognized her own privilege, identified provincial gaps in women's healthcare, and spoke at length about oppressive aspects of the provincial social context. Despite reporting regular contraception use Kaci seemed to carry a lot of shame and blame because of her pregnancy experience. In unpacking this response Kaci was able to express a link between her feelings and a learned belief that "good" girls do not get pregnant and only "bad" girls get abortions. Kaci also recognized that she carried some internalized abortion stigma even though she identified as pro-choice before her experience. Kaci clearly recognized the injustice in her experience, both in terms of barriers to information and abortion access, and in socializing girls to experience so many double binds in their sexual-reproductive lives. Kaci was adamant in her opinion that introducing comprehensive, interactive, relationally focused sexual education in high schools could help address both issues. Kaci also believed that provincial public health offices should be equipped to speak to all sexual

reproductive health issues, and at the very least have information related to the “how to” of abortion access. Kaci stressed the need of provincial decision makers to recognize the ability of women and youth to make the decisions right for them. Kaci’s narrative further illuminates how the experience of reproductive saliency is impacted by the high degree of social surveillance perceived by young Island residents.

Appendix G: Thematic Cluster Tables

*Section coded = original line code

*Cluster label = name given to the thematically similar section codes in each narrative

*Duplicate section codes have been omitted from listing, but are accounted for in total frequency

Alex		
Cluster Label	Sections Coded	Total Frequency
Abortion Experience	abortion expense Fredericton clinic abortion economic issues abortion travel issues abortion accompaniment Experience of delay time error without ultrasound professional misconduct economics of abortion access life back to normal experiencing the denial of services positive experience more worked up now self abortion abortion blame/responsibility abortion difficult decision abortion responsible self-inducing increasing desperation second trimester abortions if it was accessible so angry	22
Experience Context	transportation/ barriers health services culture of silence family context religious context community context reproductive choice in PEI it could be easier you would be stuck health care anomaly it's not accessible here the rest of Canada abortion politics conservative mentality change resistant conservative mentality liberal youth not going to change the church	20
Island Doctors	Island doctors abortion request Island doctor after care doctor expectation Island doctor abortion	16

	<p>Island doctor youth pregnancy doctor differences doctor choice doctor abortion Island doctor abortion doctor doctor accountability power hierarchies doctor responsibility</p>	
Reproductive Justice Musings	<p>Opinion on choice abortion attitudes anti-choice attitudes and age Anti- choice attitudes and religion changing attitudes Reproductive choice in PEI it could be easier you would be stuck health care anomaly it's not accessible here women's rights</p>	14
Adoption Experience	<p>choosing adoption adoption process adoption PEI context adoption profit adoption pei adoption accountability adoption partner internalized adoption temporal</p>	13
Policy Knowledge	<p>policy knowledge spreading facts Lack of development Awareness</p>	13
Resources	<p>looking for resources limited community resources sex ed. EPPY/GIFT absent resources available resources community resources available community resources accessing community resources mistrust</p>	11
Abortion Stigma	<p>professional misconduct expecting stigma perceived stigma protestors they're not bothering me sway women from their choices professional misconduct unsupportive intent increased difficulty anticipating stigma</p>	11

Age/Legitimacy	abortion as the teen option expectation involving age erroneousness of teen connection positive pregnancies young parenting age sexual-reproductive health services age parenting age sexual-reproductive health services backwards attitudes	10
Solidarity	solidarity of space Fredericton clinic staff abortion clinic preference clinic preference	8
Needs Identified	hindsight ultrasound needed resources at your fingertips moving forward what's needed what's needed needed resources	7
Policy Impact	time error without ultrasound abortion delayed physical consequence of delay Timelines/delay abortion policy impact	6
Pregnancy	initial reaction to pregnancy perception of pregnancy confirming pregnancy he was terrified	6
Island Nurses	Island Nurses abortion request Island nurse abortion Island nurse reaction nurse expectation of nurse abortion	5
Time Sensitive	abortion time sensitivity time sensitivity	3
Decision Making	reproductive Decision guarded knowledge	2
Partner Stakeholder	partner economic contribution partner involvement in decision making	2
Peers	girl friends peer to peer	2
Tenacity	digging heals in	2
Influencing Factors	accountability to existing children trajectory	2
Sexual	Contraception age sexual activity	2
Gender Difference	gender differences/services gender differences/ parenting	2
Conscientization	abortion obstacles	2

	what if's	
Narrative Legitimacy	it's just not time	1
Personal Development	strength developed	1

Ella		
Cluster Labeled	Themes Coded	Total Frequency
PEI Health Card	PEI Complications PEI timelines timeline a blur doc. Ontario/ confirmation time sensitive terrified barriers: it got worse Island student Health PEI digging heals in financing abortion PEI Health Card policy impact policy impacts impact of Policy policy knowledge questioning policy	43
Abortion Experience	abortion access partner relationship timeline time sensitive substandard care digging heals in financing abortion parental support abortion stigma decision evaluation life after abortion needs after care abortion aftercare embodiment	29
Decision Making	real decision making decision making partner decision making not ready other's opinions others decision making imagined future family considering adoption considering parenting making a decision decision evaluation parents decision making	24

	abortion stigma	
Pregnancy Experience	<p>suspecting pregnancy periods/menstrual home test confirming pregnancy it won't happen to me partner pregnancy telling isolation life changed the rollercoaster embodiment emotional time relief physically sick physical symptoms</p>	23
Sexuality/ Sexual Health	<p>it won't happen to me hypothetical decision making doc. Ontario/ confirmation pro- choice community resources the pill condoms contraception pleasure/sexual motivation more to loose sexual health needs needs resources needs after care needs accurate information</p>	19
Conscientization	<p>Conscientization impact of policy policy knowledge questioning policy rights issue</p>	12
Reproductive Justice	<p>participation motivation considering adoption considering parenting pro- choice rights issue importance of choice desire to parent</p>	8
Life Course Narrative	<p>imagined future family teenage pregnancy life plan narrative life course narrative desire to parent</p>	8
Island Context	PEI context	6
Relational	<p>real relational impacts telling other's opinions parental support</p>	5

	partners parents	
Self-Advocacy	digging heels in self-advocating	3

Fiona		
Cluster Labeled	Themes Coded	Total Frequency
Intimate Relationships/ Sexual Experience	he's an adult can't be with you make me stay wasn't ready I dated going to show him I wanted him to see didn't want to be with him guys treated me badly toxic relationship toxic make it up can't get pregnant alone forget this not sitting at home like I had two kids promiscuous regret taken advantage of pressure and attention what you want maturation filling a void shame and judgment getting some	25
Motherhood Experience	changes your life immature like I had two kids ninety-two pounds constant stress pay the bills employment obstacles just me can't just go isolated I felt guilty life completely changed ask for help I wanted to go living in guilt I worried fear of failing happiness fragile parenting	24

	<p>not stepping up times are tough learning about myself being a role model good mother</p>	
Knowledge/ Awareness	<p>lack of knowledge feelings weren't talked about stunted development learn from it teaching my child sex ed. what matters my mother knowledge to know talking to child preparing my child I didn't know knowledge and power I'm just learning as young as possible</p>	23
Decision Making	<p>decision making tough(er) decision we're fighting about this a lot of pressure didn't want to lose him my body, my decision made up my mind lose either way thinking of the baby baby in the equation this is my life changed my mind be mature reality different from dreams</p>	20
PEI Context	<p>anti-abortion employment options no community PEI context PEI racism PEI Youth I don't want my child here PEI compared PEI closed minded PEI abortion the neighbors avoid confrontation</p>	18
Personal Context	<p>back and forth I worked as a teenager marginalization moving to PEI</p>	15

	<p>I moved kicked out staying at a shelter focused on working help me childhood issues poverty personal development childhood issues my mom</p>	
Abortion Experience	<p>abortion right decision new outlook believe him he didn't understand felt awful potential up and down all messed up escape reality a loss</p>	11
Stakeholders	<p>father co-parenting child with grandmother stakeholders I'll support you part of him didn't have my child mom did a lot</p>	11
Pregnancy Experience	<p>suspecting pregnancy confirming pregnancy it was hard apartment together pregnant again confused and emotional alone telling</p>	8
Paternal Permanence	<p>I was scared fathers he took off no daddy didn't want to be left no father father and mother my dad</p>	8
Objectification	<p>self-esteem self- worth to be liked my dad obsessed with my looks attention from men if you're pretty</p>	8

Boy's Will Be Boys	just doing his thing he made comments he was mean abusive abusive crazy when drinking get out	7
PEI Abortion Access	change my ticket can't get it here Halifax denied aftercare if I had been here	5
Abortion Stigma	thrown in my face threw it in my face gift from god sin I wasn't raped	5
Pop/Porn Culture	porn culture pop- porn culture self esteem getting worse	5
Risk Management	I was excited I wanted a family weaker reality different from dreams	4
Sexual/ Reproductive Health	the pill pro-choice birth control sex ed.	4
Culture of Silence	open communication shame and judgment how I really felt	3
Suggestions	teen mom parable make it real reproductive justice	3
Island Medical Community	medical community health resources	2

Grace		
Cluster Label	Sections Coded	Total Frequency
Sexuality/Sexual Health	sexual lives sexual partner pro-choice new relationship marginalization sexual health marginalization abortion access local abortion access sexual health increased vulnerability sex education	51

	<p>gaining sexual knowledge culture of silence getting pregnant again she's had four in a row controlling fertility cycle of unplanned pregnancies risk management marginalization and birth control safe sex myth I could have done more first real intimate relationship contraception should be able to talk about sex model after what was missing I didn't know feel awkward limited information tell me everything culture of promiscuity sexting premature decisions changing expectations don't believe in porn navigating sexual spaces sexuality moderation bad decisions terrible ideas based on bad information I'm embarrassed she's too young no one's talked to her erotic relationships what do they expect now</p>	
<p>Pregnancy Experience</p>	<p>confirming pregnancy pregnancy context of pregnancy reaction to pregnancy meaning of pregnancy telling suspecting pregnancy internal dialog forever changed life was changing support system peer supports passing public questioning cognitive dissonance I'm not alone empathetic understanding</p>	<p>30</p>

	you should be with him	
Motherhood Experience	securities extremely busy birth experience incompatible roles super woman co-parent privilege parental guilt divided attention overwhelmed self-sacrificing motherhood future anxiety Perfect mother mother mentors high expectations of self balance need to please role strain financially stable financial constraints kids are expensive support system no time mental health motherhood is irreversible child comes first inconceivable shift	29
Decision Making	considering adoption decision making partner decision making his reasons decision making veto power stakeholders do it myself considering abortion decision making timeline I knew I had options follow your instincts make this decision for yourself past me choose carefully	18
Gender Saliency	empathetic understanding primary caregiver parental permanence gendered duties I worry domestically natural domesticity nagging wife women can have it all residual dreams you can't do it all lower your expectations	18

	<p>whole person to have it all as a women pessimistic pressures getting worse a woman's duty huge baggage stereotypical</p>	
Stakeholders	<p>stakeholders relationship impact support sources mistreatment/ illegitimate maternal grandmother fathers involvement</p>	14
Needs Identified	<p>tell them everything accurate information access to information providing information sex ed. connecting to community easy access communication awareness empowerment kid friendly spaces give women control desire for solidarity</p>	13
Critical Consciousness	<p>can't be like a man workplace accommodation parents in the work place all he pays egalitarian partnerships I want both mislead policy change economic inequality feminism</p>	10
PEI Context	<p>PEI social context barriers to resources kid friendly spaces abortion - the worst thing attitudes reproductive choice pro-choice activism policy knowledge increased vulnerability</p>	10
Life Project	<p>personal goals my own goal opportunity cost getting ahead questioning success joyless journey personal success devalued</p>	9

	academic life	
Isolation	isolation social isolation I was like a stranger disconnected from friends no longer part of the group not relatable feeling isolated without peers	9
Risk Orientation	risk management unpreventable pregnancy morning after pill medicalization of sex controlling fertility risk management	6
Sexual Objectification	male gaze porn culture porn addicts dressing terribly what do they expect now	5
Life Course Narrative	age she's had four in a row get those credentials	4
The Good Mother	ideal parental performance pressures and expectations ideal family unit expectations for mothers	4
Personal Context	visiting Student life Roles relationship status	3
Self-Advocacy	self-advocacy	1

Hayley		
Cluster Label	Sections Coded	Total Frequency
Sexual Violence	I was raped in and out of hospital strictly friends want out of moms this is awesome date rape that drug I was scared to scare me go to the cops not your fault have him charged letting him go a relief I'm stronger rape crisis centre	26

	<p>keep me in the present support services unsupportive peers bad advice blamed me stupid people that are close didn't think about it don't trust</p>	
Sexual/ Reproductive Health	<p>reproductive health contraception I feel comfortable Island pregnancy centre might never happen sex education should be mandatory just basic reality check common sense open communication</p>	14
Stakeholders	<p>the father left I had my mom my mom I lived with her my mom found out stakeholder I thought he would stay with or without him signed the birth certificate parental rights support he cut the cord</p>	14
Motherhood Experience	<p>can't live like this anymore staying in the basement my mom found out I got into alcohol AA in a different place learning good parent I'd do anything high demands support if I waited prevented disappointment</p>	13
Pregnancy Experience	<p>easy to remember just partying saved my life what are you going to do mom cried did didn't take it well easier this time</p>	12

	<p>pregnancy pregnancy symptoms what if they're right support so many things</p>	
Personal Context	<p>personal context I lived with her living with friends I got into alcohol AA Alcohol ready to work program pain management support</p>	12
Pregnancy Options	<p>if they were raped I couldn't abortion as birth control I can understand adoption supply and demand help others</p>	8
Age	<p>energy the adult world too young age and context age development relational status vibrant won't happen to me</p>	8
Boys will be Boys	<p>the father left told him turned around on me I thought he would stay run out and impregnate don't do it teaching boundaries consent</p>	8
Risk Management	<p>risk management I'm stronger more observant people close risks</p>	7
Intimate Relationships	<p>I didn't care goody-two-shoes told him I lost my virginity wanted to rebel love yourself</p>	6
Decision making	<p>other options I wanted a baby with or without him better off</p>	5

	trust yourself	
Medical Community	medical community turning me away this time	4
Parental Permanence	that was it I thought he would stay the father left parental rights	4
Porn Culture	media porn culture be a pimp	3
Knowledge	knowledge the talk to be informed	3
Island Context	Island context old fashion	2

Iris		
Cluster Label	Sections Coded	Total Frequency
Abortion Experience	abortion experience paranoid didn't want to tell the cost a loan nobody knows protesters getting in strange atmosphere telling something so big work with children positive impact didn't regret it damaging maybe I was I'm worse everywhere hard on self self-reflection well rounded am I awful I should have backdoor feeling I'm good with me invasive surgery not taken lightly nowhere near as good you have to feel bad matter of fact	31
Abortion Stigma	stigma	28

	<p>condemn a whole group war cry am I awful wouldn't say abortion paranoid protesters didn't understand the judgment misconception abortion is murder you can't say pro-abortion I'm better so pro-life never talk to me people get emotional I couldn't say told what you are close minded told what to feel escorts letters to the editor emotions closed minded it's legal as birth control it has to be an argument</p>	
<p>Island Context</p>	<p>you can't say can't say pro-abortion people talking good girls really hateful whatever choices Island girls they intimidate I'm better close minded not here big evil affect me damaging factor not welcome not island stay and fight big loud bullies respect women here I shouldn't be here identity crisis who's going in there keep it over there</p>	<p>27</p>
<p>Good Girls</p>	<p>not a slut</p>	<p>21</p>

	<p>date-rape pressure you deserve pressure too drunk doesn't always work it happens a lot of circumstances now you can see it luck judgemental good girls have to be sexy whatever choices method of birth control all roped together odd time out very cautious sexual wellbeing I was a good girl</p>	
Reproductive Opinions	<p>adoption having children pro-abortion I see pro-lifers we have choice it is a big deal assumed irresponsible I don't push anything selfish trust valid choice too pro-choice</p>	14
Sexual Experiences/ Relationships	<p>clear cut rape wouldn't call him a rapist getting loaded he said pressure too drunk sex is natural sex he gets leeway pro-choice history share that</p>	12
Sexual Reproductive Health	<p>I didn't too embarrassed doesn't always work a lot of circumstances information plan getting abortion invasive surgery protest information</p>	11

	information and conversation	
Gender Saliency	going to be judged gender restrictions men don't have to not the guys he gets leeway images pink image boys section girls section	10
Critical Consciousness	where the focus should be help rather than criticize something constructive wasted energy I see pro-lifers Judgemental pushes sexy matter of action respect rational conversation	10
Silenced Subjectivity	takes something away we demean so little words outsiders no expressing yourself I'm this can't speak your mind telling people how to feel	8
Decision Making Experience	fully conscious certain foundation fully informed wasn't easy I don't regret it wouldn't be fair decision making proud of my decision	8
Solidarity	peer support happy to help protecting to capacity proud stay and fight so many circumstances speak up	8
Risk Management	that'll help punch me getting loaded you don't do that a lot of circumstances luck very cautious	7

Stakeholders	boyfriends mother telling him punch me couldn't talk my mother I understand	6
Boy's will be Boys	not the guys he gets leeway clear cut rape wouldn't call him a rapist	4
Suggestions	health clinic talk to someone just to talk I should have	4
Epistemic distance	self-reflect being judged identity crisis who you are	4
Medical Community	doctors hospitals my own doctor	3
Pregnancy Experience	immediately what if outsider	3
Pop-Porn	media pushes sexy	2
Personal Context	personal context guilt	2

Appendix H: Master Theme Chart

Master Theme Definitions and Cluster Integration	
<i>Master Theme: Abortion Experience</i>	
Definition:	Feeding Cluster(s)
Direct reference to the experience of obtaining an abortion; including the process of accessing, and the experience of participant prior to and following the procedure.	<u>Alex:</u> Abortion experience Policy knowledge Peers Time sensitive
	<u>Ella:</u> Abortion experience
	<u>Fiona:</u> Abortion Experience
	<u>Grace:</u> N/A
	<u>Hayley:</u> N/A
	<u>Iris:</u> Abortion experience
	<i>Master Theme: Abortion Stigma</i>
Definition:	Feeding Cluster(s)
The identification of abortion as a stigmatized option (one that it is not socially acceptable). Also, communications indicating anticipated or perceived abortion stigma within participant narratives.	<u>Alex:</u> Abortion stigma Experience context
	<u>Ella:</u> Abortion experience Decision making Relational
	<u>Fiona:</u> Abortion stigma
	<u>Grace:</u> N/A
	<u>Hayley:</u> Pregnancy options
	<u>Iris:</u> Abortion stigma
<i>Master Theme: Adoption Experience</i>	
Definition:	Feeding Cluster(s)
Direct reference to the experience of securing an adoption; including related experiences before and after giving birth.	<u>Alex:</u> Adoption experience
	<u>Ella:</u> N/A

	<u>Fiona:</u> N/A
	<u>Grace:</u> N/A
	<u>Hayley:</u> N/A
	<u>Iris:</u> N/A
Master Theme: Age	
Definition:	Feeding Cluster(s)
References to age in relation to sexual-reproductive experiences, or sexual-reproductive health. Also includes any general references made about young people as a collective.	<u>Alex:</u> Age legitimacy Sexual
	<u>Ella:</u> Life course narrative Decision making
	<u>Fiona:</u> Intimate relationships/ sexual experience Knowledge/Awareness Motherhood experience Personal context
	<u>Grace:</u> Sexuality/ sexual health Life course narrative
	<u>Hayley:</u> Age
	<u>Iris:</u> Personal context Abortion experience Pregnancy experience
	Master Theme: Boys will be Boys
Definition:	Feeding Cluster(s)
Direct reference to masculine gender expectations/ stereotypical gender performance. Includes communications indicating that males are held less accountable for the outcome of sexual/reproductive experiences, or communications contrary to this perspective.	<u>Alex:</u> N/A
	<u>Ella:</u> N/A
	<u>Fiona:</u> Boy's will be boys
	<u>Grace:</u> Sexuality/ sexual health
	<u>Hayley:</u> Boy's will be boys
<u>Iris:</u> Boy's will be boys	
Master Themes: Community Resources	
Definition:	Feeding Cluster(s)

Direct reference made to existing community resources whether indicating awareness, utilization, or opinion.	<u>Alex:</u> Resources Pregnancy
	<u>Ella:</u> PEI health card
	<u>Fiona:</u> PEI Context
	<u>Grace:</u> PEI Context Motherhood experience
	<u>Hayley:</u> Sexual reproductive health Sexual violence
	<u>Iris:</u> N/A
Master Theme: Critical Consciousness	
Definition:	Feeding Cluster(s)
Communications indicating a critical questioning of the status quo. For example; highlighting sociopolitical/economic contradictions, the identification of oppression(s), problems being defined/ understood structurally.	<u>Alex:</u> Conscientization Reproductive justice musings Experience Context
	<u>Ella:</u> Conscientization
	<u>Fiona:</u> N/A
	<u>Grace:</u> Critical consciousness Gender saliency
	<u>Hayley:</u> Age
	<u>Iris:</u> Critical Conscientization
Master Theme: Decision Making	
Definition:	Feeding Cluster(s)
Direct reference to the experience of making a reproductive decision. Also, reflections on that decision after the fact.	<u>Alex:</u> Policy knowledge Decision making Influencing factors
	<u>Ella:</u> Decision making Relational
	<u>Fiona:</u> Decision making Knowledge/ awareness
	<u>Grace:</u> Decision making

	Isolation
	<u>Hayley:</u> Decision making
	<u>Iris:</u> Decision making experience
Master Theme: Gatekeepers	
Definition:	Feeding Cluster(s)
Reported interactions with those who act as gatekeepers to sexual reproductive health services. Primarily the medical community (health PEI, doctors, nurses, pharmacists), but also more removed institutions such as income support and child and family.	<u>Alex:</u> Island doctors Island nurses
	<u>Ella:</u> PEI health card
	<u>Fiona:</u> Island medical community
	<u>Grace:</u> N/A
	<u>Hayley:</u> Medical community
	<u>Iris:</u> Medical community
Master Theme: Gender Saliency	
Definition:	Feeding Cluster(s)
Communications where being female is communicated as central, noticeable, or significant. This may include emphasis on the female presenting body, or emphasis on female as a social category with an accompanying social position.	<u>Alex:</u> Adoption experience Gender differences
	<u>Ella:</u> Sexuality/ sexual health
	<u>Fiona:</u> Knowledge Objectification
	<u>Grace:</u> Gender saliency
	<u>Hayley:</u> N/A
	<u>Iris:</u> Gender saliency
Master Theme: Gender Violence	
Definition:	Feeding Cluster(s)
In accordance with the World Health Organization’s definition of gender based violence; communications documenting instances of sexual assault, rape, and any form of intimate partner violence.	<u>Alex:</u> N/A
	<u>Ella:</u> N/A
	<u>Fiona:</u> Sexual relationships/ experiences

	Boys will be boys
	<u>Grace:</u> N/A
	<u>Hayley:</u> Sexual violence
	<u>Iris:</u> Sexual experiences/ relationships Boys will be boys
Master Theme: Good Girls	
Definition:	Feeding Cluster(s)
Direct reference to feminine gender expectations/ stereotypical gender performance. Includes Communication drawing on notions of the good girl/bad girl dichotomy, or the virgin/whore dichotomy. Also, includes explorations of what it means to be a “good girl.”	<u>Alex:</u> N/A
	<u>Ella:</u> Relational
	<u>Fiona:</u> Boys will be boys Decision making
	<u>Grace:</u> Gender saliency
	<u>Hayley:</u> Intimate relationships Motherhood experience Reproductive opinions
	<u>Iris:</u> Good girls
Master Theme: Knowledge	
Definition:	Feeding Cluster(s)
Direct reference to knowledge including; a perception of missing knowledge, subjugated knowledge, or lack of awareness. Also, communication surrounding access to information and the availability of mentors/role models	<u>Alex:</u> Policy knowledge Resources
	<u>Ella:</u> Pregnancy experience
	<u>Fiona:</u> Knowledge/ awareness
	<u>Grace:</u> Sexuality/ sexual health Motherhood experience
	<u>Hayley:</u> Knowledge
	<u>Iris:</u> N/A
Master Theme: Life Project	
Definition:	Feeding Cluster(s)
Direct reference to the participant’s own aspirations and goals. Also, reflections on life plans	<u>Alex:</u> N/A

in a temporal sense (i.e. reflections on past goals, changes in aspirations, musings regarding the future).	<u>Ella:</u> Life course narrative
	<u>Fiona:</u> Knowledge/ awareness Risk management
	<u>Grace:</u> Life project Life course narrative
	<u>Hayley:</u> Motherhood experience Sexual/reproductive health
	<u>Iris:</u> Reproductive opinions
Master Theme: Motherhood Experience	
Definition:	Feeding Cluster(s)
Direct reference made to the experience of being a mother/mothering, including intersections between this role and other roles/ experiences. Also, includes attitudes towards mothering, expectations, and cultural messages surrounding mothering.	<u>Alex:</u> Influencing decision Gender difference
	<u>Ella:</u> N/A
	<u>Fiona:</u> Motherhood experience Personal context Knowledge/ awareness
	<u>Grace:</u> Motherhood experience Isolation The good mother
	<u>Hayley:</u> Motherhood experience Stakeholders Knowledge
<u>Iris:</u> N/A	
Master Theme: Objectification	
Definition:	Feeding Cluster(s)
Communications involving feeling personally objectified – reduced to the physical (body and appearance).	<u>Alex:</u> N/A
	<u>Ella:</u> N/A
	<u>Fiona:</u> Objectification
	<u>Grace:</u> N/A
	<u>Hayley:</u> N/A

	<p><u>Iris:</u> Silenced subjectivity Good girls</p>
Master Theme: Parental Permanence	
Definition	Feeding Clusters
<p>Direct references to the ubiquity of parenthood. Also includes communications contrasting motherhood with fatherhood.</p>	<p><u>Alex:</u> Gender difference</p>
	<p><u>Ella:</u> N/A</p>
	<p><u>Fiona:</u> Paternal Permanence Motherhood experience</p>
	<p><u>Grace:</u> Motherhood experience Stakeholders Decision making</p>
	<p><u>Hayley:</u> Parental permanence</p>
	<p><u>Iris:</u> N/A</p>
Master Theme: PEI Abortion Access	
Definition:	Feeding Cluster(s)
<p>Communications highlighting an interaction between provincial abortion policies and experience. Also, participant’s perception of the abortion access available to Island women.</p>	<p><u>Alex:</u> Policy impact Experience context</p>
	<p><u>Ella:</u> PEI health card</p>
	<p><u>Fiona:</u> PEI abortion access</p>
	<p><u>Grace</u> PEI context Decision making</p>
	<p><u>Hayley:</u> N/A</p>
	<p><u>Iris:</u> Abortion experience Island context</p>
Master Theme: PEI Context	
Definition:	Feeding Cluster(s)
<p>Communications regarding PEI’s socio-historical context, or specific references to the spatial location interacting with experience (other than abortion policies).</p>	<p><u>Alex:</u> Experience context</p>
	<p><u>Ella:</u> Island context</p>
	<p><u>Fiona:</u> PEI context</p>

	<p><u>Grace:</u> PEI context</p> <p><u>Hayley:</u> PEI context</p> <p><u>Iris:</u> Island context</p>		
Master Theme: Personal Context			
Definition	Feeding Cluster(s)		
Relating to the personal life of participant, but not directly related to the experience of reproductive saliency.	<p><u>Alex:</u> Experience context</p> <p><u>Ella:</u> Self-advocacy</p> <p><u>Fiona:</u> Personal context</p> <p><u>Grace:</u> Personal context</p> <p><u>Hayley:</u> Personal Context</p> <p><u>Iris:</u> N/A</p>		
	Master Theme: Personal Development		
	Definition:	Feeding Cluster(s)	
	Direct references to personal changes/ personal growth attributed to journeying through the experience of reproductive saliency.	<p><u>Alex:</u> Personal development Tenacity</p> <p><u>Ella:</u> Self-Advocacy</p> <p><u>Fiona:</u> Personal context Knowledge/ awareness</p> <p><u>Grace:</u> Self- Advocacy</p> <p><u>Hayley:</u> Stakeholders Motherhood experience Decision making</p> <p><u>Iris:</u> Epistemic distance Abortion experience Critical consciousness Sexual reproductive health</p>	
		Master Theme: Pop-Porn Culture	
		Definition:	Feeding Cluster(s)
Direct reference to the expectation generated in mass culture, that women should present as		<p><u>Alex:</u> N/A</p>	

<p>“fuckable” or sexy, and communications regarding how this expectation impacts experience. Also, comments made about the presence of pornography, sexting, etc. in participants lives.</p>	<p><u>Ella:</u> N/A</p>
	<p><u>Fiona:</u> Pop-porn culture</p>
	<p><u>Grace:</u> Sexual objectification Sexuality/ sexual health</p>
	<p><u>Hayley:</u> Porn culture</p>
	<p><u>Iris:</u> Pop-porn Gender saliency</p>
<p>Master Theme: Pregnancy Experience</p>	
<p>Definition:</p>	<p>Feeding Cluster(s)</p>
<p>Direct reference to the experience of pregnancy; including suspecting, disruption via the morning after pill, and confirming. Also, references to the physical and emotional aspects of the experience before and after reaching a decision, and perceptions of the response of social others.</p>	<p><u>Alex:</u> Pregnancy</p>
	<p><u>Ella:</u> Pregnancy experience</p>
	<p><u>Fiona:</u> Pregnancy experience Personal context</p>
	<p><u>Grace:</u> Pregnancy experience Isolation</p>
	<p><u>Hayley:</u> Pregnancy experience</p>
	<p><u>Iris:</u> Pregnancy experience Stakeholders</p>
<p>Master Theme: Reproductive Opinions</p>	
<p>Definition:</p>	<p>Feeding Cluster(s)</p>
<p>Communications expressing opinions on reproductive rights and reproductive choice generally, as well as specific options, and any mentioned contingencies attached to reproductive options.</p>	<p><u>Alex:</u> Reproductive justice musings</p>
	<p><u>Ella:</u> Reproductive justice</p>
	<p><u>Fiona:</u> Sexual/ reproductive health Suggestions</p>
	<p><u>Grace:</u> Sexuality/ sexual health Needs identified PEI context</p>
	<p><u>Hayley:</u> Pregnancy options</p>
	<p><u>Iris:</u> Reproductive opinions</p>

	Good girls Abortion stigma
Master Theme: Risk Management	
Definition:	Feeding Cluster(s)
Direct reference to managing, or assuming responsibility for addressing sexual- reproductive risk, or speaking of this phenomenon generally. Also, communications indicating female responsibility for managing the possibility of negative outcomes in the realm of sexual experiences, or in experiences related to reproduction.	<u>Alex:</u> Abortion experience Narrative legitimacy
	<u>Ella:</u> Sexuality/ sexual health
	<u>Fiona:</u> Risk management Sexual/ reproductive health Decision making
	<u>Grace:</u> Risk orientation Sexuality/ sexual health Gender saliency
	<u>Hayley:</u> Risk management Sexual violence Sexual reproductive health
	<u>Iris:</u> Risk management Good girls
Master Themes: Sexual Experiences/Relationships	
Definition:	Feeding Cluster(s)
Communications referencing experiences in sexual lives, and references to the dynamics of sexual relationships.	<u>Alex:</u> N/A
	<u>Ella:</u> Sexuality/ sexual health
	<u>Fiona:</u> Intimate relationships/ sexual experiences Stakeholders Decision making
	<u>Grace:</u> Sexuality/ sexual health Sexual objectification Gender saliency
	<u>Hayley:</u> Intimate relationships
	<u>Iris:</u> Sexual experiences/ relationships
Master Theme: Sexual-Reproductive Health	
Definition:	Feeding Cluster(s)
Direct reference to reproductive and sexual health. Specifically, sexual education (including the role of	<u>Alex:</u> Abortion experience

parents), contraception, STI's, and other health concerns related to the reproductive system.	Sexual Resources
	<u>Ella:</u> Sexuality/ sexual health
	<u>Fiona:</u> Sexual/ reproductive health Intimate relationships/ sexual experiences Suggestions Motherhood experiences
	<u>Grace:</u> Sexuality/ sexual health Self-advocacy
	<u>Hayley:</u> Sexual/ reproductive health
	<u>Iris:</u> Sexual reproductive health
	Master Theme: Silenced Subjectivity
Definition:	Feeding Cluster(s)
Direct references to emotionality and expressiveness. Also, examples of the self-silencing subjective experiences, or an identification of this phenomenon in a general sense.	<u>Alex:</u> N/A
	<u>Ella:</u> PEI health card Relational Pregnancy experience
	<u>Fiona:</u> Culture of silence Abortion experience Motherhood Experience
	<u>Grace:</u> Isolation Pregnancy experience Motherhood experience
	<u>Hayley:</u> Sexual violence Motherhood experience
	<u>Iris:</u> Silenced subjectivity Abortion experience Abortion stigma Risk management Personal context
	Master Themes: Solidarity
Definition:	Feeding Cluster(s)
Communications conveying kinship, sisterhood, or empathetic understanding in relation to, or attributed to, the experience of reproductive saliency.	<u>Alex:</u> Solidarity
	<u>Ella:</u> PEI health card

	Reproductive justice
	<u>Fiona:</u> Knowledge Suggestions
	<u>Grace:</u> Needs identified Pregnancy experience PEI context
	<u>Hayley:</u> N/A
	<u>Iris:</u> Solidarity Good girls
Master Themes: Stakeholders	
Definition:	Feeding Cluster(s)
Direct references to social others with a personal interested in the pregnancy and outcome i.e. others who could theoretically experience a role change in relation to the pregnancy.	<u>Alex:</u> Partner/stakeholders
	<u>Ella:</u> Relational
	<u>Fiona:</u> Stakeholders Paternal permanence
	<u>Grace:</u> Stakeholders The good mother Motherhood experience Critical consciousness Decision making
	<u>Hayley:</u> Stakeholders
	<u>Iris:</u> Stakeholders
Master Theme: Suggestions	
Definition:	Feeding Cluster(s)
Needs identified, or suggestions made, by participants in terms of generating positive change for young women in the area of sexual-reproductive health and related experiences.	<u>Alex:</u> Resources Needs identified
	<u>Ella:</u> Abortion experience Sexuality/ sexual health
	<u>Fiona:</u> Suggestions
	<u>Grace:</u> Needs identified Motherhood experience

	Hayley: Sexual reproductive health
	Iris: Suggestions

Added after second clustering

<i>Master Theme: Anecdotal</i>		
Definition:	Narratives Containing	Frequency Noted
Communications that reference the experience of others in order to increase understanding, explain opinion/ action, or to support an idea/claim.	Alex	4
	Ella	10
	Fiona	1
	Hayley	1
	Iris	5

Appendix I: Master Theme Summary Tables

Alex	
Master Theme: Abortion Experience	
Frequency 36	
<i>Line Numbers</i>	<i>Section Coded</i>
64- 66	Telephoned
66- 73	abortion time sensitivity
73	Abortion economic issues
74- 76	abortion travel issues
76- 77	abortion accompaniment
77- 78	abortion time sensitivity
79- 80	experience of delay
80 – 81	time error without ultrasound
82- 84	professional misconduct
84	time sensitivity
85- 91	abortion delayed/ Abortion later than intended
102- 104	abortion expense
105-109	partner involvement in decision making
109- 110	girl friends
110 – 111	abortion as the teen option/ expectation involving age
112-114	solidarity of space
114-115	expectations involving age
123-127	expectations related to age
129- 132	Fredericton clinic staff
132-136	physical consequence of delay
141-146	so angry it's not accessible here
146- 153	physical consequence of delay
168- 172	life back to normal
263- 265	Abortion clinic preference
340-343	protestors
343- 349	digging heels in
349- 354	they're not bothering me
366-374	contraception
385- 386	Fredericton clinic
386- 388	Positive experience
391- 397	professional misconduct
400- 401	emotional difficulties
411- 422	interpreting negativity
702-704	increasing desperation
704- 712	second trimester abortions
715- 718	if it was accessible
Master Theme: Gatekeepers	
Frequency 26	
<i>Line Numbers</i>	<i>Section Coded</i>
51- 56	Island Nurses abortion request
57- 64	Island Doctors Abortion Request

154- 157	Island doctor after care
209- 220	Island nurse abortion
224-226	perceived messages
244- 246	experiencing the denial of services
252- 256	timelines abortion
260- 263	what to expect
282- 291	Island doctor abortion
292- 296	hindsight
296- 298	Island doctor abortion
302-304	transportation health services
305- 309	Island doctor youth pregnancy
310- 314	Island doctor aftercare
314- 315	Island doctor abortion request
316- 322	hindsight
327-335	hindsight
431-438	nurse abortion
443- 446	doctor abortion
735- 738	so angry
768-771	doctor
841-845	guarded knowledge
846- 850	doctor accountability
850- 852	power hierarchies
850- 859	doctor responsibility
962- 972	age sexual-reproductive health services
Master Theme: Critical Consciousness	
Frequency 17	
<i>Line Numbers</i>	<i>Section Coded</i>
29-35	health care anomaly
666- 668	up- stepped PEI
719-721	it could be easier
721- 729	you would be stuck
739 – 742	the rest of Canada
765-768	policy awareness
771- 774	spreading facts
781- 783	lack of development
783- 790	at your fingertips
802-805	moving forward
815- 817	women’s rights
850- 859	doctor responsibility
1025-1048	women’s rights
1062- 1068	women’s rights
1092-1095	what’s needed
1103-1105	policy knowledge
1128- 1136	women’s rights
Master Theme: PEI Abortion Access	
Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>

25- 28	opinion on choice
25-29	policy knowledge
73	abortion economic issues
74- 76	abortion travel issues
76- 77	abortion accompaniment
79- 80	experience of delay
80 – 81	time error without ultrasound
85- 91	abortion delayed/ Abortion later than intended
102- 104	abortion expense
141-146	so angry it's not accessible here
158-163	economics of abortion access
252- 256	timelines abortion
402- 408	hindsight
715- 718	if it was accessible
Master Theme: PEI Context Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
221- 223	expecting stigma
302-304	transportation health services
451	culture of silence
522-531	community context
577-580	adoption process
792-797	abortion politics
797- 802	conservative mentality
807- 809	change resistant
818-819	conservative mentality
820- 823	liberal youth
824- 827	not going to change
830- 835	the church
863- 867	culture of silence
979- 985	age sexual activity
Master Theme: Age Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
110 – 111	abortion as the teen option
114-115	expectations involving age
123-127	expectations related to age
547- 555	anti-choice and age
560-562	changing attitudes
880- 885	you should know
890- 896	positive pregnancies
921-925	young parenting
962- 972	age sexual-reproductive health services
974-979	age parenting
979- 985	age sexual activity
986- 990	age sexual-reproductive health services
992- 996	backwards attitudes

Master Theme: Pregnancy Experience Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
45-46	Initial reaction to pregnancy
46-49	Looking for resources
305- 309	Island doctor youth pregnancy
324- 328	changes in attitudes
428	perception of pregnancy
547- 555	anti-choice and age
562- 567	Choosing Adoption
679- 687	self abortion
695-700	self-inducing
929-931	confirming pregnancy
938- 934	confirming pregnancy
956	confirming pregnancy
Master Theme: Community Resources Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
46-49	looking for resources
480- 485	community resources
870-877	EPPY/GIFT
909-911	available resources
917- 923	community resources available
921-925	young parenting
929-931	confirming pregnancy
929- 939	community resources accessing
938- 934	confirming pregnancy
948- 950	he was terrified
951-953	community resources mistrust
954- 956	community resources accessing
Master Theme: Adoption Experience Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
577-580	adoption process
582-592	adoption PEI context
587- 603	adoption process
603-605	adoption profit
619- 621	adoption process
628- 639	adoption process
640- 647	adoption pei
646- 650	adoption responsibility
646 – 655	adoption partner
655- 657	internalized
661- 664	adoption temporal
661- 668	adoption process
Master Theme: Abortion Stigma Frequency 11	

<i>Line Numbers</i>	<i>Section Coded</i>
221- 223	expecting stigma
314- 315	Island doctor abortion request
340-343	protestors
349- 354	they're not bothering me
358-360	sway women from they're choices
391- 397	professional misconduct
397- 399	unsupportive intent
411- 422	Interpreting negativity
424- 425	anticipating stigma
433-438	expectations of Professionals
863- 867	culture of silence
Master Theme: Suggestions Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
292- 296	Hindsight
425- 428	hindsight
730- 732	policy knowledge
733- 737	Island doctor abortion
780- 781	Needed resources
783- 790	at your fingertips
908-909	absent resources
1080- 1086	what's needed
1158- 1163	needed resources
Master Theme: Solidarity Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
112-114	solidarity of space
127-129	solidarity of space
270- 277	clinic preference
719-721	it could be easier
721- 729	you would be stuck
765-768	policy awareness
1114- 1121	abortion obstacles
1147- 1151	strength developed
Master Theme: Reproductive Opinions Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
25- 28	opinion on choice
263- 265	abortion clinic preference
270- 277	clinic preference
327-335	hindsight
424- 425	anticipating stigma
433-438	expectations of Professionals
812- 814	don't have one
Master Theme: Decision Making Frequency 7	

<i>Line Numbers</i>	<i>Section Coded</i>
49 – 50	reproductive Decision
105-109	partner involvement in decision making
226- 229	digging heels in
343- 349	digging heels in
562- 567	choosing Adoption
661- 668	adoption process
689- 697	abortion difficult decision
Master Theme: Stakeholders Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
104-105	partner economic contribution
105-109	partner involvement in decision making
516- 521	religious context
594- 602	figure something else out
645- 647	better for us
646- 650	adoption responsibility
646 – 655	adoption partner
Master Theme: Gender Saliency Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
617- 618	reproductive choice
666- 668	up- stepped PEI
815- 817	women’s rights
1012-1016	gender differences
1025-1048	women’s rights
1051- 1057	gender differences
1062- 1068	women’s rights
Master Theme: Sexual Reproductive Health Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
366-374	contraception
371- 374	morning after pill
466- 451	policy knowledge
867- 870	sex ed
878-855	sex ed.
962- 972	age sexual-reproductive health services
Master Theme: Risk Management Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
120- 122	it’s just not time
371- 374	morning after pill
428	perception of pregnancy
693-695	responsible
695-700	self-inducing
Master Theme: Personal Development Frequency 5	

<i>Line Numbers</i>	<i>Section Coded</i>
324- 328	changes in attitudes
547- 555	anti-choice and age
554- 560	anti- choice and religion
655- 657	internalized
1147- 1151	strength developed
Master Theme: Motherhood Experience Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
116- 118	accountability to existing children
894- 896	come and go
974-979	age parenting
1051- 1057	gender differences
Master Theme: Anecdotal Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
119-120	it's just not time
120- 122	it's just not time
265- 270	peer to peer
890- 896	positive pregnancies
Master Theme: Knowledge Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
730- 732	policy knowledge
841-845	guarded knowledge
1147- 1151	strength developed
Master Theme: Personal Context Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
510-515	family context
516- 521	religious context
Master Theme: Parental Permanence Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
1051- 1057	gender differences

Bev	
Master Theme: Reproductive Opinions Frequency 16	
<i>Line Numbers</i>	<i>Section Coded</i>
1-9	it's important
29- 33	unwanted sex
91- 93	found a way
142- 145	blessing
146- 150	didn't talk about it
198- 203	access to that
222- 226	plenty of girls
382- 384	respect
387- 391	right to an opinion
391- 393	pro-lifers
394- 396	her body
396- 399	healthy baby
399- 403	whatever age
402- 404	ridiculous
505- 507	abortion debate
515- 518	both sides
Master Theme: Pregnancy Experience Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
18-20	morning after pill
21-22	friend to take me
91- 93	found a way
94- 96	best day
130- 135	go about this
156- 159	this feeling
187- 198	a pharmacy
281- 285	access to that
306- 315	looking at me
316- 321	really wishing
330- 346	what to do
579- 581	for myself
Master Theme: Gender Violence Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
14-17	he took it off
29- 33	unwanted sex
59- 61	nineteenth birthday
62- 64	that was rape
67- 73	counsellor
156- 159	this feeling
165- 171	asshole
257- 272	victim blaming
564- 570	not my fault

611- 616	expecting support
Master Theme: Sexual Reproductive Health Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
79- 85	did you know
133- 140	my mother
344- 349	closed off
416- 420	I don't know a lot
496- 503	sex ed.
524- 531	healthy sexuality
621- 629	information
642- 646	information
727- 732	educated decisions
Master Theme: Good Girls Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
22- 29	smart
217- 222	frown upon it
239- 242	slut shamming
243- 248	protected
249- 255	define slut
257- 272	victim blaming
306- 315	looking at me
611- 616	expecting support
Master Theme: PEI Context Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
198- 203	access to that
357- 368	rural
376- 382	different beliefs
402- 404	ridiculous
518- 521	blind hatred
621- 629	information
631- 636	less quick to judge
723- 727	religious
Master Theme: Silenced Subjectivity Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
43-52	haven't told
84- 87	ashamed
226- 229	judgment
514- 515	ashamed
532- 535	open mindedly
587- 592	its emotional
636- 640	women's stories
Master Theme: Personal Development Frequency 5	

<i>Line Numbers</i>	<i>Section Coded</i>
22- 29 542- 546 571- 572 572- 573 579- 581	smart more passionate shame more aware for myself
Master Theme: Boys Will be Boys Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
26- 29 104- 105 165- 171 172- 176 257- 272	all the time it's life asshole contact me victim blaming
Master Theme: Sexual Experiences/ Relationships Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
106- 110 116- 116 123- 126 165- 171 537- 541	first partner sex moving past asshole my virginity
Master Theme: Risk Management Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
22- 29 243- 248 257- 272 420- 432	smart protected victim blaming unsafe ways
Master Theme: Abortion Stigma Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
507- 510 505- 507 518- 521 631- 636	bad person abortion debate blind hatred less quick to judge
Master Theme: Gatekeepers Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
187- 198 204- 210	a pharmacy public private
Master Theme: Age Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
399- 403 691- 695	whatever age pressing issue
Master Theme: Critical Consciousness	

Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
546- 549 691- 695	we need help pressing issue
Master Theme: Solidarity Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
551- 553 595- 598	help another girl something similar
Master Theme: Anecdotal Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
420- 432	unsafe ways
Master Theme: Knowledge Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
549- 550	more information
Master Theme: Gender Saliency Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
636- 640	women's stories

Claire	
Master Theme: Abortion Experience Frequency 19	
<i>Line Numbers</i>	<i>Section Coded</i>
33- 36	a lot of money
39- 43	fastest procedure
43- 45	the first one
47- 56	not much of a process
58- 60	out of there
65- 72	happy to be out
75- 77	nice
77- 83	quick
131- 136	seven weeks
145- 150	not pleasant
268- 273	I remember
500- 511	it was a house
515- 526	protesters
528- 529	change my mind
530- 537	encroach
548- 533	wasn't going to see them again
994- 997	right decision
998- 999	another year of freedom
1000- 1004	not sure

Master Theme: PEI Abortion Access Frequency 19	
<i>Line Numbers</i>	<i>Section Coded</i>
33- 36	a lot of money
77- 83	quick
84- 89	expensive
97- 99	I can see
103- 108	didn't want to tell
170- 173	ancient times
207- 211	stigma
210- 213	jump through hoops
553- 565	about PEI
643- 652	early decisions
784- 792	adult to make it work
865- 872	its our right but not
916- 930	because I had to leave
932- 948	pretty inconvenient
943- 948	really frustrating
949- 958	I was upset
964- 968	inconvenienced the team
973- 976	would have been annoyed
977- 984	awkward situation
Master Theme: Motherhood Experience Frequency 16	
<i>Line Numbers</i>	<i>Section Coded</i>
129- 131	not involved
299- 306	my family
306- 313	keeps me sane
346- 351	cheap stuff
661- 667	don't do it
681- 691	hundred present sure
702- 708	unexpected costs
746- 749	not the hard part
1194- 1199	not enough
1199- 1204	if I didn't have
1211- 1224	child care
1229- 1241	funded daycare
1245- 1252	wouldn't provide
1269- 1280	silly to work
1317- 1327	not much
1335- 1342	the money thing
Master Theme: Reproductive Opinions Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
11- 15	everywhere else
152- 169	pretty awful
596- 600	not the right time

602- 604	playing god
614- 627	pro-choice to a point
624- 627	second trimester
643- 652	early decisions
657- 660	consider all options
691- 700	huge disaster
751- 754	consider adoption
1064- 1070	negative effects
1108- 1115	surprised me
1256- 1262	poverty
Master Theme: Abortion Stigma Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
182- 187	keep it under wraps
191- 193	murder
193- 198	certain judgments
207- 211	stigma
210- 213	jump through hoops
515- 526	protesters
530- 537	encroach
585- 589	it's wrong
590- 598	the right reason
602- 604	playing god
1017- 1019	more annoying
1061- 1064	most anti-abortion
1119- 1127	huge stigma
Master Theme: Stakeholders Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
31- 33	didn't turn out
91- 95	parents paid
122- 129	not supportive
286- 289	trusted
298- 299	the father
299- 306	my family
1108- 1110	persuade me
1199- 1204	if I didn't have
1265- 1267	I couldn't
1288- 1290	if you're lucky
1289- 1292	something to fall on
1313- 1316	his parents
Master Theme: PEI Context Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
11- 15	everywhere else
176- 178	people don't talk
183- 184	a lot of conservatives

553- 565	about PEI
573- 577	know them
1020- 1027	if there wasn't such a stigma
1046- 1051	small place strong opinions
1189- 1194	family party
1241- 1245	no spots
1354- 1368	back in time
Master Theme: Age Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
97- 102	if you're young
109- 115	old enough
113- 121	that's difficult
724- 728	she's sixteen
732- 739	very much a child
784- 792	adult to make it work
801- 817	age of consent
818- 828	thirteen
1114- 1118	didn't think about it
1126- 1127	old enough
Master Theme: Decision Making Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
30- 31	initial reaction
31- 33	didn't turn out
238- 239	wasn't my idea
276- 285	persuaded
290- 297	without support
528- 529	change my mind
657- 660	consider all options
771- 774	considered my options
Master Theme: Anecdotal Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
708- 722	she didn't want to
739- 749	different spaces
751- 754	consider adoption
764- 769	four moths along
828- 836	she was fourteen
1098- 1107	my mom
1131- 1143	didn't feel great
1147- 1150	at that point
Master Theme: Solidarity Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
159- 169	I feel bad
174- 181	a lot of problems

375- 383	I would feel bad
722- 725	it scares me
728- 731	how that turns out
893- 897	more strongly
1206- 1209	advocating
Master Theme: Community Resources Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
331- 340	Island Pregnancy Center
346- 351	cheap stuff
353- 366	fine print
367- 375	sinner
383- 388	not true
389- 398	you'd feel like that
403- 416	only resource
Master Theme: Sexual Reproductive Health Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
456- 465	switched doctors
462- 485	huge problem
340- 346	birth control both times
1114- 1118	didn't think about it
1126- 1127	old enough
1126- 1129	I can understand
Master Theme: Critical Consciousness Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
857- 863	isn't fair
865- 872	our right but not
875- 879	equal rights
1206- 1209	advocating
1217- 1225	my representative
1354- 1368	back in time
Master Theme: Pregnancy Experience Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
29-30	best friend
30- 31	initial reaction
122- 129	not supportive
624- 627	second trimester
740- 749	I miss
Master Theme: Risk Management Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
340- 346	birth control both times
661- 672	not being able
676- 682	less risk

691- 700 1256- 1262	huge disaster poverty
Master Theme: Gatekeepers Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
436- 441 433- 449 453- 455 456- 465 462- 485	my doctor doctors she's great switched doctors huge problem
Master Theme: Parental Permanence Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
129- 131 298- 299 1306- 1311	not involved the father he lives
Master Theme: Boy's Will be Boys Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
129- 131 1293- 1297 1301- 1306	not involved don't hear from him child support
Master Theme: Suggestions Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
488- 495 569- 570 844- 854	a place here hospital counselling center
Master Theme Silenced Subjectivity Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
897- 898 1098- 1100 1133- 1134	personal experience decided to tell me talked about it
Master Theme: Good Girls Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
29-30 340- 346	best friend birth control both times
Master Theme: Personal Development Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
886- 893 893- 897	what other people think more strongly
Master Theme: Sexual Experiences/ Relationships Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>

29-30	best friend
Master Theme: Gender Saliency Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
875- 879	equal rights
Master Theme: Life Project Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
1225- 1230	Student

Dawn	
Master Theme: Abortion Experience Frequency 47	
<i>Line Numbers</i>	<i>Section Coded</i>
44- 53	too far
58- 64	chemical abortion
64- 66	still pregnant
66- 69	a lot of stress
72- 82	finding a doctor
82- 100	started calling pharmacies
97- 101	he was nice
101- 103	they were great
104- 109	more refreshing
113- 124	not complicated
126- 136	like miscarriage
137- 143	across the street
154- 162	everything's good
169- 173	couple weeks
174- 182	the hospital
185- 196	three times
213- 218	told them
231- 244	not done properly
258- 263	just listened
263- 274	ridiculous
276- 280	new doctor
281- 291	he was concerned
291- 298	a baby
306- 318	still had to wait
320- 323	find a referral
323- 325	birth control
335- 345	did the referral
353- 368	doesn't condone
396- 409	to cut off
409- 412	how quick
412- 415	arrangements for my kids

419- 425	on the shuttle
518- 525	what they do
532- 555	the hospital
558- 565	the pain
623- 626	the pain
633- 646	would address whatever
648- 654	my luck
660- 672	leave your personal beliefs
794- 801	at the edge
809- 820	bigger deal
822- 834	complications
925- 937	relax and recover
937- 948	had to go back
953- 966	because of a complication
985- 987	following up
1003- 1007	he cancelled it
Master Theme: Gatekeepers	
Frequency 32	
<i>Line Numbers</i>	<i>Section Coded</i>
58- 64	medical abortion
64- 66	still pregnant
72- 82	finding a doctor
82- 100	started calling pharmacies
97- 101	he was nice
101- 103	they were great
104- 109	more refreshing
174- 182	the hospital
185- 196	three times
198- 294	I felt it
213- 218	told them
231- 244	not done properly
245- 253	did it to your self
258- 263	just listened
263- 274	ridiculous
276- 280	new doctor
281- 291	he was concerned
323- 334	my family doctor
335- 345	did the referral
353- 368	doesn't condone
449- 455	social services
460- 480	workers
499- 507	so many people
660- 672	leave your personal beliefs
686- 690	pharmacist
704- 720	illegal
729- 733	just a policy
733- 746	my ob gyn
840- 844	found out early

873- 890	he wasn't understanding
968- 975	no funding
1008- 1018	don't feel comfortable
Master Theme: Abortion Stigma Frequency 15	
<i>Line Numbers</i>	<i>Section Coded</i>
87- 95	they don't condone
198- 294	I felt it
231- 244	not done properly
245- 253	did it to your self
323- 325	birth control
323- 334	my family doctor
353- 368	doesn't condone
472- 474	everyone's opinion
526- 529	sucker you in
613- 616	why
733- 746	my ob gyn
759- 763	I know what people are like
764 -766	their ideas right
889- 894	if people know why
912- 920	threatened
Master Theme: PEI Abortion Access Frequency 15	
<i>Line Numbers</i>	<i>Section Coded</i>
306- 318	still had to wait
320- 323	find a referral
323- 325	birth control
390- 395	shouldn't have to
419- 425	on the shuttle
441- 447	fixed income
481- 497	vulnerability
558- 565	the pain
566- 569	a plastic bag
570- 587	degrading
704- 720	illegal
785- 794	trickier
794- 801	at the edge
907- 912	not accessible
937- 948	had to go back
Master Theme: Critical Consciousness Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
92- 96	the right
369- 375	tubes tied
504- 506	dark cloud
506- 513	personal details
604- 613	not fair

613- 616	why
660- 672	leave your personal beliefs
686- 690	pharmacist
894- 896	life quality
907- 912	not accessible
921-924	no one's business
1034- 1038	just deal with it
Master Theme: Reproductive Opinions Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
39- 41	pathetic
526- 529	sucker you in
616- 617	there's reasons
617- 623	sometimes
625- 630	you need it, you need it
763- 764	do your own thing
889- 894	if people know why
896- 900	everybody has a reason
1029- 1034	shouldn't be an issue
1107- 1112	adoption
Master Theme: Risk Management Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
54- 58	seven years (17)
145- 147	beating me
146- 151	wasn't careless
300- 302	how far along
327- 330	not a good idea
746- 753	all I can handle
850- 854	he doesn't know
894- 896	life quality
1107- 1112	adoption
Master Theme: Decision Making Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
54- 58	I decided
144- 152	what I wanted
502- 504	I know why
746- 748	can't provide for
769- 777	disrespectful
1101- 1107	If I was in a different spot
1107- 1112	adoption
1112- 1113	best for me
Master Theme: Stakeholders Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
137- 143	across the street

154- 162	everything's good
416- 419	managed
455- 458	my mom
925- 929	my mom
975- 982	for the day
1040- 1047	he wants me to have kids
1058- 1061	he found out
Master Theme: Motherhood Experience	
Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
375- 376	on welfare
376- 379	with what I've got
412- 415	arrangements for my kids
746- 753	all I can handle
1060- 1066	I want
1087- 1091	happy with what I have
Master Theme: Gender Violence	
Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
38- 39	domestic violence
53- 54	beat me
145- 147	beating me
1040- 1047	he wants me to have kids
1082- 1086	I judge
Master Theme: Sexual Reproductive Health	
Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
146- 151	wasn't careless
225- 231	molar pregnancy
369- 375	tubes tied
591- 604	never allow it
1087- 1091	happy with what I have
Master Theme: PEI Context	
Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
472- 474	everyone's opinion
591- 604	never allow it
691-703	other girls
759- 763	I know what people are like
Master Theme: Good Girls	
Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
146- 151	wasn't careless
778- 783	the right steps
1070- 1080	doesn't sound good
Master Theme: Silenced Subjectivity	
Frequency 3	

<i>Line Numbers</i>	<i>Section Coded</i>
291- 298 298- 300 581- 587	a baby felt guilty out at McDonalds
Master Theme: Solidarity Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
625- 627 907- 912 1023- 1026	wouldn't wish it not accessible shouldn't be that way
Master Theme: Boys Will Be Boys Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
54- 58 376	seven years (17) no support
Master Theme: Age Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
145- 147 840- 844	beating me found out early
Master Theme: Life Project Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
1060- 1066 1101- 1107	I want if I was in a different spot
Master Theme Sexual Experiences/ Relationships Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
54- 58	seven years (17)
Master Theme: Suggestions Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
504- 506	dark cloud
Master Theme: Anecdotal Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
785- 794	trickier

Ella	
Master Theme: PEI Abortion Access Frequency 34	
<i>Line Numbers</i>	<i>Section Coded</i>
343-345 345-349 682- 685	abortion access PEI Complications it got worse

703-714	Island Student
719-724	timeline
724-735	health PEI
741-743	timeline
743-748	health PEI
753- 766	health PEI
766- 678	financing abortion
777- 784	financing abortion
790- 797	PEI Health Card
797-808	Health PEI
811- 816	PEI Health Card
820- 825	PEI Health Card
829- 835	financing abortion
839- 845	Policy impact
850- 860	financing abortion
878- 892	PEI Health Card
892- 910	Health PEI
931- 937	policy Impact
939- 966	financing abortion
972-982	financing abortion
986-994	policy impact
999- 1003	policy impact
1019- 1023	rapid growing
1047- 1050	hours at a time
1086- 1110	policy knowledge
1110- 1112	hard but not impossible
1181- 1197	PEI Health Card
1241- 1247	policy knowledge
1702- 1706	policy impacts
1748- 1769	PEI health card
1773- 1774	to get my money
Master Theme: Decision Making	
Frequency 30	
<i>Line Numbers</i>	<i>Section Coded</i>
478- 492	hypothetical decision making
493- 495	real decision making
497- 501	knowing was harder
500- 510	real decision making
525- 529	influenced
538- 541	isolation
541- 544	partner decision making
544	not ready
548- 550	partner decision making
553- 557	imagined family
577- 581	decision making
587- 589	considering adoption
589- 590	considering parenting
590- 598	making a decision

641- 643	I felt at ease
675- 682	time sensitive
1073- 1074	decision evaluation
1291- 1296	partner decision making
1299- 1307	others decision making
1319- 1322	wasn't going to be happy
1307- 1325	decision making
1330- 1340	decision making
1345- 1360	partner decision making
1503- 1507	decision making
1548- 1558	I'm dependent
1541- 1561	parents decision making
1592- 1600	decision making
1706- 1713	decision making
1713- 1720	abortion stigma
1734- 1740	life after abortion
Master Theme: Abortion Experience	
Frequency 23	
<i>Line Numbers</i>	<i>Section Coded</i>
343- 345	abortion access
660- 666	timeline
666- 669	a blur
673- 765	timeline
675- 682	time sensitive
689- 692	timeline
696- 703	didn't think it would be an issue
735- 737	digging heels in
768- 771	timeline
770- 773	time sensitive
797- 808	Health PEI
811- 816	PEI Health Card
820- 825	PEI Health Card
878- 892	PEI Health Card
892- 910	Health PEI
910- 929	time sensitive
931- 937	policy Impact
1362- 1390	life after abortion
1391- 1398	embodiment
1398- 1400	importance of choice
1667- 1696	abortion aftercare
1734- 1740	life after abortion
1835- 1836	life after abortion
Master Theme: Stakeholders	
Frequency 22	
<i>Line Numbers</i>	<i>Section Coded</i>
374- 375	partner relationship
448- 453	partner pregnancy

460- 462	not afraid to tell him
460- 471	partner pregnancy
524- 525	relational impacts
525- 534	telling
541- 544	partner decision making
548- 550	partner decision making
550- 552	other's opinions
563- 565	terrified
562- 577	telling
845- 848	Parental support
876- 878	financing abortion
1023- 1027	my parents
1075- 1078	grandparents
1291- 1296	partner decision making
1299- 1307	others decision making
1319- 1322	wasn't going to be happy
1345- 1360	partner decision making
1520- 1525	parents decision making
1548- 1558	I'm dependent
1563- 1568	partners parents
Master Theme: Pregnancy Experience	
Frequency 19	
<i>Line Numbers</i>	<i>Section Coded</i>
379- 384	suspecting pregnancy
384- 387	periods
387- 389	home test
394- 401	suspecting pregnancy
405- 407	denial
409- 412	home test
412- 419	confirming pregnancy
417- 420	pretty shocking
527- 529	who do I tell
613	pivotal moment
609- 619	the rollercoaster
619- 631	embodiment
631- 641	emotional
644- 651	physically sick
832- 835	problem pregnancy
1037-1041	policy impact
1041- 1046	physical symptoms
1486- 1489	partner pregnancy
1850- 1859	embodiment
Master Theme: Risk Management	
Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
376- 379	look at me
420- 422	girls feel invincible

525- 529	influenced
576- 577	not disappointed
1007- 1015	my boobs done
1357- 1360	wouldn't have been an option
1396- 1398	hormones/ sex drive
1444- 1448	wasn't trying, but
1458- 1462	the excuse
1478- 1485	more to loose
1503- 1507	decision making
1563- 1568	partners parents
1585- 1588	life after abortion
1808- 1815	trying to get pregnant
Master Theme: Sexual Reproductive Health Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
375- 378	Contraception
420- 422	girls feel invincible
1323- 1333	complications
1330- 1340	decision making
1396- 1398	hormones/ sex drive
1418- 1433	the pill
1432- 1442	condoms
1440- 1447	contraception
1449- 1456	condoms
1456- 1462	the pill
1468- 1474	condoms
1577- 1583	needs
1808- 1819	mistakes get made
Master Theme: Gatekeepers Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
674	doc. Ontario
692- 966	Island student
710- 719	substandard care
724- 735	Health PEI
735- 737	digging heals in
743-748	Health PEI
753- 766	Health PEI
869- 872	office clerk
893- 900	confused
992-994	they make it impossible
1197- 1201	Health PEI
1249- 1257	self-advocating
1263- 1273	Health PEI
Master Theme: Critical Consciousness Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>

848- 850	what if
862- 872	I'm sure a lot of girls
986- 991	how you'd go about it
992-994	they make it impossible
999- 1003	policy impact
1007- 1015	my boobs done
1019- 1031	conscientization
1110- 1121	rights issue
1147- 1154	questioning policy
1202- 1208	conscientization
1789- 1797	they're not thinking properly
1808- 1819	mistakes get made
Master Theme: Anecdotal Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
481- 488	my two friends
1041- 1046	physical symptoms
1091- 1101	teenage pregnancy
1189- 1194	in Ontario
1311- 1322	my friend
1429- 1433	a lot of my friends
1434- 1437	wasn't a thought
1440- 1447	contraception
1497- 1502	parents decision making
1513- 1516	out of wedlock
Master Theme: Silenced Subjectivity Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
391- 396	wasn't prepared
563- 565	terrified
634- 635	upset all the time
641- 643	I felt at ease
683- 684	terrified
839- 845	I was terrified
1057- 1058	kind of bad
1285- 1290	isolation
1850- 1859	embodiment
Master Theme: PEI Context Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
654- 660	PEI timeline
999- 1003	policy impact
1113- 1117	PEI context
1130- 1146	PEI context
1155- 1156	PEI Context
1169- 1175	PEI context
1802-1809	PEI context

1813- 1824	PEI context
Master Theme: Abortion Stigma Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
999- 1003	policy impact
1050- 1056	abortion stigma
1059- 1064	pro- choice
1068- 1072	abortion stigma
1074- 1080	abortion stigma
1563- 1568	partners parents
1713- 1720	abortion stigma
1796- 1807	abortion stigma
Master Theme: Life Project Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
553- 557	imagined family
596- 598	what I want
1299- 1307	others decision making
1307- 1311	didn't want kids
1507- 1518	life plan narrative
1516- 1519	desire to parent
1738- 1740	life course narrative
Master Theme: Sexual Experience/ Relationships Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
379- 381	that much sex
460- 462	not afraid to tell him
1469- 1470	sexual motivation
1585- 1588	life after abortion
1589- 1592	needs
Master Theme: Age Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
1091- 1101	teenage pregnancy
1497- 1502	parents decision making
1525- 1532	life plan narrative
1542- 1547	changes with age
1721-1734	life course narrative
Master Theme: Suggestions Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
1577- 1583	Needs
1589- 1592	needs
1607- 1644	needs
1648- 1665	needs
1755- 1758	needs
Master Theme Solidarity	

Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
349-352	participation motivation
862- 872	I'm sure a lot of girls
1778- 1781	no girl
1789- 1797	they're not thinking properly
Master Theme: Reproductive Opinions Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
1059- 1064	pro- choice
1068- 1072	abortion stigma
1517- 1522	pro-choice
1745- 1747	policy knowledge
Master Theme: Good Girls Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
1376- 1386	sounds awful
1558- 1562	my dad
1561- 1563	out of wedlock
1796- 1807	abortion stigma
Master Theme: Gender Saliency Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
1478- 1485	more to loose
1486- 1489	partner pregnancy
1569- 1571	he's not a girl
1789- 1797	they're not thinking properly
Master Theme: Personal Development Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
1285- 1288	Strength
1398- 1400	importance of choice
1580- 1584	completely different
Master Theme: Personal Context Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
397- 399	new job
1275- 1285	self-advocacy
Master Theme: Community Resources Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
1214- 1234	PRRO
1236- 1242	PRRO
Master Theme: Knowledge Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
497- 501	knowing was harder

Fiona	
Master Theme: Motherhood Experience	
Frequency 47	
<i>Line Numbers</i>	<i>Section Coded</i>
20- 23	closer to family
23- 25	didn't work out
104- 108	changes your life
109- 113	immature
113- 114	I moved
118- 119	child with grandmother
125- 126	make me stay
516- 523	fathers
572- 574	no daddy
608- 611	like I had two kids
615- 620	ninety-two pounds
628- 634	constant stress
640- 643	father and mother
657- 661	pay the bills
661- 666	mom did a lot
666- 672	employment obstacles
673- 676	employment options
676- 678	just me
686- 692	can't just go
692- 696	isolated
696- 707	I felt guilty
707- 711	Life completely changed
716- 721	ask for help
725- 738	I wanted to go
740- 750	co parenting
765- 768	living in guilt
769- 776	childhood issues
778- 783	I worried
783- 786	fear of failing
788- 792	happiness
792- 796	poverty
798- 801	fragile parenting
802- 808	not stepping up
823- 826	times are tough
831- 835	childhood issues
835- 837	learning about myself
837- 841	teaching my child
840- 846	sex ed.
850- 854	being a role model
854- 861	self esteem
860- 866	self worth
866- 871	good mother

933- 938	what matters
1011- 1014	talking to child
1015- 1017	preparing my child
1085- 1090	I don't want my child here
1255- 1260	open communication
Master Theme: Sexual Experiences/ Relationships	
Frequency 32	
<i>Line Numbers</i>	<i>Section Coded</i>
60-64	Father
87- 91	co-parenting
91- 94	he's an adult
113- 114	I moved
123- 125	can't be with you
125- 126	make me stay
138- 143	wasn't ready
149- 151	I dated
150- 152	feel better
151- 156	going to show him
164- 168	I wanted him to see
215- 119	guys treated me badly
350- 353	toxic relationship
379- 383	didn't want to lose him
383- 391	threw it in my face
418- 420	his advantage
422- 424	hold it against me
430- 436	toxic
433- 438	make it up
438- 441	new outlook
453- 457	he didn't understand
461- 462	felt awful
523- 526	he took off
529- 534	forget this
533- 537	not sitting at home
628- 634	constant stress
983- 988	promiscuous
992- 995	taken advantage of
995- 998	knowledge
1002- 1010	pressure and attention
1255- 1260	open communication
1264- 1273	getting some
Master Theme: Decision Making	
Frequency 27	
<i>Line Numbers</i>	<i>Section Coded</i>
82- 85	decision making
172- 175	tough(er) decision
179- 180	confused and emotional
190- 199	decision making

308- 311	decision making
333- 334	decision making
338- 340	stakeholders
340- 345	decision making
354- 358	decision making
360- 365	decision making
375- 379	a lot of pressure
379- 383	didn't want to lose him
382- 385	my body, my decision
391- 393	I'm the one
394- 401	made up my mind
415- 424	lose either way
424- 429	thinking of the baby
510- 516	I was scared
543- 556	this is my life
556- 560	changed my mind
564- 569	I was excited
565- 569	not with him
569- 572	I wanted a family
574- 577	weaker
600- 603	reality different from dreams
634- 637	didn't want to be left
663- 665	didn't have my child
Master Theme: Stakeholders	
Frequency 26	
<i>Line Numbers</i>	<i>Section Coded</i>
20- 23	closer to family
74- 80	both in shock
82- 85	decision making
85- 87	moving to PEI
103- 104	apartment together
118- 119	child with grandmother
180- 185	didn't want to be with him
197	stakeholders
295- 297	whatever decision
295- 301	opposite with the abortion
303- 308	your decision
308- 311	decision making
338- 340	stakeholders
358- 360	he was mean
368- 371	we're fighting about this
371- 374	I'll support you
375- 379	a lot of pressure
379- 383	didn't want to lose him
391- 397	part of him
422- 424	hold it against me
505- 509	all messed up
657- 661	pay the bills

661- 666	mom did a lot
716- 721	ask for help
740- 750	co parenting
802- 808	not stepping up
Master Theme: Silenced Subjectivity	
Frequency 20	
<i>Line Numbers</i>	<i>Section Coded</i>
202- 203	it hurts
211- 215	feelings weren't talked about
218- 225	giving more
433- 438	make it up
464- 472	potential
556- 560	changed my mind
577- 583	escape reality
615- 620	ninety-two pounds
692- 696	isolated
696- 707	I felt guilty
716- 721	ask for help
730- 738	just a cycle
765- 768	living in guilt
778- 783	I worried
783- 786	fear of failing
854- 861	self worth
926- 928	self-esteem
1251- 1255	filling a void
1255- 1264	shame and judgment
1301- 1305	how I really felt
Master Theme: PEI Context	
Frequency 19	
<i>Line Numbers</i>	<i>Section Coded</i>
41-46	health resources
259- 265	anti-abortion
312- 314	religion
673- 676	employment options
734- 736	can't get ahead
1043- 1046	PEI abortion
1064- 1070	PEI context
1070- 1077	PEI Racism
1077- 1085	PEI Youth
1085- 1090	I don't want my child here
1090- 1092	PEI compared
1092- 1095	PEI closed minded
1096- 1111	PEI racism
1125- 1131	PEI context
1131- 1139	PEI abortion
1155- 1165	the neighbors
1166- 1171	avoid confrontation

1179- 1181	avoid confrontation
1171- 1181	PEI racism
Master Theme: Pregnancy Experience Frequency 17	
<i>Line Numbers</i>	<i>Section Coded</i>
18- 20	Pregnant
35- 38	medical community
39- 41	I worked
69- 74	suspecting pregnancy
74- 82	confirming pregnancy
87- 91	co-parenting
94- 96	working
96- 100	it was hard
103- 104	apartment together
168- 172	pregnant again
189- 190	alone
293- 297	telling
371- 374	I'll support you
415- 417	felt trapped
510- 516	I was scared
543- 556	this is my life
564- 569	I was excited
Master Theme: Sexual Reproductive Health Frequency 15	
<i>Line Numbers</i>	<i>Section Coded</i>
67-69	the pill
168- 172	pregnant again
215- 119	guys treated me badly
404- 407	birth control
840- 846	sex ed.
937- 940	my mother
939- 942	knowledge
979- 982	to know
988- 992	to know
1011- 1014	talking to child
1017- 1020	I didn't know
1022- 1029	sex ed
1030 – 1031	teen mom parable
1204- 1215	to know
1246- 1248	what you want
Master Theme: Age Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
59- 60	as a teenager
67- 69	the pill
91- 94	he's an adult
164- 168	I wanted him to see

208- 211	lack of knowledge
224- 227	with young people
483- 486	stunted development
692- 696	isolated
1047- 1051	Knowledge and power
1077- 1085	PEI Youth
1230- 1234	I'm just learning
1246- 1253	maturation
1264- 1273	getting some
1293-1296	as young as possible
Master Theme: Risk Management	
Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
67-69	the pill
394- 398	take off
354- 358	decision making
404- 407	birth control
418- 420	his advantage
424- 429	thinking of the baby
486- 490	baby in the equation
510- 516	I was scared
516- 523	fathers
543- 556	this is my life
565- 569	not with him
574- 577	weaker
600- 603	reality different from dreams
634- 637	didn't want to be left
Master Theme: Knowledge	
Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
208- 211	lack of knowledge
223- 227	lack of knowledge
395- 400	having knowledge
493- 496	learn from it
597- 601	be mature
840- 846	sex ed.
850- 852	a woman
927- 929	lack of knowledge
939- 942	knowledge
988- 992	to know
995- 998	knowledge
1005- 1011	knowledge
1047- 1051	Knowledge and power
1204- 1215	to know
Master Theme: Abortion Experience	
Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>

199- 204	Abortion
228- 235	thrown in my face
235- 237	right decision
345- 352	another abortion
368- 371	we're fighting about this
430- 436	toxic
438- 441	new outlook
441- 445	believe him
461- 462	felt awful
464-472	potential
472- 473	sin
490- 493	up and down
Master Theme: Gender Violence Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
358- 360	he was mean
382- 385	my body, my decision
383- 391	threw it in my face
401- 404	abusive
424- 429	thinking of the baby
441- 445	believe him
449- 453	abusive
537- 543	get out
543- 556	this is my life
565- 569	not with him
992- 995	taken advantage of
1368- 1387	date raped
Master Theme: Parental Permanence Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
394- 398	take off
417- 422	I can't leave
516- 523	fathers
523- 526	he took off
572- 574	no daddy
636- 640	no father
640- 643	father and mother
686- 692	can't just go
707- 711	life completely changed
904- 907	not a constant
Master Theme: Abortion Stigma Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
228- 235	thrown in my face
259- 265	anti-abortion
297- 303	gift from god
312-317	anti-abortion

433- 438	make it up
441- 445	believe him
472- 473	sin
474- 483	I wasn't raped
1043- 1046	PEI abortion
Master Theme: Personal Context	
Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
17- 26	back and forth
59- 60	as a teenager
60-64	father
119- 122	with my cousin
127- 133	kicked out
133- 138	staying at a shelter
147- 149	focused on working
721- 725	help me
Master Theme: Boys will be Boys	
Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
63- 66	Marginalization
100- 103	just doing his thing
125- 126	make me stay
175- 179	he made comments
501- 506	can't get pregnant alone
526- 529	crazy when drinking
608- 611	like I had two kids
Master Theme: Personal Development	
Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
133- 138	staying at a shelter
150- 152	feel better
493- 496	learn from it
583- 587	a loss
597- 601	be mature
818- 823	personal development
835- 837	learning about myself
Master Theme: Gender Saliency	
Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
837- 841	teaching my child
923- 926	if you're pretty
930- 933	to be liked
1204- 1215	to know
1215- 1217	self esteem
1223- 1226	getting worse
1230- 1234	I'm just learning
Master Theme: Objectification	

Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
904- 914 917- 919 918- 920 919- 922 923- 926 926- 928 933- 938	my dad my dad obsessed with my looks attention from men if you're pretty self-esteem what matters
Master Theme: PEI Abortion Access Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
239- 245 246- 254 273- 276 279-286 603- 697	change my ticket can't get it here Halifax denied aftercare if I had been here
Master Theme: Reproductive Opinions Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
265- 267 268- 271 474- 483 1042- 1047 1246- 1248	pro-choice anti-abortion I wasn't raped reproductive justice what you want
Master Theme: Pop- Porn Culture Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
846- 850 1038- 1042 1223- 1226 1242- 1245	porn culture pop/orn culture getting worse pop/orn culture
Master Theme: Suggestions Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
1030 – 1031 1032- 1037 1166- 1171 1230- 1234	teen mom parable make it real avoid confrontation I'm just learning
Master Theme: Good Girls Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
96- 100 100- 103 424- 429	it was hard just doing his thing thinking of the baby
Master Theme: Solidarity Frequency 3	

<i>Line Numbers</i>	<i>Section Coded</i>
268-271	anti-abortion
1042- 1047	reproductive justice
1246- 1248	what you want
Master Theme: Life Project Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
569- 572	I wanted a family
1290- 1293	knowledge
Master Theme: Gatekeepers Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
35- 38	medical community
Master Theme: Anecdotal Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
273- 276	Halifax
Master Theme: Community Resources Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
679- 681	no community

Grace	
Master Theme: Motherhood Experience Frequency 46	
<i>Line Numbers</i>	<i>Section Coded</i>
36- 41	extremely busy
132- 142	stakeholders
143- 162	birth experience
288- 294	personal goals
294- 297	incompatible roles
303- 309	super woman
310- 324	pressures and expectations
328- 334	my child's time
333- 344	parental guilt
344- 348	wake up and repeat
348- 355	last is myself
359- 370	self-sacrificing motherhood
379- 389	perfect mother
289- 393	ideal parental performance
395- 401	ideal family unit
409- 414	balance
426- 432	my own goal
432- 442	expectations for mothers
447- 454	need to please
499- 508	workplace accommodation
476- 512	parents in the work place

528- 534	financially stable
536- 546	financial constraints
605- 623	egalitarian partnerships
895- 910	packaged deal
920- 927	opportunity cost
976- 978	with a kid
987- 1001	barriers to resources
1001- 1012	no time
1018- 1022	social isolation
1027- 1042	kid friendly space
1074- 1085	barriers to resources
1236- 1242	securities
1577- 1581	mental health
1594- 1596	mental health
1622- 1624	safe sex myth
1692- 1698	residual dreams
1698- 1704	I want both
1708- 1710	mislead
1719- 1726	you can't do it all
1756- 1759	no time for me
1762- 1768	questioning success
1795- 1804	get those credentials
1809- 1811	whole person
1877- 1881	to have it all as a women
1985- 1989	child comes first
Master Theme: Pregnancy Experience	
Frequency 36	
<i>Line Numbers</i>	<i>Section Coded</i>
48- 52	Pregnancy
83- 86	context of pregnancy
86- 92	reaction to pregnancy
93- 96	meaning of pregnancy
99- 100	meaning of pregnancy
167- 168	suspecting pregnancy
180-182	condom came off
204- 219	suspecting pregnancy
223- 227	confirming pregnancy
231- 236	suspecting pregnancy
237- 239	isolation
241- 243	isolation
268- 270	forever changed
441- 447	incompatible roles
704- 710	telling
739- 741	life was changing
762- 772	mistreatment/ illegitimate
776- 780	stakeholders
841- 851	peer supports
851- 860	support system

861- 872	maternal grandmother
873- 881	substitute supports
1108- 1112	telling
1113- 1124	I was like a stranger
1124- 1127	disconnected from friends
1127- 1141	no longer part of the group
1141- 1146	not relatable
1146- 1147	feeling isolated
1147- 1150	passing
1151- 1157	public questioning
1165- 1175	public questioning
1173- 1184	cognitive dissonance
1184- 1189	I'm not alone
1189- 1193	empathetic understanding
1194- 1199	you should be with him
1507- 1509	confirming pregnancy
Master Theme: Stakeholders	
Frequency 33	
<i>Line Numbers</i>	<i>Section Coded</i>
60- 63	relationship status
89- 90	that partner
102- 104	reaction to pregnancy
103- 106	stakeholders
104- 108	telling
128- 130	support sources
130-134	relationship impact
132- 142	stakeholders
235- 237	confirming pregnancy
239- 241	telling
395- 401	ideal family unit
568- 575	all he pays
638- 645	stakeholders
645- 655	partner decision making
656- 670	his reasons
670- 675	stakeholders
680- 684	I dislike him
701- 703	do it myself
710- 714	age
714- 718	stakeholders
726- 731	stakeholders
731- 734	sexual partner
734- 738	stakeholders
745- 750	he decided
754- 762	stakeholders
762- 772	mistreatment/ illegitimate
776- 780	stakeholders
833- 841	support system
851- 860	support system

861- 872	maternal grandmother
873- 881	substitute supports
1184- 1189	I'm not alone
1661- 1668	make this decision for yourself
Master Theme: Decision Making	
Frequency 29	
<i>Line Numbers</i>	<i>Section Coded</i>
93-96	meaning of pregnancy
102- 104	reaction to pregnancy
104- 108	telling
107- 116	decision- making
268- 270	forever changed
638- 645	stakeholders
645- 655	partner decision making
666- 670	veto power
670- 675	stakeholders
677- 680	veto power
680- 684	I dislike him
684- 688	keep it
688- 694	I can do it
695- 701	considering abortion
701- 703	do it myself
714- 718	stakeholders
734- 738	stakeholders
741 -743	self-advocacy
743- 745	decision making timeline
754- 762	stakeholders
789- 811	considering adoption
811- 816	decision making
814- 822	considering adoption
1655- 1661	follow your instincts
1661- 1668	make this decision for yourself
1668- 1674	past me
1969- 1976	child comes first
1976- 1984	inconceivable shift
1989- 1994	choose carefully
Master Theme: Sexual Reproductive Health	
Frequency 27	
<i>Line Numbers</i>	<i>Section Coded</i>
172- 175	plan B
180- 182	condom came off
193- 198	morning after pill
1356- 1360	marginalization sexual health
1363- 1366	marginalization sexual health
1402	sexual health
1406- 1411	my options
1419- 1427	sex education

1429- 1431	gaining sexual knowledge
1431- 1349	accurate information
1451- 1458	providing information
1459- 1468	sex ed.
1472- 1473	sexual health
1480- 1483	culture of silence
1482- 1499	easy access
1513- 1521	resources awareness
1539- 1543	she's had four in a row
1546- 1554	cycle of unplanned pregnancies
1584- 1589	marginalization and birth control
1629- 1634	first real intimate relationship
1643- 1653	contraception
2062- 2065	should be able to talk about sex
2069- 2077	what was missing
2081- 2082	feel awkward
2083- 2090	tell them everything
2093- 2097	tell me everything
2156- 2159	I'm embarrassed
Master Theme: Age Frequency 24	
<i>Line Numbers</i>	<i>Section Coded</i>
528- 534	financially stable
536- 546	financial constraints
546- 551	kids are expensive
704- 710	telling
710- 714	age
1110- 1113	age
1212- 1215	getting ahead
1236- 1242	securities
1259- 1260	isolation
1354- 1356	teenage pregnancies
1382- 1389	local abortion access
1432- 1437	no place
1447- 1451	age
1459- 1468	sex ed.
1480- 1483	culture of silence
1482- 1499	easy access
1558- 1567	empowerment
2090- 2093	limited information
2114- 2121	premature decisions
2138- 2141	navigating sexual spaces
2145- 2146	bad decisions
2147- 2151	terrible ideas
2158- 2160	she's too young
2158-2162	no one's talked to her
Master Theme: Life Project Frequency 19	

<i>Line Numbers</i>	<i>Section Coded</i>
14- 18	visiting student
31- 34	life roles
87- 90	one kid
90- 92	final year
116- 127	relationship impact
288- 291	hard for women
288- 294	personal goals
370- 372	future anxiety
426- 432	my own goal
441- 447	incompatible roles
710- 711	a kid
920- 927	opportunity cost
1212- 1215	getting ahead
1668- 1674	past me
1692- 1698	residual dreams
1698- 1704	I want both
1783- 1785	joyless journey
1789- 1795	academic life
1809- 1811	whole person
Master Theme: Risk Management Frequency 19	
<i>Line Numbers</i>	<i>Section Coded</i>
171- 178	risk management
193- 198	morning after pill
244- 256	mad at myself
620- 623	nagging wife
695- 701	considering abortion
754- 757	to be influenced
789- 797	worst experience
799- 807	how would you prepare
814- 822	considering adoption
1120- 1124	why
1518- 1521	seek out answers
1538- 1539	getting pregnant again
1544- 1546	controlling fertility
1554- 1558	risk management
1558- 1567	empowerment
1629- 1634	first real intimate relationship
1634- 1643	risk management
2069- 2077	what was missing
2079- 2081	I didn't know
Master Theme: Gender Saliency Frequency 17	
<i>Line Numbers</i>	<i>Section Coded</i>
288- 291	hard for women
310-312	main caregiver

359- 364	unreasonable
491- 498	can't be like a man
577- 592	gendered duties
605- 623	egalitarian partnerships
1544- 1546	controlling fertility
1687- 1691	women can have it all
1698- 1704	I want both
1708- 1710	mislead
1719- 1726	you can't do it all
1730- 1734	lower your expectations
1877- 1881	to have it all as a women
1904- 1910	feminism
1917- 1920	pessimistic
1923- 1934	a woman's duty
1941- 1944	stereotypical
Master Theme: Critical Consciousness	
Frequency 17	
<i>Line Numbers</i>	<i>Section Coded</i>
310- 312	main caregiver
317- 319	if I was single
435- 441	no one tells you
476- 484	never cross your mind
491- 498	can't be like a man
499- 508	workplace accommodation
1360- 1363	a way
1366- 1381	so many factors
1382- 1389	local abortion access
1558- 1567	empowerment
1588- 1594	perpetuation
1762- 1768	questioning success
1892- 1896	policy change
1901- 1903	economic inequality
1904- 1910	feminism
1920- 1923	pressures getting worse
1935- 1937	huge baggage
Master Theme: Sexual Experiences/ Relationships	
Frequency 16	
<i>Line Numbers</i>	<i>Section Coded</i>
31- 34	life Roles
60- 63	relationship status
84- 86	sexual lives
95- 99	sexual partner
169-171	sexual lives
208- 209	never lived together
246- 263	internal dialog
312- 318	co-parent privilege
620- 623	nagging wife

731- 734	sexual partner
890- 896	started dating
895- 910	packaged deal
910- 914	its different
1629- 1634	first real intimate relationship
2135- 2138	porn addicts
2141- 2143	sexuality
Master Theme: Parental Permanence	
Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
476- 484	never cross your mind
484- 488	role strain
508- 512	primary caregiver
563- 567	parental permanence
568- 575	all he pays
577- 592	gendered duties
596- 603	I worry domestically
873- 879	missed that
882- 885	fathers involvement
1964- 1968	motherhood is irreversible
1969- 1976	child comes first
1976- 1984	inconceivable shift
1985- 1989	child comes first
1989- 1994	choose carefully
Master Theme: Suggestions	
Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
1044- 1060	kid friendly spaces
1419- 1427	sex education
1443- 1447	access to information
1472- 1480	connecting to community
1487- 1495	medicalization of sex
1500- 1503	communication
1513- 1521	resources awareness
1554- 1558	risk management
1567- 1577	kid friendly spaces
1577- 1581	mental health
1584- 1589	marginalization and birth control
1604- 1608	desire for solidarity
1629- 1634	first real intimate relationship
Master Theme: Pop- Porn Culture	
Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
2107- 2109	culture of promiscuity
2109- 2112	dressing terribly
2112- 2117	sexting
2125- 2132	changing expectations

2132- 2135	don't believe in porn
2135- 2138	porn addicts
2138- 2141	navigating sexual spaces
2141- 2143	sexuality
2147- 2151	terrible ideas
2184- 2189	erotic relationships
2193- 2198	male gaze
2202- 2204	porn culture
2208-2212	what do they expect now
Master Theme: Silenced Subjectivity	
Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
237- 239	isolation
241- 243	isolation
263- 269	crushed
335- 342	elsewhere
344- 355	overwhelmed
401-405	high expectations of self
410- 412	I don't feel good
1125- 1127	felt disconnected
1173- 1184	cognitive dissonance
1577- 1581	mental health
Master Theme: Good Girls	
Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
176- 178	extra cautious
348- 355	last is myself
387- 389	up on the pedestal
447- 454	need to please
610- 620	natural domesticity
731- 734	sexual partner
1154- 1157	relationship status
1167- 1168	looking at my hand
1194- 1199	you should be with him
Master Theme: Knowledge	
Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
389- 395	mother mentors
435- 441	no one tells you
443- 446	doing it successfully
1623- 1628	I could have done more
2065- 2069	model after
2079- 2081	I didn't know
2090- 2093	limited information
2093- 2097	tell me everything
2151- 2156	based on bad information
Master Theme: Solidarity	

Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
786- 787	your life
841- 851	peer supports
1189- 1193	empathetic understanding
1289- 1311	pro-choice activism
1387- 1390	empathetic understanding
1583- 1584	give women control
1604- 1608	desire for solidarity
Master Theme: Personal Context Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
14- 18	visiting Student
31- 34	life Roles
910- 914	it's different
1259- 1260	isolation
1785- 1787	personal success
1787- 1788	devalued
Master Theme: Anecdotal Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
1447- 1451	age
1539- 1543	she's had four in a row
1546- 1554	cycle of unplanned pregnancies
1558- 1567	empowerment
2069- 2077	what was missing
2158-2162	no one's talked to her
Master Theme: Reproductive Opinions Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
782- 789	pro-choice
1165- 1167	marriage
1305- 1311	attitudes reproductive choice
1289- 1311	pro-choice activism
1583- 1584	give women control
Master Theme: Community Resources Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
987- 1001	barriers to resources
1001-1012	no time
1018- 1022	social isolation
1432- 1437	no place
1503- 1505	awareness
Master Theme: PEI Abortion Access Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
1313- 1320	policy knowledge

1347- 1354	I knew I had options
1366- 1381	so many factors
1382- 1389	local abortion access
1400- 1406	increased vulnerability
Master Theme: PEI Context Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
941- 952	CFAs
956- 964	closed to outsiders
965- 976	Island names
1284- 1289	the worst thing
Master Theme: Boys will be Boys Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
2142- 2144	moderation
2202- 2204	porn culture
Master Theme: Personal Development Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
688- 694	I can do it

Hayley	
Master Theme: Motherhood Experience Frequency 24	
<i>Line Numbers</i>	<i>Section Coded</i>
29- 30	the father left
49- 51	living with friends
60- 63	staying in the basement
64- 70	my mom found out
70- 72	I got into alcohol
311- 315	signed the birth certificate
324- 327	that was it
331- 334	in a different place
346- 348	learning
349- 352	easier this time
375- 379	good parent
381- 386	what if they're right
386- 389	support
416- 423	I'd do anything
426- 433	personal context
434- 438	high demands
442- 448	support
521- 522	he cut the cord
634- 639	too young
659- 660	if I waited
761- 766	the talk
767- 771	to be informed

783- 784	teaching boundaries
870- 875	support
Master Theme: Stakeholders	
Frequency 19	
<i>Line Numbers</i>	<i>Section Coded</i>
30- 31	I had my mom
32- 35	my mom
47- 49	I lived with her
64- 70	my mom found out
106- 109	told him
111	my mom
246- 250	my mom
253- 256	mom cried
258- 265	did didn't take it well
269- 272	my mom
293- 296	stakeholder
298- 302	turned around on me
349- 352	easier this time
386- 389	support
412- 414	people that are close
442- 448	support
517- 518	my mom
521- 522	he cut the cord
870- 875	support
Master Theme: Gender Violence	
Frequency 18	
<i>Line Numbers</i>	<i>Section Coded</i>
96- 98	I was raped
98- 99	in and out of hospital
129- 132	strictly friends
133- 136	this is awesome
136- 143	date rape
143- 148	that drug
150- 152	I was scared
152- 154	to scare me
154- 158	go to the cops
160- 163	have him charged
167- 169	letting him go
174- 176	I'm stronger
205- 207	rape crisis centre
207- 212	keep me in the present
213- 216	rape crisis centre
226- 228	support services
393- 399	bad advice
399- 401	blamed me
Master Theme: Sexual Reproductive Health	
Frequency 17	

<i>Line Numbers</i>	<i>Section Coded</i>
526- 535	reproductive health
574- 576	the adult world
576- 579	contraception
672- 679	might never happen
682- 690	sex education
704- 706	just basic
719- 729	reality check
750- 752	open communication
756- 758	knowledge
767- 771	to be informed
780- 782	don't do it
783- 784	teaching boundaries
772- 784	consent
835- 844	reproductive health
845- 849	reproductive health
855- 867	pain management
893- 896	contraception
Master Theme: Pregnancy Experience Frequency 16	
<i>Line Numbers</i>	<i>Section Coded</i>
91- 94	easy to remember
106- 109	told him
160- 163	have him charged
164- 170	a relief
185- 188	just partying
189- 197	saved my life
241- 244	birth right
245- 253	what are you going to do
253- 256	mom cried
293- 296	stakeholder
298- 302	turned around on me
303- 308	I thought he would stay
308- 310	with or without him
355- 357	pregnancy
357- 365	pregnancy symptoms
596- 603	so many things
Master Theme: Risk Management Frequency 16	
<i>Line Numbers</i>	<i>Section Coded</i>
162- 163	risk management
174- 176	I'm stronger
228- 235	unsupportive peers
399- 401	blamed me
399- 405	stupid
565- 569	risk management
735- 736	common sense

737- 739	media
737- 740	more observant
740- 741	people close
753- 755	risk management
785- 789	didn't think about it
808- 816	don't trust
893- 896	contraception
896- 899	risks
899- 902	won't happen to me
Master Theme: Age Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
269- 272	my mom
287- 290	I wanted a baby
574- 576	the adult world
634- 639	too young
638- 641	age and context
646- 648	age development
649- 651	relational status
651- 654	vibrant
761- 766	the talk
899- 902	won't happen to me
Master Theme: Personal Context Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
16- 22	personal context
40- 46	personal context
53- 59	can't live like this anymore
70- 72	I got into alcohol
81- 86	alcohol
132- 133	want out of moms
273- 280	personal context
365- 366	ready to work program
Master Theme: Community Resources Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
205- 107	rape crisis centre
207-212	keep me in the present
213- 216	rape crisis centre
226- 228	support services
241- 244	birth right
245- 253	what are you going to do
592- 596	Island pregnancy centre
596- 603	so many things
Master Theme: Reproductive Opinions Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>

281- 286	other options
542- 552	if they were raped
552- 555	I couldn't
556- 559	abortion as birth control
599- 562	I can understand
604- 612	adoption
618- 621	supply and demand
623- 627	adoption
Master Theme: Decision Making Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
281- 286	other options
287- 290	I wanted a baby
338- 340	energy
612- 616	better off
621- 622	help others
825- 826	trust yourself
Master Theme: Gatekeepers Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
474- 485	medical community
486- 489	turning me away
496- 500	this time
513- 517	medical community
576- 579	contraception
587- 591	I feel comfortable
Master Theme: Personal Development Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
18- 22	back to school
269	back then
308- 310	with or without him
331- 334	in a different place
823- 825	love yourself
Master Theme: Parental Permanence Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
29- 30	the father left
303- 308	I thought he would stay
311- 315	signed the birth certificate
315- 319	parental rights
324- 327	that was it
Master Theme: Good Girls Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
102- 105	goody-two-shoes
125- 127	wanted to rebel

416- 423	l'd do anything
556- 559	abortion as birth control
649- 651	relational status
Master Theme: Boys will be Boys Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
298- 302	turned around on me
303- 308	I thought he would stay
393- 399	bad advice
744- 747	be a pimp
769- 770	run out and impregnate
Master Theme: Sexual Experiences/ Relationships Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
99- 102	I didn't care
102-105	goody-two-shoes
125-126	I lost my virginity
129- 132	strictly friends
Master Theme: Life Project Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
659- 660	if I waited
660- 669	prevented disappointment
835- 844	reproductive health
845- 849	reproductive health
Master Theme: Silenced Subjectivity Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
375- 379	good parent
381- 386	what if they're right
399- 405	stupid
Master Theme: PEI Context Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
633	Island context
634- 639	too young
642- 643	old fashion
Master Theme: Suggestions Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
576- 579	contraception
690- 692	should be mandatory
Master Theme: Pop-Porn Culture Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
741- 744	porn culture
744- 747	be a pimp

Master Theme: Anecdotal Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
604- 612	adoption
Master Theme: Critical Consciousness Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
638- 641	age and context
Master Theme: Knowledge Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
756- 758	Knowledge

Iris	
Master Theme: Abortion Experience Frequency 35	
<i>Line Numbers</i>	<i>Section Coded</i>
6- 11	abortion experience
20- 22	wouldn't say abortion
22- 25	paranoid
17- 28	abortion experience
28- 29	didn't want to tell
29- 30	the cost
32- 37	a loan
36- 38	nobody knows
38- 41	protesters
47- 50	didn't understand the judgment
50- 57	getting in
56- 62	strange atmosphere
64- 71	fully informed
68- 71	misconception
87- 90	I didn't
90- 92	too embarrassed
94- 100	telling
261- 264	it is a big deal
328- 329	didn't regret it
404- 410	told what you are
569- 575	told what to feel
599- 612	damaging
599- 608	when I was younger
624- 628	I'm worse
628- 635	everywhere
638- 642	I'm this
676- 681	couldn't talk
708- 712	a friend
787- 790	am I awful
894- 896	not taken lightly

906- 911	I should have
910- 917	backdoor feeling
975- 977	proud of my decision
1046- 1050	I'm good with me
1301-1303	you have to feel bad
Master Theme: Reproductive Opinions	
Frequency 30	
<i>Line Numbers</i>	<i>Section Coded</i>
176- 178	Adoption
211- 216	something constructive
232- 240	you can't say
248- 252	pro- abortion
254- 258	I see pro-lifers
258- 263	we have choice
264- 267	you deserve
311- 316	assumed
529- 534	they intimidate
534- 539	I'm better
540- 545	I don't push anything
554- 562	selfish
712- 719	one over the other
721- 728	trust
766- 777	respect
777- 786	emotions
798- 820	rational conversation
833- 835	it's legal
938- 941	be loud
942- 945	respect
1071- 1076	the worst thing
1075- 1080	plan getting abortion
1090- 1094	all roped together
1130- 1131	as birth control
1131- 1134	valid choice
1176- 1185	war cry
1185- 1188	information and conversation
1219- 1224	too pro-choice
1268- 1271	I understand
1319- 1323	Stigma
Master Theme: Abortion Stigma	
Frequency 27	
<i>Line Numbers</i>	<i>Section Coded</i>
20- 22	wouldn't say abortion
22- 25	paranoid
38- 41	protesters
47- 50	didn't understand the judgment
56- 62	strange atmosphere
203- 206	where the focus should be

223- 226	abortion is murder
228- 232	wasted energy
232- 240	you can't say
241- 246	pro-abortion
248- 252	pro- abortion
264- 267	you deserve
283- 289	so pro-life
293- 301	closed mind
318- 323	people get emotional
516- 525	can't say
553- 554	the children
599- 608	when I was younger
642- 650	affect me
652- 655	stigma
719- 721	letters to the editor
793- 797	closed minded
798- 820	rational conversation
932- 938	stay and fight
1154- 1160	it has to be an argument
1176- 1185	war cry
1319- 1323	stigma
Master Theme: Silenced Subjectivity	
Frequency 22	
<i>Line Numbers</i>	<i>Section Coded</i>
36- 38	nobody knows
90- 92	too embarrassed
127- 128	immediately
129- 133	that'll help
167- 169	I don't regret it
302- 303	never talk to me
323- 328	I couldn't say
328- 329	didn't regret it
415- 421	takes something away
461- 473	so little words
503- 510	outsiders
571- 576	no expressing yourself
617- 622	guilt
624- 628	I'm worse
628- 635	everywhere
638- 642	I'm this
676- 681	couldn't talk
787- 790	am I awful
1125- 1129	can't speak your mind
1301- 1303	you have to feel bad
1305- 1314	matter of fact
1314- 1319	telling people how to feel
Master Theme: PEI Context	
Frequency 17	

<i>Line Numbers</i>	<i>Section Coded</i>
317-318	people talking
410- 412	good girls
443- 446	really hateful
510- 515	Island girls
545- 548	close minded
576- 581	not here
634- 640	Island girls
642- 650	affect me
719- 721	letters to the editor
839- 848	doctors
924- 932	not island
932- 938	stay and fight
940- 942	loud bullies
951- 953	women here
957- 961	I shouldn't be here
1170- 1174	who's going in there
1265- 1268	keep it over there
Master Theme: Good Girls Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
116- 118	not a slut
152- 156	you don't do that
186- 190	work with children
241- 243	I love children
359- 363	going to be judged
364- 366	it happens
381- 385	now you can see it
410- 412	good girls
439- 441	have to be sexy
442- 444	good girls
638- 642	I'm this
1060- 1071	method of birth control
1108- 1111	I was a good girl
1280- 1282	nowhere near as good
Master Theme: Solidarity Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
672- 678	peer support
681- 684	happy to help
683- 692	protecting
705- 708	to capacity
708- 712	a friend
712- 719	one over the other
721- 728	trust
756- 760	proud
951- 953	women here

981- 984	being judged
1080- 1090	invasive surgery
1094- 1101	odd time out
1160- 1167	so many circumstances
1314- 1319	telling people how to feel
Master Theme: Age Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
5-6	personal context
29- 30	the cost
431- 432	really young
474- 476	outsider
498- 501	pushes sexy
599- 608	when I was younger
617- 622	guilt
708- 712	a friend
856- 865	talk to someone
872- 876	just a kid
1040- 1045	who you are
1154- 1160	it has to be an argument
Master Theme: Risk Management Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
36- 38	nobody knows
111- 116	clear cut rape
124- 126	date-rape pressure
138- 146	punch me
148- 152	getting loaded
152- 156	you don't do that
339- 341	too drunk
342- 344	doesn't always work
354- 360	irresponsible
1057- 1060	very cautious
1094- 1101	odd time out
1101- 1107	very cautious
Master Theme: Sexual Experiences/ Relationships Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
116- 118	not a slut
118- 123	wouldn't call him a rapist
334- 339	pressure
339- 341	too drunk
367- 378	a lot of circumstances
393- 394	sex is natural
394- 396	sex
906- 911	I should have
1057- 1060	very cautious

1217- 1219	pro-choice
1225- 1236	history
1238- 1240	share that
Master Theme: Gender Saliency Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
359- 363	going to be judged
364- 366	it happens
415- 421	takes something away
421- 424	gender restrictions
433- 435	men don't have to
442- 444	good girls
446- 453	whatever choices
477- 482	he gets leeway
484- 487	pink
490- 494	boys section
495- 498	girls section
683- 692	protecting
Master Theme: Personal Development Frequency 11	
<i>Line Numbers</i>	<i>Section Coded</i>
190- 193	positive impact
657- 667	hard on self
739- 746	self-reflection
747- 748	well rounded
749- 755	matter of action
970- 975	self-reflect
998- 1009	identity crisis
1046- 1050	I'm good with me
1243- 1250	speak up
1276- 1279	not taken lightly
1280- 1282	nowhere near as good
Master Theme: Critical Consciousness Frequency 11	
<i>Line Numbers</i>	<i>Section Coded</i>
197- 202	the real thing
203- 206	where the focus should be
206- 211	help rather than criticize
211- 216	something constructive
228- 232	wasted energy
396- 400	luck
399- 404	judgemental
498- 501	pushes sexy
749- 755	matter of action
1080- 1090	invasive surgery
1190- 1192	condemn a whole group
Master Theme: PEI Abortion Access	

Frequency 11	
<i>Line Numbers</i>	<i>Section Coded</i>
510- 515	Island girls
516- 525	can't say
534- 539	I'm better
576- 581	not here
581- 583	big evil
835- 839	damaging factor
839- 848	doctors
848- 850	hospitals
906- 911	I should have
917- 923	not welcome
938- 941	be loud
Master Theme: Pregnancy Experience Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
5-6	personal context
127- 128	immediately
129- 133	that'll help
133- 136	what if
138- 146	punch me
148- 152	getting loaded
152- 156	you don't do that
156- 159	getting loaded
364- 366	it happens
474- 476	outsider
Master Theme: Sexual Reproductive Health Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
129- 131	morning after pill
342- 344	doesn't always work
856- 865	talk to someone
889- 897	information
951- 953	women here
1094- 1101	odd time out
1107- 1108	sexual wellbeing
1173- 1176	protest information
1185- 1188	information and conversation
Master Theme: Stakeholders Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
32- 37	a loan
79- 82	boyfriends mother
99- 107	something so big
137- 138	telling him
138- 146	punch me
302- 303	never talk to me

1256- 1265	my mother
Master Theme: Decision Making Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
41- 44	fully conscious
44- 47	certain foundation
161- 167	wasn't easy
167- 169	I don't regret it
169- 173	wouldn't be fair
178- 181	decision making
193- 196	that's okay
Master Theme: Gatekeepers Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
68- 71	misconception
87- 90	I didn't
839- 848	doctors
870- 889	my own doctor
889- 897	information
902- 906	information
Master Theme: Suggestions Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
124- 126	date-rape pressure
798- 820	rational conversation
848- 850	hospitals
850- 856	health clinic
856- 865	talk to someone
1167- 1169	just to talk
Master Theme: Gender Violence Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
111- 116	clear cut rape
118- 123	wouldn't call him a rapist
124- 126	date-rape pressure
159- 161	he said
334- 339	pressure
Master Theme: Anecdotal Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
348- 356	Adoption
367- 378	a lot of circumstances
692- 699	escorts
705- 708	to capacity
1160- 1167	so many circumstances
Master Theme: Pop-Porn Culture Frequency 5	

<i>Line Numbers</i>	<i>Section Coded</i>
426- 433 433- 435 482- 483 487- 490 498- 501	Media men don't have to images image pushes sexy
Master Theme: Life Project Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
44- 47 243- 245	certain foundation having children
Master Theme: Objectification Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
437- 439 439- 441	we demean have to be sexy
Master Theme: Boys will be Boys Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
453- 459 477- 482	not the guys he gets leeway

Jessica	
Master Theme: Abortion Experience Frequency 44	
<i>Line Numbers</i>	<i>Section Coded</i>
30- 40 42- 48 51- 57 68- 71 74- 87 89- 94 95- 98 98- 100 126- 137 153- 154 161- 167 176- 178 187- 192 191- 196 203- 206 208- 215 219- 220 224- 228 241- 249 249- 255 283- 286	all week long I was scared three day thing back of my mind just went with it everything we can how long showing chunk of time treated well the doctor so nervous the ultrasound didn't want to see blood work they were wonderful scary procedure no second thoughts my boyfriend took me seemed secretive rehearsed thing

312- 328	waiting
332- 336	what ifs
416- 428	so much waiting
433- 436	shown around
436- 439	the doctor
445- 453	nobody told me
435- 456	the doctor
459- 464	least present
466- 473	getting prepped
481- 488	procedure room
490-495	the nurse
495- 500	wasn't the Ativan
500- 502	the doctor
502- 512	the recovery room
514- 518	really quick
520- 525	relief
620- 629	the stigma
629- 633	negativity
685- 697	what would they think
726- 733	I don't regret this
841- 851	hidden scar
890- 897	100% right
927- 928	badge of honor
Master Theme: Stakeholders	
Frequency 20	
<i>Line Numbers</i>	<i>Section Coded</i>
20- 21	my boyfriend
27- 29	to decide
54- 55	my boyfriend
183- 187	he couldn't take days off
241- 249	my boyfriend took me
539- 552	my sister
553- 564	only in the case of rape
564- 568	don't have the right
567- 574	women who are strict
605- 612	grandchildren
614- 618	disown me
743- 750	my sister
755- 757	don't ruin it
757- 760	see me differently
761- 767	make it about her
767- 772	I'll never tell her
778- 781	don't want change
903- 907	his what ifs
912- 916	his parents
936- 940	my sister
Master Theme: Abortion Stigma	
Frequency 16	

<i>Line Numbers</i>	<i>Section Coded</i>
154- 159	felt judgment
198- 203	she wasn't nice
251- 253	lobbyists
553- 564	only in the case of rape
581- 587	not religious
594- 597	it's bad
614- 618	disown me
620- 629	the stigma
629- 633	negativity
757- 760	see me differently
916- 920	he'll never tell
973- 977	in the middle
977- 979	stigma
988- 991	stigma
933- 1000	without risks
1019 – 1026	stigma
Master Theme: Pregnancy Experience Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
20- 21	my boyfriend
21- 22	I fell apart
301- 309	being pregnant
309- 312	going on with real life
312- 318	no reason
312- 328	waiting
328- 330	hiding it
330- 331	morning sick
332- 336	what ifs
343- 356	pre- natal care
358- 378	miscarry
387- 395	confusing feelings
395- 400	friends
402- 414	drinking
Master Theme: PEI Abortion Access Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
12- 15	something larger
48- 51	how far along
51- 57	three day thing
68- 71	back of my mind
74- 87	just went with it
102- 111	confusing process
116- 120	would have been nice
120- 121	they didn't suggest
126- 137	chunk of time
264- 269	not offered on PEI

445- 453 941- 945 945- 947	nobody told me policy change money
Master Theme: Silenced Subjectivity Frequency 12	
<i>Line Numbers</i>	<i>Section Coded</i>
1- 7 7- 11 29- 30 273- 277 395- 400 525- 527 527- 531 532- 533 599- 604 614- 618 743- 750 755- 757	wanted an outlet I didn't feel comfortable that was hard wasn't enough friends can't tell big deal all these feelings didn't want her to know disown me my sister don't ruin it
Master Theme: Personal Context Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
11- 12 59- 66 66- 68 136- 148 639- 647 647- 657 657- 665 665- 667 677- 685	I'm an academic prairie province family doctor education course catholic/pro life transitioning objectively I'm pro-life but think about things
Master Theme: Risk Management Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
25-27 46 98- 100 111- 116 343- 356 395- 400 567- 574	letting it happen too late showing reducing the risk pre- natal care friends women who are strict
Master Theme: Decision Making Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
22-25 27- 29 575- 581 805- 814	right away to decide I'm responsible not selfish

825- 832	my life
929- 935	trust him
Master Theme: Community Resources Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
700- 716	post abortion support group
716- 726	that's impossible
726- 733	I don't regret this
733- 737	not what I'm looking for
Master Theme: Sexual Reproductive Health Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
95- 96	track my periods
228- 231	sexual health
229- 234	the pill
Master Theme: Solidarity Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
255- 263	didn't feel alone
430- 433	a cohort
947- 957	other women
Master Theme: Good Girls Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
614- 618	disown me
783- 789	selfish
789- 803	set life aside
Master Theme: Boys will be Boys Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
368- 370	I wouldn't want him to
Master Theme: Reproductive Opinions Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
587- 594	not right for me
Master Theme: Life Project Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
805- 814	not selfish
Master Theme: Personal Development Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
858- 872	whole person
Master Theme: Critical Consciousness Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>

947- 957	other women
----------	-------------

Kaci	
Master Theme: Abortion Experience	
Frequency 34	
<i>Line Numbers</i>	<i>Section Coded</i>
454- 457	I called him
606- 613	obviously needed
780- 782	not regret
799- 812	mixed emotions
814- 825	I'm fortunate
826- 839	it hit me
1008- 1011	pretty damn good
1013- 1023	pretty final
1023- 1030	un-traumatic
1030 -1064	protestors
1066- 1083	normalizes it
1325- 1333	check-up
1337- 1358	made sure
1359- 1369	bad day
1369- 1385	concerns
1424- 1461	risks
1552- 1560	therapeutic session
1561- 1573	told our partners
1591- 1611	normal things
1613- 1622	coping skills
1622- 1634	anxiety
1652- 1670	a good mom
1680- 1693	my body
1692- 1693	pretty good
1695- 1700	I'm glad
1706- 1723	push time
1793- 1803	misoprostol
1803- 1818	am I dying
1821- 1825	ruined
1833- 1845	didn't want to go to emerg
1851- 1872	go to a check-up
1876- 1900	I wasn't even told
1902- 1922	passed a clot
2238- 2241	gone sooner
2576- 2589	great atmosphere
Master Theme: Decision Making	
Frequency 26	
<i>Line Numbers</i>	<i>Section Coded</i>
235- 243	I decided
243- 257	justification for it
294- 296	I never thought

296- 303	too selfish
303- 316	a whole slew of things
322- 330	I just didn't want to
699- 713	selfish
718- 721	I can't
741- 752	a disservice
789- 795	jumping the gun
795- 798	why
984- 991	back and forth
993- 1002	wouldn't have been away
1013- 1023	pretty final
1180- 1188	a lot struggle
1257- 1263	emotions aside
1262- 1266	I want to be a mom
1265- 1269	because I want to
1280- 1285	bullheaded
1322- 1325	I knew
1528- 1547	whatever I want
1573- 1578	met me half way
1725- 1727	not ready
2030- 2035	couldn't afford a baby
2126- 2131	wits end
2317- 2332	I want to enjoy it
Master Theme: Sexual Reproductive Health	
Frequency 23	
<i>Line Numbers</i>	<i>Section Coded</i>
86- 96	don't do it
96- 99	none of that
101- 112	parental consent
112- 121	health teaching project
888- 901	cycle was just wonky
927- 941	I'd like to know
940- 943	living proof
951- 952	under the rug
1204- 1207	too young
1209- 1216	a long way
1325- 1333	check-up
1369- 1385	concerns
1389- 1422	where's my period
1424- 1461	risks
1790- 1793	a lot needs work
2220- 2230	to the day
2408- 2421	it's a start
2440- 2452	the possibility
2641- 2647	my mom
2647- 2666	upfront with her
2705- 2707	welcomed
2788- 2805	information

2961- 2977	peer support
Master Theme: Critical Consciousness	
Frequency 21	
<i>Line Numbers</i>	<i>Section Coded</i>
122- 126	depriving me
376- 383	they don't even consider
637- 643	gap in access
673- 685	part of health care
1093- 1097	better things
1097- 1105	it's everybody
1285- 1295	churchy
1299- 1310	never understood church
1463- 1469	uncomfortable
1740- 1748	peoples rights
1945- 1955	I'm lucky enough
2026- 2030	no sense
2052- 2074	daycare subsidy
2076- 2085	what do you do
2090- 2094	minimum wage
2452- 2460	did you choose
2478- 2488	too bad
2564- 2576	shouldn't be wrong
2813- 2822	informed decisions
2928- 2933	who it effects
3131- 3145	much of a choice
Master Theme: PEI Context	
Frequency 18	
<i>Line Numbers</i>	<i>Section Coded</i>
80- 84	there's nothing
86- 96	don't do it
112- 121	health teaching project
643- 647	fight it tooth and nail
649- 659	just the way it is
658- 662	hush hush
689- 692	so small
951- 952	under the rug
1114- 1118	the standard
1116- 1121	a little different
1123- 1138	white picket fence
1207- 1208	old standards
1463- 1469	uncomfortable
1790- 1793	a lot needs work
2440- 2452	the possibility
2525- 2541	tarnished
2682- 2695	happened to get caught
3091- 3109	deleted option
Master Theme: Gatekeepers	

Frequency 17	
<i>Line Numbers</i>	<i>Section Coded</i>
139- 147	a couple doctors
149- 155	my own family doctor
218- 230	pregnancy confirmation
373- 376	road blocks
376- 383	they don't even consider
385- 401	default position
492- 498	age of viability
503- 525	timeline
538- 539	dead stop
540- 555	misoprostol
559- 568	medically necessary
1337- 1358	made sure
1359- 1369	bad day
1389- 1422	where's my period
1424- 1461	risks
1851- 1872	go to a check-up
1876- 1900	I wasn't even told
Master Theme: Pregnancy Experience	
Frequency 16	
<i>Line Numbers</i>	<i>Section Coded</i>
127- 139	what would you do
230- 235	sink in
353- 359	I took three
361- 373	he thought I was
445- 454	they all said yes
459- 469	peer support
477- 490	just shock
735- 739	the feeling
885- 888	far along
959- 968	that was nice
970- 972	very calm
1632- 1646	pregnant woman should
1669- 1676	I still planned
2271- 2278	nausea
2288- 2303	just crappy
2300- 2307	prenatal vitamins
Master Theme: Stakeholders	
Frequency 15	
<i>Line Numbers</i>	<i>Section Coded</i>
274- 290	I would be disowned
361- 373	he thought I was
407- 417	boyfriend
454- 457	I called him
469- 471	my parents
814- 825	I'm fortunate

830- 833	he's understanding
1000- 1006	rely on someone
1285- 1295	churchy
1481- 1495	partners parents
1497- 1524	what do we do
1528- 1547	whatever I want
1573- 1587	met me half way
2131- 2136	so supportive
3029- 3042	he's great
Master Theme: Suggestions Frequency 14	
<i>Line Numbers</i>	<i>Section Coded</i>
1984- 1985	that would be nice
1984- 1998	comprehensive sexual health
2342- 2347	re-evaluate sex ed.
2355- 2364	start in the schools
2366- 2376	everything
2376- 2385	simple facts
2384- 2388	their own input
2389- 2394	what the books says
2488- 2497	how reliable is that?
2516- 2525	start small
2724- 2736	technology
2788- 2805	information
2907- 2922	teach your children
2961- 2977	peer support
Master Theme: Solidarity Frequency 13	
<i>Line Numbers</i>	<i>Section Coded</i>
77- 80	for anybody
127- 139	what would you do
606- 613	obviously needed
614- 619	a hundred
833- 837	I'm lucky
841- 849	not so lucky
1463- 1469	uncomfortable
1552- 1560	therapeutic session
1762- 1772	gaps in health care
1924- 1945	that's my fear
2008- 2011	I'm lucky
2140- 2157	how many girls
3113- 3117	they need it
Master Theme: Age Frequency 11	
<i>Line Numbers</i>	<i>Section Coded</i>
718- 721	I can't
748- 752	supports

795- 798	why
1167- 1181	whatever you think
1204- 1207	too young
1226- 1246	stability
1706- 1723	push time
2355- 2364	start in the schools
2400- 2408	funny mindset
2752- 2771	they're worried
2779- 2782	too young
Master Theme: Abortion Stigma Frequency 10	
<i>Line Numbers</i>	<i>Section Coded</i>
80- 84	there's nothing
149- 155	my own family doctor
243- 257	justification for it
649- 659	just the way it is
673- 685	part of health care
1030 -1064	protestors
1093- 1097	better things
1114- 1118	the standard
1140- 1150	stupid girls
1833- 1845	didn't want to go to emerg
Master Theme: PEI Abortion Access Frequency 9	
<i>Line Numbers</i>	<i>Section Coded</i>
385- 401	default position
538- 539	dead stop
559- 568	medically necessary
614- 619	a hundred
972- 984	accessibility
2000- 2022	the cost
2096- 2108	attempted suicides
2108- 2113	that desperate
2247- 2262	rock and a hard place
Master Theme: Life Project Frequency 8	
<i>Line Numbers</i>	<i>Section Coded</i>
37- 48	nursing
52- 53	help people
54- 67	RCMP
780- 782	not regret
789- 795	jumping the gun
993- 1002	wouldn't have been away
1262- 1266	I want to be a mom
1695- 1700	I'm glad
Master Theme: Good Girls Frequency 8	

<i>Line Numbers</i>	<i>Section Coded</i>
52- 53 699- 713 728- 734 940- 943 1140- 1150 1156- 1162 1314- 1318 1652- 1670	help people selfish self letdown living proof stupid girls because you're good 'cause they have to good mom
Master Theme: Silenced Subjectivity Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
73- 79 728- 734 735- 739 761- 778 1622- 1634 2108- 2113 2163- 2178	a voice self letdown the feeling two types of guilt anxiety that desperate private
Master Theme: Risk Management Frequency 7	
<i>Line Numbers</i>	<i>Section Coded</i>
235- 243 294- 296 407- 417 2058- 2060 2189- 2219 2220- 2230 2300- 2307	I decided I never thought boyfriend another fear I couldn't have done anything to the day prenatal vitamins
Master Theme: Anecdotal Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
503- 525 1180- 1188 1561- 1573 2564- 2576 2668- 2672 3150- 3155	timeline a lot struggle told our partners shouldn't be wrong teachers seen it she was fifteen
Master Theme: Pop-Porn Culture Frequency 6	
<i>Line Numbers</i>	<i>Section Coded</i>
2630- 2637 2638- 2640 2648- 2657 2668- 2672 2875- 2880 2881- 2900	Sexting where that's going to go picture of teachers seen it Miley Twerking

Master Theme: Personal Development Frequency 5	
<i>Line Numbers</i>	<i>Section Coded</i>
1103- 1107 1680- 1693 1740- 1753 1761 1762- 1772	in my place my body right to choose self aware gaps in health care
Master Theme: Community Resources Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
155- 179 177- 188 199- 212 2460- 2474	pregnancy centre volunteer organization crisis pregnancy centre public health
Master Theme: Reproductive Opinions Frequency 4	
<i>Line Numbers</i>	<i>Section Coded</i>
259- 272 1167- 1181 2605- 2619 2924- 2927	why should they whatever you think nobody's there for fun my generation
Master Theme: Knowledge Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
841- 849 1924- 1945 1967- 1985	not so lucky that's my fear the women's clinic here could
Master Theme: Gender Saliency Frequency 3	
<i>Line Numbers</i>	<i>Section Coded</i>
1209- 1216 2076- 2085 2850- 2862	a long way what do you do not sacred
Master Theme: Personal Context Frequency	
<i>Line Numbers</i>	<i>Section Coded</i>
29- 32 1299- 1310	I grew up here never understood church
Master Theme: Objectification Frequency 2	
<i>Line Numbers</i>	<i>Section Coded</i>
662- 665 2881- 2900	pregnant body twerking
Master Theme: Sexual Experiences/ Relationships Frequency	
<i>Line Numbers</i>	<i>Section Coded</i>

2630- 2637	sexting
2978- 2998	nasty boyfriend
Master Theme: Boys will be Boys Frequency 1	
<i>Line Numbers</i>	<i>Section Coded</i>
1569- 1573	my boyfriend peeled

Appendix J: Master Theme by Superordinate Theme Chart

	Gender Category	Gender Experience	Island Observation(s)	Negotiation	Transformation
1 : Abortion Experience	0	5	17	91	30
2 : Abortion Stigma	2	6	21	57	1
3 : Adoption Experience	0	0	5	1	2
4 : Age	16	1	13	21	15
5 : Anecdotal	0	0	0	0	0
6 : Boys will be Boys	4	2	0	0	5
7 : Community Resources	0	0	9	11	0
8 : Critical Consciousness	48	8	7	1	33
9 : Decision Making	0	0	0	83	53
10 : Gatekeepers	0	2	18	66	4
11 : Gender Saliency	35	14	2	0	0
12 : Gender Violence	1	6	0	0	0
13 : Good Girls	4	32	0	0	4
14 : Knowledge	0	0	8	0	7
15 : Life Project	0	0	0	0	21
16 : Motherhood Experience	0	2	18	2	48
17 : Objectification	1	8	0	0	0
18 : Parental Permanence	3	14	0	0	8
19 : PEI Abortion Access	0	0	59	16	0
20 : PEI Context	0	0	79	5	0
21 : Personal Context	0	0	3	0	0
22 : Personal Development	0	0	1	0	34
23 : Pop-Porn Culture	8	11	2	0	0
24 : Pregnancy Experience	0	15	0	47	52
25 : Reproductive Opinions	17	7	5	43	0
26 : Risk Management	4	33	1	27	1
27 : Sexual Experiences-Relationships	1	10	0	0	0
28 : Sexual Reproductive Health	6	33	38	0	0
29 : Silenced Subjectivity	5	29	3	1	13
30 : Solidarity	32	0	0	7	13
31 : Stakeholders	2	0	2	108	15
32 : Suggestions	7	0	2	0	0

Appendix K: Transcript Sections Captured by Superordinate Theme

Transformation:

[<Internals\\Thesis_Alex_Disaggregated>](#) - § 22 references coded [9.01% Coverage]

Reference 1 - 0.16% Coverage

and I was kind of surprised because my first expectation would be a lot of younger women, like sixteen seventeen,

Reference 2 - 0.73% Coverage

I mean I don't know, thinking if I hadn't have had, if I didn't have a supportive partner, or I hadn't had anyone that I was close to that would've have drove me. All these well if I didn't, if I didn't, if I didn't, then, and if I didn't have, you know, eight hundred dollars disposable income, and no family, which I'm sure I'm naming of situations where women definitely would fit into,

I: [yeah]

P25: then it's almost, you would be stuck. You would just be stuck. Yeah, no things, things have to change.

Reference 3 - 0.33% Coverage

Women just have to be made more aware that they have a right to this. I mean, I didn't know, and I'm sure there are hundreds, if not thousands of women, that are in the exact same boat that don't know that they are entitled to this.

Reference 4 - 0.32% Coverage

People need to be aware. (sighs) These should be posted around town, (laughing) to be honest. That's what I would like to see.

I: You can go post that one somewhere.

P25: I think I will. I think I'm going to do that. (sighs)

Reference 5 - 0.76% Coverage

the double standards that people say no they're not there. Hey you can vote now so everything must be fine. Well it's not, because doctors aren't giving the referrals that they're supposed to, and women don't have complete control over their own decisions because they're not being given the access that's theirs to begin with. you shouldn't even have to demand. I mean, realistically they should be presented to you the second that you say this is my situation. Okay well, A B and C, here you go. No, that's not how it is at all.

Reference 6 - 0.70% Coverage

So, um, you've mentioned that your doctor offered you full choice with your first pregnancy,

P25: [yeah]

I: and you had a reaction to that.

P25: I did.

I: Yeah. So do you want to talk to me about where you think that reaction was coming from? What was going on there?

P25: Well I was I was younger at that point. Um, I did go through a very strong abortion is wrong, and you don't do it, when I was younger. Mostly because I grew up going to church every Sunday and God will smite you.

Reference 7 - 0.31% Coverage

I think I was just kind of really getting over it, and really kind of opening my eyes, probably when I was nineteen. When I found out I was pregnant the first time, and her first response was well you have other options,

Reference 8 - 0.11% Coverage

I had no idea, because I knew that I didn't want to continue with the pregnancy.

Reference 9 - 0.45% Coverage

P25: Um, well at the time I was younger, and was just actually appalled at first (laughing) that she would suggest it, which is funny because right now I'm just so into, like, very passionate about it, and will talk to anyone at anytime, and uh. But no, at the time I was, I was absolutely no that's not for me right now

Reference 10 - 0.51% Coverage

When I found out I was pregnant the first time, and her first response was well you have other options, like, I want you to know that. And I was just appalled, and absolutely not. And originally actually, which is kind of interesting, I was going to place my son up for adoption, and had went through that whole process. He spent his first month in foster care.

Reference 11 - 0.30% Coverage

he spent about a month in foster care, because even after the two weeks was up I still wasn't, wasn't decided, wasn't ready. And then I was, I don't know, you just kind of realize, yeah this is what I'm doing.

Reference 12 - 0.50% Coverage

P25: Yeah. And then (my son) was in foster care, he spent about a month in foster care, because even after the two weeks was up I still wasn't, wasn't decided, wasn't ready. And then I was, I don't know, you just kind of realize, yeah this is what I'm doing. So we went and picked him up from his foster family, and the family we selected never found out

Reference 13 - 0.33% Coverage

Women just have to be made more aware that they have a right to this. I mean, I didn't know, and I'm sure there are hundreds, if not thousands of women, that are in the exact same boat that don't know that they are entitled to this.

Reference 14 - 0.43% Coverage

From being very scared, and nineteen, to now, yes. I, I don't care. And I just, I want other women to be aware, and know what is within their rights, and what is. I didn't, obviously, if they dates line up. I wasn't aware, should have been, don't understand why I wasn't. It makes me very angry actually.

Reference 15 - 0.25% Coverage

When I found out I was pregnant the first time, and her first response was well you have other options, like, I want you to know that. And I was just appalled, and absolutely not.

Reference 16 - 0.39% Coverage

It seemed like, because I did, it was, even though I know it was the right decision it was still difficult, and it was still, not so much a life, but the possibility of ending a life did weigh on me. Um, even though I knew this is what I'm doing and I'm not changing my mind.

Reference 17 - 0.43% Coverage

at the time I was younger, and was just actually appalled at first (laughing) that she would suggest it, which is funny because right now I'm just so into, like, very passionate about it, and will talk to anyone at anytime, and uh. But no, at the time I was, I was absolutely no that's not for me right now.

Reference 18 - 0.59% Coverage

So, um, you've mentioned that your doctor offered you full choice with your first pregnancy,

P25: [yeah]

I: and you had a reaction to that.

P25: I did.

I: Yeah. So do you want to talk to me about where you think that reaction was coming from? What was going on there?

P25: Well I was I was younger at that point. Um, I did go through a very strong abortion is wrong, and you don't do it, when I was younger.

Reference 19 - 0.60% Coverage

I did go through a very strong abortion is wrong, and you don't do it, when I was younger. Mostly because I grew up going to church every Sunday and God will smite you. You'll burn in hell and all that Catholic bullshit.

(laughing) Um, it's, it did, it actually affected me 'cause I'm very right now, like, exceptionally left wing in pretty much everything that I believe in. But, uh, no I did definitely go through a period.

Reference 20 - 0.21% Coverage

From being very scared, and nineteen, to now, yes. I, I don't care. And I just, I want other women to be aware, and know what is within their rights

Reference 21 - 0.16% Coverage

I'm happy when I'm forty I will be able to do and say, well say, I say whatever now, but to go and come as a please.

Reference 22 - 0.43% Coverage

From being very scared, and nineteen, to now, yes. I, I don't care. And I just, I want other women to be aware, and know what is within their rights, and what is. I didn't, obviously, if they dates line up. I wasn't aware, should have been, don't understand why I wasn't. It makes me very angry actually

[<Internals\Thesis_Bev_Disaggregated>](#) - § 13 references coded [8.63% Coverage]

Reference 1 - 0.65% Coverage

he took it off before, like he took it off without telling me.

I: Wow.

P: And yeah, and then, you know, had to scrounge up, you know, loose change and come up with the money to get the morning after pill

Reference 2 - 0.58% Coverage

P: I just kind of waited it out to see what was going to happen, and if, you know, I had to [...] go to Halifax or wherever you go to get an abortion I would have found a way to do it.

Reference 3 - 0.29% Coverage

I think my period came like a week and a half afterwards. It was the best day of my life.

Reference 4 - 0.57% Coverage

P: I had went home that night and thought if I scrubbed enough (laughs) that it would go away, but I just had this feeling, and I was like no I really, like, need to get the pill.

Reference 5 - 0.41% Coverage

I'm not going to feel any worse about myself or, you know, sense I'm doing something wrong because I'm doing something for myself.

Reference 6 - 1.19% Coverage

I guess it was kind of embarrassing for me because I was , I used to be the type of person where I would be like oh, you know, I'll never have, you know, a pregnancy scare I'm always going to be smart and safe, but, you know, it just because things like that happen to you're not smart or anything, like.

I: Um hum.

P: stuff like that happens all the time I've come to realize

Reference 7 - 1.16% Coverage

it was kind of embarrassing for me because I was , I used to be the type of person where I would be like oh, you know, I'll never have, you know, a pregnancy scare I'm always going to be smart and safe, but, you know, it just because things like that happen to you're not smart or anything, like.

I: Um hum.

P: stuff like that happens all the time I've come to realize

Reference 8 - 0.98% Coverage

I: Yeah. It sounds like you've gotten some strengths from what you've been experienced. What would you see some of the strengths are?

P: Um, I don't know, I guess I'm a lot more passionate, now, about, you know, being pro-choice and, you know, having access to the pill and to abortions than I was beforehand

Reference 9 - 0.50% Coverage

P: A lot of, you know, shame I felt towards myself, but I'm glad I've kind of surpassed that , and kind of, I'm just so much more aware of so many things now.

Reference 10 - 0.42% Coverage

I'm not going to feel any worse about myself or, you know, sense I'm doing something wrong because I'm doing something for myself.

Reference 11 - 0.47% Coverage

just because things like that happen to you're not smart or anything, like.

I: Um hum.

P: stuff like that happens all the time I've come to realize,

Reference 12 - 0.93% Coverage

I was always pro-choice but, I never really kind of, I was just like yeah people can do what they want, whatever I don't care. And now I'm kind of at the point where it's like we need so much help here, like, when it comes to this stuff. We need so much more information and stuff and, you know

Reference 13 - 0.48% Coverage

I'm so happy that I can, you know, share my experiences if it can potentially help another girl, or help us get a clinic here, 'cause we need one, badly.

[<Internals\\Thesis_Claire_Disaggregated>](#) - § 17 references coded [6.44% Coverage]

Reference 1 - 0.18% Coverage

P: I had another year of basically freedom to, you know, wake up in the morning and decide what I want to do with my day.

Reference 2 - 0.41% Coverage

the fact the my, I have two free babysitters is like, who are willing to babysit once a week for me is the,

I: [grandma and grandpa]

P: yeah, it's the only thing keeps me sane enough

I: [yeah]

P: to manage to go to school full time, and do the rest of it, and work.

Reference 3 - 0.81% Coverage

I was a hundred percent sure when I had my child, and I still find it, like, just so hard some days, like, some days I'm like why did I do this, not that, I mean I love her, and there's no like,

I: [safe space]

P: yeah, I don't think that every day, but like considering the fact that, like, I was one hundred percent sure the entire time, I read every single book, you know, I went to prenatal classes, I was, I loved being pregnant, there was no

I: [yeah]

P: like trepidation about it, and even still I'm just like oh my god.

Reference 4 - 0.26% Coverage

I personally feel like the funding for low income families or single parents who are trying to, you know, go to school and get an education is

I: [yeah]

P: not enough

Reference 5 - 0.64% Coverage

I mean there are some people who are like well I have a part time job and I'm in school, but you don't also (laughing) take care of a child, like, there is no way I could do that. As soon as school ends at four o'clock I pick her up from daycare and my days over, like, that's, we go home I feed her I bath her I put her in bed and I'm home, like, I couldn't work because if I worked I would pay a babysitter for that time

Reference 6 - 0.62% Coverage

if I didn't have the amount of support I have from my family then, like, I would be insane, like, I would go nuts.

I: Yeah, raising kids is, as you know.

P: Yeah. Like the only way that I have to go out once and awhile is that my parents will babysit for me because I don't have spare money to hire a babysitter, you know, plus the cost of actually going out like it would be like a hundred dollar night.

Reference 7 - 0.47% Coverage

the money that I get, I get as much as you can form the government monthly to help out with my expenses, and if I didn't have my dad paying my rent and my car payments I don't, I would be living in a cardboard box, like, you know. I think I get 386 dollars a month [...] and that's as much as you can get.

Reference 8 - 0.23% Coverage

I: [How could you] go to school if you didn't have your parents?

P: I couldn't, like, I mean I don't pay for school, but school means I don't make money.

Reference 9 - 0.31% Coverage

it was just lack of support where I was like I don't think I could do this without a lot of support.

I: [yeah]

P: And as it turned out (laughing), like, I mean I did it. I got pregnant again and I did it

Reference 10 - 0.35% Coverage

I feel more strongly about it now so I don't, like, I I'll speak out about it I I, like, I don't walk around saying I had an abortion, but like I, I'm very pro-choice not, like, I don't sit around quietly when people talk about it

Reference 11 - 0.43% Coverage

the cost to leave the Island I can see it being impossible for a lot of people.

I: Yeah.

P: Which isn't really fair, like, it's legally our right in Canada so I don't, I actually, don't really understand if it's legally our right in Canada how we get away with not having it here,

Reference 12 - 0.42% Coverage

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

Reference 13 - 0.24% Coverage

I was nineteen, um, I'm twenty-two now, and I was dating my best friend and, um, I got pregnant, and I my initial reaction was that I wanted to keep the baby

Reference 14 - 0.19% Coverage

forcing someone to have the baby doesn't do anything helpful, if their gonna live in shambles and poverty and stuff like that.

Reference 15 - 0.32% Coverage

I guess it's easier for me not to, I mean you have to be able to not care what other people think if you're going to walk past the people with the signs at the doorway (laughing) so like maybe that a little bit

Reference 16 - 0.35% Coverage

I feel more strongly about it now so I don't, like, I I'll speak out about it I I, like, I don't walk around saying I had an abortion, but like I, I'm very pro-choice not, like, I don't sit around quietly when people talk about it

Reference 17 - 0.22% Coverage

my scholarship technically requires me to be full time so I need to go back to school now, and I was like so I, I need to put her in daycare,

[<Internals\\Thesis_Dawn_Disaggregated>](#) - § 7 references coded [3.21% Coverage]

Reference 1 - 0.46% Coverage

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

P: I know! It's like who gets to make the choice about what I want to do with my body.

Reference 2 - 0.33% Coverage

it's just wrong that people can't have the right to do what they want, and it should be no one else's business but you're own. It's just your, it's your body you know what I mean? It's- we live in Canada not like- (laughs) we should get the choice

Reference 3 - 0.71% Coverage

for me it was the right choice completely. I knew, I'm twenty four, I have two kids and their dad just got out of jail for beating the shit out of me. And I was pregnant 'cause I was stupid to go back. So I knew this is- I don't want any more kids. And, 'ya so, and I had taken- I was on the birth control pill and I had gotten pregnant. So it's not like I was being careless with, you know, I had gotten pregnant unwilling- unwantedly. This wasn't an emotional situation for me, like torn between two things, it's- I knew what I wanted.

Reference 4 - 0.37% Coverage

I wanna go back to school I wanna- you know. I don't like being on welfare. I don't like not having money I don't like not having, you know what I mean? I want good things for my kids. So, my kid finally turned two and she needs daycare and I can finally get back into, yeah so.

Reference 5 - 0.18% Coverage

yeah I'm happy with what I got I just wanna get my tubes tied or whatever. I don't want anymore children. I'm working on that situation

Reference 6 - 0.54% Coverage

P: Yeah, I find that just ridiculous now because I really thought it was illegal. And I was saying to (the victim outreach worker), and that's when she mentioned to me, 'cause I was so, like I was like I'm gonna start a group about this. 'Cause I was so- it really bothered me that people can't, it's not just accessible like going to, you know what I mean? Like, I think people have gotta be more vocal about it.

Reference 7 - 0.62% Coverage

P: Oh I so wish that, frig. I wish that you could say my name because like seriously I wish people would get like, this is not just women out wanting to kill their kids. You know what I mean? Like there's reasons behind. And it doesn't mean like, if I was in a different spot in my life I would love to have, you know what I mean? I probably would have had a baby. It's just everyone has things they're dealing with and they're doing it for the best reason for you know?

[<Internals\Thesis_Ella_Disaggregated>](#) - § 47 references coded [15.16% Coverage]

Reference 1 - 0.20% Coverage

I never thought like it would be that it would be that difficult of a decision once it actually came down to making the decision. Like, it wasn't as easy as I always thought it would have been to make.

Reference 2 - 0.27% Coverage

I: So you felt more hesitation after the positive pregnancy test than you had when, kind of making the decision hypothetically?

P: Yeah, exactly. Like as soon as I saw the actual pregnancy positive, like, knowing (stressed) that I was physically pregnant that was a lot harder

Reference 3 - 0.49% Coverage

P: Yeah, exactly. Like as soon as I saw the actual pregnancy positive, like, knowing (stressed) that I was physically pregnant that was a lot harder to like make that final decision than I had, like, thought it would be – ‘cause I remember thinking like “oh, like, I would just get an abortion, like, that’s the obvious answer.” Like, I never really thought anything of it.

I: Right.

P: And then, but when it came to actually being in the situation it was a lot of deliberation

Reference 4 - 0.22% Coverage

P: So I knew, I kind of, I knew I had to take time completely on my own before I went to anyone else, and that was maybe one of the harder parts of it was ‘cause I’ve never really had to make that type of a decision on my own,

Reference 5 - 0.30% Coverage

I had always spoken about never wanting kids, like my whole life I was like I don’t think I want kids. So people were kind of like, you know, you don’t have to make this decision right now. Like, if you want kids later in life you can have them, but if you’re not ready than it doesn’t have to be right now.

Reference 6 - 0.10% Coverage

But, um, thinking about keeping it, like, I did think about it. I thought about every aspect of it

Reference 7 - 0.31% Coverage

it came down to the fact that like I didn’t feel that, not only financially, that was one side of it, but I didn’t feel that I was emotionally stable or ready to like raise another person. I wasn’t like, prepared enough to prepare someone else to be ready for the world, and that’s kind of how my decision was made

Reference 8 - 0.19% Coverage

then when, like, when the doctor’s appointments happened, like, then when I really started to think about it and start to really make my decision, like, after the decision was made I felt at ease,

Reference 9 - 0.07% Coverage

I’m happy with my decision as especially now that it’s over and done with

Reference 10 - 0.59% Coverage

I had always kind of mentioned that I didn’t want kids. So they probably were just kind of saying like hey [Ella] do you remember, like a few months ago when you said you didn’t want any kids like maybe you should think about that part too, ‘cause I was really caught up in the idea of being pregnant but I wasn’t really thinking fully about the ideal of being a mom if that makes sense.

I: Yeah, yeah.

P: Like I was kind of almost for the idea of being pregnant because I was watching my friend go through it, and not that it looked like fun, but you know, but you know everyone was happy for her,

Reference 11 - 0.28% Coverage

And then the idea, I think every woman you'll talk to will say that, the idea of is this the only baby that I can ever have? Like, that idea comes up every time 'cause that idea comes up every time 'cause you're like what if this is the only kid I have ever have and I get rid of it?

Reference 12 - 0.43% Coverage

I know some women have a harder time making their decisions than I did, so that might affect their happiness after just based on if they were happy making the decision, but in the end, the decision is hard because it is only yours. Like, no one else can make it for you. You have to make it on your own and that's probably one of the harder aspects of it because, like, me I never made a large decision life decision before so that was tough,

Reference 13 - 0.44% Coverage

I probably would just tell myself that like, I will, I'm not making the wrong decision because even until the very moment I walked into the exam room I was questioning my decision. Just because it, it's too like, you can't say that I am 100 percent for this side of pregnancy, like, I was tossing and turning about my decision even after I'd already made it. Like I knew what I was going to do, but I was like, praying that it was the right thing.

Reference 14 - 0.44% Coverage

And, I mean, for me, it just, I wasn't ready. And in the end, like, I know, now that I'm out of it, like, I know that myself, like I'm really happy with the decision I made. Only because, like, I wouldn't have been able to give a child, like, the life that I would want to give a child, and that was another factor in my decision making was okay I could bring this kid into the world, but I can't give it the life that I would want it to have.

Reference 15 - 0.16% Coverage

P: Well, I just tried like, I had a frustrating and tiresome experience because of my PEI health card that I, I didn't realize that it was such an issue in PEI

Reference 16 - 0.33% Coverage

was hard because I was dealing with two sides of it. I was dealing with all of this legal money side, financial side of my pregnancy, and then I'm actually just dealing with my physical pregnancy, and then I'm dealing with like an emotional side to it two. So it was very overwhelming (laughs). Um,
I: I can't imagine. I really can't.

Reference 17 - 0.59% Coverage

so initially I felt really good about it and then as time passed I would see kids, that was one thing I was really afraid that once I would start seeing children after my abortion that I would break down in tears, like I was really scared that that was going to happen but I would see kids in the stores and stuff and I would just be like you know what, ugh I'm so glad that's not me (laughs).

I: Right

P: Like, I know that sounds awful -

I: [not at all]

P: because my best friends just had babies and I'm happy for them, but like it just, for me it just, I'm happy. I'm happy with my decision.

Reference 18 - 0.30% Coverage

I don't know if it's just abortion or pregnancy in general, but I know that, like, my hormones or my sex drive, like they're not at the level that they were before I got pregnant so I don't know if that takes a long time, to you know ease itself out, but like emotionally I feel happy with my decision.

Reference 19 - 0.28% Coverage

I: Okay, and did you approach him with the positive test at that moment, or did you have a time period where you were sort of reflecting yourself?

P: No, um, it was a little dramatic, like, I kind of just broke down in tears and he came, like, running in the room. (laughs).

I: Yeah.

Reference 20 - 0.27% Coverage

for the first time in a really long time I had just had of known the dates of my cycle, and I was kind of like, hum, like, why is my, like, why am I not getting my monthly period yet, and then I was looking at the dates on a calendar and I was kind of getting nervous.

Reference 21 - 0.13% Coverage

a few days went by and I was like okay now it's been like, we're now nine days late. And then I went and got the pregnancy test.

Reference 22 - 0.22% Coverage

P: It was kind of scary, but at the same time I'd had pregnancy scares before so I was kind of just like thinking that maybe I was making up in my mind a little bit. So, I wasn't, I really wasn't prepared for what I found out

Reference 23 - 0.48% Coverage

I went and got a home pregnancy test, and I got the one, the clear blue digital. So, it gave you the exact weeks like so, and it was funny 'cause I went into the bathroom and I did the test and I put it aside and I left the bathroom, and when I was out of the bathroom I started getting cramps so I was like, "oh good my periods here, like, we're good to go (laughing). And, um, walk back into the bathroom and it was like *pregnant one to two weeks* [tone change to deep/ominous voice].

Reference 24 - 0.04% Coverage

that was, I mean that was pretty shocking,

Reference 25 - 0.04% Coverage

the day I found out my life kind of changed.

Reference 26 - 0.53% Coverage

P: Well, it was really, it was kind of a rollercoaster. Like, um, first it was suspense because it was kind of like am I pregnant naw probably not. I'm okay, I'm okay, but am I pregnant, you know? You're kind of thinking about it but you're not really stressed about yet. And then, as soon as, like that, the day I found out my life kind of changed.

I: uh huh

P: I mean it was, at first it was shocking. The first few hours were kind of just like, I was just in shock. But then I really, I really became upset, like I cried a lot

Reference 27 - 0.29% Coverage

all I ever did was cry and I was just so upset all the time, like when I would think about my situation I would just breakdown in tears, and I mean my hormones probably definitely played with that,

I: uh huh

P: But it was a really hard couple first weeks, just because I was so, like, emotional

Reference 28 - 0.36% Coverage

you're going to notice a lot of women are maybe not thinking the way they were thinking before they were pregnant, because no one tells you how much the hormones effect you're decision making, like, that was probably, like the hardest thing just because you're like why I am I crying I don't even know, at this point, like

I: [uh huh]

P: my hormone levels were crazy.

Reference 29 - 0.47% Coverage

one day I broke down on the phone to [the Out of Province Physician Referral Coordinator], like crying, 'cause we had spoken almost every week for the entire summer, like, the whole month of July I was on the phone with that woman like twice a week. And, um, she was, like, she was great but she, like it was, it was confusing. Like she couldn't understand why the Ontario was being so difficult and the Ontario hospital couldn't understand why they were even asking for anything

Reference 30 - 0.11% Coverage

they really make it impossible for people who don't have money, or don't have access to someone who has money.

Reference 31 - 0.59% Coverage

so knowing that PEI wasn't very pro-choice and then they response with your Island health card, did you have concerns about approaching Health PEI?

P: Um, I was really aggressive I think in the end. Like, about half way through the whole process of trying to get in contact with them. Like, every time I would call them, like, I was almost kind of rude, like not rude but I was really like abrupt. Like, I was like get me this answer, get me this, because like every time I would talk to someone I would half to explain why I needed to know the, like, 'cause I always had to say like abortion, right

Reference 32 - 0.12% Coverage

But I remember like me and my mom had many conversations like if I hadn't had my parents how would I have paid for this?

Reference 33 - 0.75% Coverage

P: So, like, if I had not had my parents, I mean, which I am sure a lot of girls don't because either A are too afraid to tell mom and dad or B, like, don't have that support system. I mean I don't know what you would do, like, and that's why I wonder because I do know that there is so many, like, teenage pregnancies in PEI I wonder if that's the reason, is because they're really are no options for women with a PEI health-card. Like, you're literally bound by what some office jurisdiction law says. Like, I mean, they were basically trying to make my decision for me. That one woman saying I needed a medically relevant reason from a doctor, which turned out not to be true, but still, like that was still a Health PEI office clerk saying that, you know?

Reference 34 - 0.11% Coverage

they really make it impossible for people who don't have money, or don't have access to someone who has money.

Reference 35 - 0.66% Coverage

if you have cancer they're not going to, and I'm not trying to compare pregnancy to cancer 'cause that's not what it is, but I'm just saying, like, it's a rapid growing thing. It's a timely matter thing, and the process that I had to go through took like six weeks (laughs) like, just to find an answer and I mean, in the end like my parents said never mind what those people say, like, do the procedure regardless of whether you're getting the money back or not because we don't, you know, we don't care if we don't get it back, but what if you were in a position where you couldn't do that?

I: Yeah.

P: It's just, like, they didn't make it easy that's for sure.

Reference 36 - 0.14% Coverage

I just remember thinking like it's hard to access on PEI, but it's not impossible to access so I don't know why more people don't go do it.

Reference 37 - 0.44% Coverage

the system doesn't work for girls in my situation at all. Like, it does not benefit us and its made, the way that the system is made right now, it's made to like twist your choice because if it's that much work to go through, like some girls can't go through that, some girls can't afford it, you know whatever reason. Like, it's made to bend your choice and it's to made like, it shouldn't be that hard. It just really really shouldn't be so hard.

Reference 38 - 0.24% Coverage

P: They need to be because this is like, it's, it interferes with our rights as women, like

I: [absolutely]

P: which I don't know who, what man in a chair in PEI is sitting there making these rules up, but they're not thinking properly of us.

Reference 39 - 0.13% Coverage

I would maybe resent a child right now only because I'm at a place in my life right now where I really don't know what I want at all.

Reference 40 - 0.24% Coverage

I had always kind of mentioned that I didn't want kids. So they probably were just kind of saying like hey [Ella] do you remember, like a few months ago when you said you didn't want any kids like maybe you should think about that part too,

Reference 41 - 0.78% Coverage

I just remember thinking, like growing up I remember thinking, like I don't want a kid out of, like without being married. And not because I'm religious 'cause I'm clearly not following like no sex before marriage, but only because I just wanted my life to always go in the order, like the traditional order, like, go to school meet a man, get engaged, get married, have a baby. Um, and I just look at some of my friends who had babies out of wedlock and that's always been harder for them, like their lives have always been a little bit harder, and I just, I just never wanted that. So growing up, like, I always knew I don't want kids until later, and then even, like, in my last few years [working with children] and after going [to post-secondary] I didn't know if I wanted kids at all,

Reference 42 - 0.69% Coverage

a couple girls at our school, at [names high school], had gotten pregnant and I remember, like I mean I, not to sound like a nerd, but I was that girl that had, like, kissed one boy in all of high school (laughing), like you know what I mean? So, when I'm looking at these girls that are pregnant I'm like "what, how are they pregnant. They're only fifteen (tone change/ amazement or surprise). And then, like, shows like sixteen and pregnant came out, and I was like you girls are crazy, like (laughs) and what are you doing? (laughing) And I remember thinking, like, why don't they just go get an abortion, like, at sixteen like why would you do that. Like, why would you just not go get an abortion?

Reference 43 - 0.24% Coverage

I mean this research can somehow make it to a point where it can help someone else to not have to go through what I went through, or I'm sure other girls in my situation went through then that's, like that's the reason why I wanted to participate.

Reference 44 - 0.28% Coverage

P: And it's sad because it kind of deterred me, like I'm such an Island, like, advocate, like I love PEI and I push people towards PEI, but like this was like, I mean this was awful. No girl should go through this. It's scary enough you should not have to deal with that part of it.

Reference 45 - 0.43% Coverage

initially I felt really good about it and then as time passed I would see kids, that was one thing I was really afraid that once I would start seeing children after my abortion that I would break down in tears, like I was really scared that that was going to happen but I would see kids in the stores and stuff and I would just be like you know what, ugh I'm so glad that's not me (laughs).

I: Right

P: Like, I know that sounds awful

Reference 46 - 0.11% Coverage

all coming from a post pregnancy, ah,

I: [Right]

P: person only because know I look at it completely different.

Reference 47 - 0.27% Coverage

I: So you felt more hesitation after the positive pregnancy test than you had when, kind of making the decision hypothetically?

P: Yeah, exactly. Like as soon as I saw the actual pregnancy positive, like, knowing (stressed) that I was physically pregnant that was a lot harder

[<Internals\\Thesis_Fiona_Disaggregated>](#) - § 54 references coded [14.34% Coverage]

Reference 1 - 0.29% Coverage

I took work off a month before I was due, and uh, yeah and then I had [the baby]. And that was really the most amazing I've ever had in my life, but it was really hard to because, I mean you can look at someone with a child and think "oh, it's not that tough," but it is really hard. It's, it completely changes your life

Reference 2 - 0.20% Coverage

I was still, I had the maturity level I'd say of a 14 year old in some, like I was a really good mother but I didn't know how to deal with, uh, a lot of obstacles and our relationship because he was very immature as well.

Reference 3 - 0.25% Coverage

after I had my [baby] with my ex, um, I got really depressed. Like, I literally thought I was losing my mind because I was trying to take care of a baby and he was, like, doing all of this criminal stuff and I couldn't trust him, and he was no help to me, it was like I had two kids.

Reference 4 - 0.30% Coverage

I was always really skinny growing up, but at the end of my pregnancy I was a hundred and fifty pounds, and I dropped to a hundred and thirtyish, around there, but at the end of I don't know, maybe it was like eight months, of dealing with all of his stuff and our bad relationship and trying to be a mother, I dropped to ninety two pounds.

Reference 5 - 0.25% Coverage

I was on maternity leave when I first had [the baby] and it was nothing really, like I barely made anything I had to get substituted from financial assistance, 'cause my unemployment wasn't enough to pay the bills and my ex wasn't working. Um, but my mom, yeah my mom was a huge help.

Reference 6 - 0.31% Coverage

when I went to [Ontario city] mom took my [child], and took care of [my child]. And my mom raised [the child] for a lot of [the child's] life, and, um, you know, that was another huge thing that was an impact on my future decisions because I didn't have my [child] with me. [My child] was with my mom. So my mom, yeah she did, my mom did a lot.

Reference 7 - 0.44% Coverage

now being back with my [child], um, it is tough. It's really tough, you know? 'Cause I can't work, really like there's no jobs within the timeframe because I have to pick [my child] up at three o'clock from the bus stop, and I drop [my child] off at eight in the morning, but there was no jobs, I was offered a job the earliest you get off it eight thirty, I can't take that. Even the afterschool programs the latest it runs is six, I think. So, its, there's a lot of obstacles, you know?

Reference 8 - 0.37% Coverage

when I first had [the baby] that was a huge thing. And it was, that was part of the reason I felt like I was losing my mind was because my ex would, could come and go as he pleased or if we got into a fight and I told him, "you have to leave," and then I'd hear all of these stories like, "oh I seen him here and he was with this girl," or whatever, and it would drive me crazy because I couldn't just pick up and go

Reference 9 - 0.24% Coverage

I had quit drinking and I didn't really go out or anything and, you know, I didn't hang out with my old friends because they were into things that I wasn't and I now was a young mother. Yeah, it drove me mental, and I really felt extremely trapped and extremely isolated.

Reference 10 - 0.29% Coverage

P: but I couldn't talk with her and laugh with her, and we couldn't go out, and you know, in the winter it was hard taking [the child] out, or I couldn't be out too long 'cause it was too cold. So, yeah it was really difficult and I really did feel like that, and I didn't want to admit that to anyone because I felt guilty.

Reference 11 - 0.23% Coverage

I loved [the child] more than anything in the world, but at the same time my life had completely changed because I had a baby, and I couldn't just get up and go and get my mind off things the way I used to. So, extremely isolated and extremely trapped. Yeah.

Reference 12 - 0.28% Coverage

I just felt like I was losing it, and my sister actually, we went to the beach one day, and she said "you know you can ask for help." And I said, "what do you mean?" She was like, "I know you're not doing good," and I'm like how'd she know 'cause I was trying to hide it from everybody, and I just started crying.

Reference 13 - 0.51% Coverage

wanted to go, so I thought maybe it would be good for me to get away for a bit, and maybe I could help her at the same time. And I could get set up and bring my [child] there. I was thinking only a few months. So, I asked my mom about it, and she said that it was fine with her. So, that's how it started, and then when I was there it didn't go that way at all, and ended up going to the shelter and staying there for a year. And then at the end of it I came back, because it was just a cycle. I would go there feel really guilty after a while for being away, come back

Reference 14 - 0.10% Coverage

I knew [my child] was safe, but I felt guilty for me not being there. I always was consistently living in guilt.

Reference 15 - 0.14% Coverage

me being away was also my fear of failing as a mother because I didn't think I could do it, you know? I didn't think I could be a good mother to my [child].

Reference 16 - 0.14% Coverage

I wasn't stepping up to the plate because I was afraid of doing the same thing to [my child], or not being the best, a good mother I guess.

I: Right.

Reference 17 - 0.46% Coverage

sometimes [my child] get's frustrated when we have these talks, but I think it's getting into [the child's] head, you know? I think that's really important and self-esteem is huge I think, 'cause I had none growing up, and it was never talked about with me. And I don't know if it was with my friends but I didn't hear a lot of talk about it. So, I made [my child] this little, um, it's an affirmation box. So, every morning [the child] can read, "I love me. I'm a good person, or today is going to be a good day."

Reference 18 - 0.31% Coverage

I think that was the huge thing and that's what trying to change in my [child]. I tell [the child] all the time, you know, "you're beautiful" 'cause she is beautiful, like very pretty [child], but I try to tell [the child], like that's not what matters, you know? What matters is how you are on the inside and how you treat others and things like that,

Reference 19 - 0.21% Coverage

and it was really tough for me because, like I did have family, like, people close to me that had had abortions, but I had also gone through the experience of giving birth. So, you know, it was really tough, a really tough decision.

Reference 20 - 0.16% Coverage

the second time when I didn't go through with it I think being in that situation before that definitely impacted my decision, and yes not being in the relationship with the guy,

Reference 21 - 0.15% Coverage

I think being on both sides of it, like, going through a pregnancy and terminating, um, it gave me a different outlook on it because I know what it's like in both instances,

Reference 22 - 0.19% Coverage

but I mean financially we were in no place to have a baby I didn't think. I know people do it, but I have experienced that.

I: Yeah.

P: I didn't want to do that again, and plus I wanted to know him more.

Reference 23 - 0.25% Coverage

I didn't want to lose him 'cause I did really feel strongly for him and stuff and I hadn't, like I've been single for three years, like, I didn't want to jump into something but I really liked him. But I just said, like, "this is my body, and it's my decision and I can't do this."

Reference 24 - 0.33% Coverage

But in the end I was thinking of the baby, like, what is this baby going to go through if I do decided to keep it. Where, you know, this is such a toxic relationship, and what is this baby going to see? I just felt at that time in my life I wasn't strong enough to get out of that relationship, but I was strong enough to not being an innocent baby into that relationship.

Reference 25 - 0.11% Coverage

I was scared (spoken loudly), and honestly I was scared because of what the father of my [child] did to me, you know?

Reference 26 - 0.27% Coverage

that was (clears throat) that was the toughest for me because I really had my mind set on yes I'm doing this. So, that was really, really, tough. And I broke it off with him, and then I, yeah, I kind of went on a downward spiral after that. 'Cause I just, I just didn't want to feel how I was feeling, right?

Reference 27 - 0.18% Coverage

know people have babies on their own, but I didn't want to do that because I had experienced that. I wanted a family, and even if we couldn't be together, to have a good father figure in this baby's life.

Reference 28 - 0.17% Coverage

not just think, "oh I love him. I want to have a baby with him." No, like, I have experienced that and reality is a lot different than your dreams, or your perception of what it could be.

Reference 29 - 0.34% Coverage

we got a pregnancy test. Um, I took it and, um, it was it positive, there was another, like I thought maybe we messed it up. So, I'm, like no, like I was in shock (emphasized). We both were in shock, but I thought well maybe it's a mistake. So the next day when I was at work he came to meet me on my lunch break, and brought a test, and I took it in the bathroom and it was positive

Reference 30 - 0.24% Coverage

I had quit drinking and I didn't really go out or anything and, you know, I didn't hang out with my old friends because they were into things that I wasn't and I now was a young mother. Yeah, it drove me mental, and I really felt extremely trapped and extremely isolated.

Reference 31 - 0.28% Coverage

I thought like maybe, maybe I was pregnant. Like, I didn't, didn't even realize if I had my period, but I noticed that I was starting to crave these really weird foods and stuff. So, I there was some, but I thought there was no way, you know? 'Cause me and him were together for a year and it and it never had happened,

Reference 32 - 0.47% Coverage

we got a pregnancy test. Um, I took it and, um, it was it positive, there was another, like I thought maybe we messed it up. So, I'm, like no, like I was in shock (emphasized). We both were in shock, but I thought well maybe it's a mistake. So the next day when I was at work he came to meet me on my lunch break, and brought a test, and I took it in the bathroom and it was positive so I knew. I was like oh my god, and (sighs) I was just in shock, and I didn't know what to think or what to feel, like I kind of went numb.

Reference 33 - 0.15% Coverage

I felt trapped. Like, when I was pregnant I felt trapped, like I couldn't escape the situation and, um, that no matter what decision I made I was going to be trapped,

Reference 34 - 0.34% Coverage

at one point I was going to keep the baby. I went to the doctors, I got an ultrasound, I was taking my vitamins. And, um, what made me change my mind, and I wasn't, like I was even thinking of names and stuff, was he, we got, I was really hormonal and emotional. I was scared (spoken loudly), and honestly I was scared because of what the father of my [child] did to me, you know?

Reference 35 - 0.78% Coverage

I finally managed to get him out back of my building, and he was grabbing me out there, like really hard, grabbing me trying to get me to stay with him, and I was saying no. Then he shoved me again and a neighbour called the police and the police showed up. And, uh, he had taken off and when the cops were there the first thing they said to me was, "do you have any children here?" And I said, "I have a child but [s/he] doesn't live with me, and he does but [s/he] doesn't live here." And that's what changed my mind, because I was like this is my life, this is what, and I told the cop I was pregnant too, and he's like "oh, geez," you know. That made up my mind, 'cause I'm like this is the life that I'm going to have, and that's the first thing they said to me was. "do you have a child," you know, "do you have a child here?" That's when I had to change my mind (sighs).

Reference 36 - 0.31% Coverage

I was really depressed, because I was really, like I had seen the baby at the ultrasound, you know? I saw the baby at the ultrasound, I heard its heartbeat, I had another appointment coming up for another ultrasound, I was excited. I even the song called song for baby and I'd listen to it walking down the street. Like, I was really excited.

Reference 37 - 0.20% Coverage

My life (laughs) has been a rollercoaster ride. My whole life, but yeah, so I think a huge part of why I made the decisions I did, like I did suffer from alcoholism at a very young age, but also the lack of knowledge.

Reference 38 - 0.20% Coverage

I do, I try to re-instill in my mind is that because of my teenage years, and not having knowledge and drinking and partying a lot and not growing the way I should have I think that a reason why I made the decisions I did

Reference 39 - 0.24% Coverage

I had quit drinking and I didn't really go out or anything and, you know, I didn't hang out with my old friends because they were into things that I wasn't and I now was a young mother. Yeah, it drove me mental, and I really felt extremely trapped and extremely isolated.

Reference 40 - 0.27% Coverage

So, like maybe, well I'm not going to say that, that I would have made a different decision, but if I would have had more, like the knowledge I do have now when I was younger, I might not have might not have made the decisions that I made, that did cause pain and difficulty for me in the future. So, yeah.

Reference 41 - 0.27% Coverage

And I think the younger you get this through to girls, 'cause it took me like, you know, I'm getting up there a little bit and I'm just learning all of this stuff, you know. If you can get this in at a younger age it could avoid, like, a lot of, um, hurt and sadness, and traumatic events. So, yeah.

Reference 42 - 0.31% Coverage

this guy I was with had a kid and he wasn't a constant in [the child's] life. He would all the time miss his appointments to go see [the child] and stuff. So, you know, I thought about all of that whereas, see I think having knowledge in the experience made me think about that and, um, think about the future and what it would be like this time.

Reference 43 - 0.27% Coverage

I did feel I was stronger because I was able to look at all of those things, and the things that were important in the situation to make a decision like that, you know? Like, to look at what it would be like and to be mature about it and to not just think, "oh I love him. I want to have a baby with him."

Reference 44 - 0.25% Coverage

I'm not going to say that, that I would have made a different decision, but if I would have had more, like the knowledge I do have now when I was younger, I might not have might not have made the decisions that I made, that did cause pain and difficulty for me in the future.

Reference 45 - 0.27% Coverage

I did have an abortion, and it was the most, that was another, like very traumatic experience to go through. So, um, but I do know, I know now, it still hurts me when I think about it, it still hurts me 'cause you think of the what if's, but I know it was the right decision for me and my [child].

Reference 46 - 0.28% Coverage

I had my abortion pretty early on, um, but what it has the potential to turn into, that's what killed me, you know? 'Cause I would think about the day my baby was born and then that I let go of what, you know, it could have been that, and I decided to not have it be that. But I tried to, like that really hurts me

Reference 47 - 0.23% Coverage

and I loved [the child] more than anything in the world, but at the same time my life had completely changed because I had a baby, and I couldn't just get up and go and get my mind off things the way I used to. So, extremely isolated and extremely trapped. Yeah.

Reference 48 - 0.25% Coverage

after I had my [baby] with my ex, um, I got really depressed. Like, I literally thought I was losing my mind because I was trying to take care of a baby and he was, like, doing all of this criminal stuff and I couldn't trust him, and he was no help to me, it was like I had two kids.

Reference 49 - 0.23% Coverage

I feel like you have to learn from it. Like, you can't, you know I did it a few times, but you have to learn and not keep making the decisions, because if I'm feeling bad for doing that, and then I keep doing it it's just more to feel really awful about inside.

Reference 50 - 0.16% Coverage

I still haven't completely dealt with those losses, and I am getting counselling now, and that's an area that I want to work on, but it was really tough. Really, really tough for me.

Reference 51 - 0.27% Coverage

I did feel I was stronger because I was able to look at all of those things, and the things that were important in the situation to make a decision like that, you know? Like, to look at what it would be like and to be mature about it and to not just think, "oh I love him. I want to have a baby with him."

Reference 52 - 0.20% Coverage

after that abortion I started drinking, and it didn't get to the point when I was younger, but I could see it getting there and was progressing pretty quickly so I got help for it. And I learned a lot of things in there

Reference 53 - 0.18% Coverage

I know people have babies on their own, but I didn't want to do that because I had experienced that. I wanted a family, and even if we couldn't be together, to have a good father figure in this baby's life.

Reference 54 - 0.20% Coverage

I'm very passionate about this topic, because I can see how I missed out on a lot because of lack of knowledge, and stuff. So, and that's part of the work I would like to do, like, I would like to work with young girls

[<Internals\\Thesis_Grace_Disaggregated>](#) - § 57 references coded [12.41% Coverage]

Reference 1 - 0.26% Coverage

I want to be a professor, but even like doing my research I see that it's so hard for women as mothers to attain, like, full professorship because of all the hardships along the way, like, you just, it, to have a good career is going to take so much time out of your life and then for you to also be like a good, for me like a good professor and a good mother just seems totally income, incompatible.

Reference 2 - 0.14% Coverage

And even as a student like I still see that, like, my peers who don't have children don't, like, they talk about the stress of the program but you don't truly understand, like, what it mean to have kids [voice breaks]

Reference 3 - 0.30% Coverage

being a mom is awesome, but being a mom and an employee, and a student, and like all the volunteer things that I still (emphasised) do, all those roles are just incompatible to me. And, like, I'm finishing my first year, and I thought it would get easier with time, just like learning how to manage my time, but there comes a point where you just don't have extra time, like you can manage all you want but you still need like another four days a week to get everything done.

Reference 4 - 0.29% Coverage

if I was a single mom I would not be able to do this. There are no supports available. So there's all these just, just expectations that being a student, or being insert any job title there, you need to devote your entire life to that, and they don't account for like personal lives. Regardless if you have kids or not there's no consideration given to that section of your life. So, there's an immense amount of pressure to do well and to be a good mom.

Reference 5 - 0.43% Coverage

other people are like, “well that’s, you know, people who work fulltime jobs the same thing for them. They see their kids supper time before bedtime and then weekends.” So I guess for me I’m like “okay, well I’m not the world’s worst mom,” like if everyone else is doing the same thing, but then I still feel like even during that time my mind is elsewhere often times [voice cracks], like for example the last couple weeks, like, I’m just thinking [school, school, school, school, school] all the time. And that’s where my mind is focused even when I’m playing trains with my [child], and like, you know? So it’s hard for me to even give myself fully to [my child],

Reference 6 - 0.32% Coverage

eight to four on campus do all your work, like including all your jobs, do all your school work go home, [child’s] time until he’s in bed, and then in the evenings that’s not even like partner time it’s school work (laughs), and then, you know, wake up and repeat, um, so I guess, and that way I’m managing my time in blocks, but I’m still not feeling like I’m giving my all to [my child], or giving anytime to my partner, and then coming last of course is myself. I’m not giving any time to myself.

Reference 7 - 0.32% Coverage

P: Yeah, and I feel that’s an expectation put on mother’s is everything else comes first, and then your, your personal needs are last.

I: How do you feel about that expectation?

P: It’s so unreasonable, but it’s like, it’s funny because it’s expected of you, and I don’t know if it’s expected and then you perform that way, or if, or if because you perform that way that is the expectation. Like, I don’t know which way, which direction it goes, but I don’t feel like I can live any other way.

Reference 8 - 0.29% Coverage

I know realistically people have to work. You have to make money, pay bills, buy groceries. So the perfect mom to me still has to do those things, but she also has to find time for herself. So I think, I think of it more as in a family unit, and how all those pieces fit together. For me the perfect mom kind of needs like a perfect sidekick, whether or not it’s like a partner or a friend that can help. I don’t think a perfect mom can do everything on her own

Reference 9 - 0.40% Coverage

I guess there’s expectations for like mom’s to also be bread winners, you know, and to work fulltime and to take care of their kids fulltime and to do well doing both, like there’s that expectation that’s quite, quite abundant in society and, like, regardless of whether or not the person works at a grocery store or as a professor, there’s still, there’s an expectation that that women, as a mother, has to balance those roles whether or not she has a partner or not. So there’s that external expectation of you can be a mom and you can be an employee, and both of those worlds can co-exist, but no one ever tells you how.

Reference 10 - 0.18% Coverage

everyone says money isn’t like the key to happiness, but money or having like a stable financially is the key to like (laughs) living better at least (emphasized). So, like, as a young mother I don’t even understand what it means to be saving. Right now you work to make the ends meet

Reference 11 - 0.69% Coverage

we started dating, like, distance wise, a couple months after [my child] was born, but we had always been talking. I don’t know, I slowly introduced [my child] to him, like when he would come visit, sometimes [my child] would be around, sometimes he was with his father in [city in Maritime province], but whenever he was there, like, [he] was so great with [my child] and [my child] just loved him, and my mom was always like (laughing), she was like “you guys just gotta get married and start this family and,” I’m like “I gotta do this slowly mom. I can’t just push a child on someone, like, he doesn’t know what to do with a kid or how to change a diaper.” But, like, I told him to be with you and to date you, like, you have to be on board with me and my [child]. And I’m like we can do this slowly, and

it helped that we were dating long distance, like we can do this as slowly as you want, like I'm not, but this is a serious decision for you to be making, like, if you want this or not, like, I don't want to waste my time 'cause now this is a packaged deal (laughs).

Reference 12 - 0.17% Coverage

that brings me to the idea of, like, mental health. Like, sometimes it's so hard to be a mom and, like, you know, I can't afford to see a therapist (laughing) to talk about mom troubles, but like I think there needs to be more supports for mental health as well

Reference 13 - 0.14% Coverage

But every day, like just coming to school every day and, like, working as hard as I do, and then leaving, like just how much I have in every single day. I get so angry looking at my schedule because there's no time for me,

Reference 14 - 0.17% Coverage

I can change my program, I can change where I work, but ultimately I'm always thinking is this going to put food on my kids table, am I going to be able to cloth my child, and then you think about daycare, and everything else in your life then becomes about your child.

Reference 15 - 0.24% Coverage

Terrible (emphasised) news for Valentine's weekend. Uh, not so much that I was pregnant I think, I think I always saw myself having one kid, it was just the fact that it was with that partner, with [John]. I didn't want a kid with [John], um, so it was a huge emotional roller-coaster for me. Just because I was in my [final] year of my [program], I planned on doing my thesis

Reference 16 - 0.15% Coverage

now facing the fact that I had to take maternity leave if I chose to go through with the pregnancy and have, have my child. So it, and then it was the fact that it was with someone who I didn't see myself being with for a long time

Reference 17 - 0.06% Coverage

that was probably the hardest thing to accept was that I'm pregnant with that person's child.

Reference 18 - 0.44% Coverage

my body felt, this is like (laughs), I'm not spiritual or religious at all, my body just felt like something was totally off, like something in me. I felt okay, and the first thought was okay you're pregnant, and I don't know how, I can't describe it, it was like a tingly nervous sensation in my stomach, like I was going to throw-up and I was never morning sick (laughs). That's an aside, I was never morning sick, but that one day I was like something is off and I was literally, just happened to be walking by a Shoppers Drug Mart so I went right in. And this is like serious, it was right at that moment. I walked in and I just knew that I was. I didn't even have to buy that test.

Reference 19 - 0.18% Coverage

I went and got home, and I left it in the bag for a bit, like hoping my period would come, because it was so close to when my period was supposed to come (sighs), but eventually I was like, you know, you just have to know. I think I might have waited like a full day or something.

Reference 20 - 0.04% Coverage

I had to let it sit in with myself (sighs) Just terrified though.

Reference 21 - 0.13% Coverage

P: Like it's just from that point on my life was changed no matter what I decided, like if I decided to keep that child or to abort it (sniffles), you know, my life was changed. So, it was just crushing.

Reference 22 - 0.09% Coverage

at that point I had fully accepted that my life was changing, like, I would never truly realize until you have that little bundle to take care of

Reference 23 - 0.11% Coverage

at that point I think I moved home. Back to [town in Maritime province], I think it was like the next week I moved back home, as long as my finials were done, um, with my mother.

Reference 24 - 0.16% Coverage

I didn't really talk to [John] at all that summer. His family hated me, um, he wasn't happy that I broke up with him, um, so we hardly spoke until the birth of my [child] in [month]. When he decided to show up at the hospital (tone change/ sing song voice),

Reference 25 - 0.06% Coverage

it was terrifying. I was by myself, um, and when I found out I didn't tell [John] right away

Reference 26 - 0.34% Coverage

we recently just got like a consent order, we were going through some custody things, so up until this point he's never had to pay more than a hundred and twenty dollars a month for [the child], this is, [the child] is now over three years old. This is a long time, and a hundred and twenty dollars a month is all he's had to pay for [the child's] life, and it's like my entire life is putting a roof over [the child's] head, and feeding [the child], and saving for [the child's] education, and buy cloths, and the list goes on.

Reference 27 - 0.09% Coverage

I untimely decided yes, regardless of who else was talking to me about it, like could I do it, 'cause I knew that people might not always be around

Reference 28 - 0.13% Coverage

P: Like it's just from that point on my life was changed no matter what I decided , like if I decided to keep that child or to abort it (sniffles), you know, my life was changed. So, it was just crushing.

Reference 29 - 0.20% Coverage

as our conversations progressed and as my pregnancy progressed, I wanted to keep the child more so because I felt I could be a good mom, and I didn't give, excuse my language, I didn't give a shit what he thought anymore, but I knew we were going to breakup, but I knew that, like my mom raised us by herself

Reference 30 - 0.19% Coverage

I was like, you know what I'm keeping this because I feel like I can do it by myself, or with him, but I knew for certain at some point that I could do it by myself. And I think that's why I ultimately decided to keep the child, 'cause I had this moment of feeling like you can do this, you know

Reference 31 - 0.11% Coverage

when I told my mom, and despite her reaction, I already decided, like, I'm keeping it, like, regardless of who it's with, it's like I'm going to do this, and I can do it.

Reference 32 - 0.08% Coverage

I guess at that point it was like probably like a month and a half to two months before I really decided, and told anyone

Reference 33 - 0.27% Coverage

abortion I know what that means and to keep a child I know what that means, but to adopt I don't know how you prepare yourself or how you go about it, what conversations to have, who would you speak to, but the other two options, despite abortion being, you know, ending a life, those two things, I had a pretty good sense of what that meant for myself, but adoption was just, I support it, but for me it was too gray.

Reference 34 - 0.23% Coverage

When I made the decision I think I would have just said, like, you know, you're making the right decision, like, follow your own instincts and don't really listen to what he's saying. 'Cause at that point I knew it was heading down hill. So, I think future would have told past me, like, you did a pretty good job considering what you had to work with.

Reference 35 - 0.22% Coverage

I would never regret, I don't regret [my child] now, but like if I take him out of the picture, like if I thought about past [me], where she (emphasised) wanted to go, abortion might have been the option, just knowing the (voice breaks), the struggles. Um, yeah just get rid of the stress and the sources of stress, and make the decision for me.

Reference 36 - 0.29% Coverage

because at that moment, even when you're first deciding am I going to keep this child your life is still about you. You're making a decision for yourself, ultimately. You're still freely able to move in the world, you have free mobility, really, you can still made any career choices you want, educational choices you want, but as soon as you have that child your life is no longer about you, ever again. It's always going to be your child comes first, always.

Reference 37 - 0.39% Coverage

It's just to understand the gravity of that change. I don't think, I was, it was not even fully aware to me 'cause it's like I can easily think back to that time when I was like this a really big decision, and it was really hard, but I was still making that decision, like, by myself. The child wasn't already there, it was still just a fetus, and it was still, I was still by myself. So it's like, looking back on it now, like, I don't know what I would say to someone at twenty-two, but just this is the biggest choice you'll ever make in your life, really. It's the last choice you'll ever make for yourself,

Reference 38 - 0.15% Coverage

I mean twenty-two is, you're not super young but you're still, it's just like being a teenager when you're twenty-two. You're still figuring out your life, like, you might be a little more mature but you're still figuring out your life.

Reference 39 - 0.39% Coverage

then [John] and I broke up. I think it was like the first day of April, um, I really (emphasised), I really started to see that I didn't want to be with him and I was not going, you know, let this pregnancy be the factor keeping me there. I: Uh huh.

P: 'Cause I felt that would make it even worse (laugh/ scoffing), so I broke up with him, um, at this point we had almost dated six months. It was almost our six month anniversary. In fact I think it was the day before our six month anniversary (laughs), but I just said no, like, at that point I decided I'm keeping the child, I do not want to be with you,

Reference 40 - 0.14% Coverage

And like even as I strive towards academia and, its (laughs) it's not going to get easier. It's gonna be worse. I'm going to have a bigger workload. So I don't, it's a struggle and I don't even know what the answer is.

Reference 41 - 0.22% Coverage

I would never regret, I don't regret [my child] now, but like if I take him out of the picture, like if I thought about past [me], where she (emphasised) wanted to go, abortion might have been the option, just knowing the (voice breaks), the struggles. Um, yeah just get rid of the stress and the sources of stress, and make the decision for me.

Reference 42 - 0.26% Coverage

I don't know how to phrase it, but if you don't have those supports you might just have to hold off on something. I think that for me, like even looking back, I wish I would have maybe not pursued [the next level of my education] so early, and it's hard for me to admit that, but [my child] is so young, but I just really want my career, but I think that's like a residual dream from when I was still childless.

Reference 43 - 0.29% Coverage

I really wanted to be successful early [emphasized], and be a young successful person, and then (emphasized) have kids. Now that I have kids I'm still pushing just as hard as I would if I didn't have kids, and it's like to want both of these things, to want children and a career, and your master's degree and your Phd, to want those things is not bad, but be more realistic about it. You might have to postpone gratification of one of those (laughs).

Reference 44 - 0.08% Coverage

if I was a single mom I would not be able to do this. There are no supports available. So there's all these just, just expectations

Reference 45 - 0.24% Coverage

regardless of whether or not the person works at a grocery store or as a professor, there's still, there's an expectation that that women, as a mother, has to balance those roles whether or not she has a partner or not. So there's that external expectation of you can be a mom and you can be an employee, and both of those worlds can co-exist, but no one ever tells you how.

Reference 46 - 0.27% Coverage

I get angry just because, I get a little bit angry because I did opt for this. This was my decision to be here, but it wasn't fully explained to me what it would be like to be here. And I don't know who would do that explaining, and maybe there's no one, but it's maddening that this is the norm. This is supposed to be how hard you work. To get what, you know? What do I really have to take home with me each day? (laughs)

Reference 47 - 0.20% Coverage

[my child] lives with me fulltime, and he sees his father a week every once and awhile, not even often, but he can do whatever he wants with his life. He can, if he wants to go to school and do whatever, like, he can do that. He works fulltime, he works overtime, there's no worries about can he pick up his [child].

Reference 48 - 0.21% Coverage

[the child] is now over three years old. This is a long time, and a hundred and twenty dollars a month is all he's had to pay for [the child's] life, and it's like my entire life is putting a roof over [the child's] head, and feeding [the child], and saving for [the child's] education, and buy cloths, and the list goes on.

Reference 49 - 0.13% Coverage

I guess if you include pregnancy and [my child's] years being alive, um, it's been like four years and after that much time you just really stop caring whether or not he's involved, as long as, you know, I am

Reference 50 - 0.13% Coverage

It's irreversible, and (laughs) I guess once you have a kid you are always going to be a mother, like you can't, that role doesn't go away so you have to be prepared to one hundred percent accept it.

Reference 51 - 0.29% Coverage

at that moment, even when you're first deciding am I going to keep this child your life is still about you. You're making a decision for yourself, ultimately. You're still freely able to move in the world, you have free mobility, really, you can still made any career choices you want, educational choices you want, but as soon as you have that child your life is no longer about you, ever again. It's always going to be your child comes first, always.

Reference 52 - 0.34% Coverage

it was not even fully aware to me 'cause it's like I can easily think back to that time when I was like this a really big decision, and it was really hard, but I was still making that decision, like, by myself. The child wasn't already there, it was still just a fetus, and it was still, I was still by myself. So it's like, looking back on it now, like, I don't know what I would say to someone at twenty-two, but just this is the biggest choice you'll ever make in your life, really. It's the last choice you'll ever make for yourself

Reference 53 - 0.19% Coverage

now, like, I might choose, I can change my program, I can change where I work, but ultimately I'm always thinking is this going to put food on my kids table, am I going to be able to cloth my child, and then you think about daycare, and everything else in your life then becomes about your child.

Reference 54 - 0.11% Coverage

that moment was crushing (emphasised) for me , just like what do I do (crying) .

I: Uh huh.

P: Like it's just from that point on my life was changed no matter what I decided

Reference 55 - 0.07% Coverage

people still like to party and to go places, and I just had, I felt so immediately disconnected from my friends.

Reference 56 - 0.17% Coverage

And that brings me to the idea of, like, mental health. Like, sometimes it's so hard to be a mom and, like, you know, I can't afford to see a therapist (laughing) to talk about mom troubles, but like I think there needs to be more supports for mental health as well

Reference 57 - 0.19% Coverage

I was like, you know what I'm keeping this because I feel like I can do it by myself, or with him, but I knew for certain at some point that I could do it by myself. And I think that's why I ultimately decided to keep the child, 'cause I had this moment of feeling like you can do this, you know

<Internals\\Thesis_Hayley_Disaggregated> - § 26 references coded [10.72% Coverage]

Reference 1 - 0.21% Coverage

P: I was nineteen when I had my first [child], and, uh, the father left me. So, it was kinda (sighs), that was hard

Reference 2 - 0.46% Coverage

I: Oh, okay. And did your [child] go with you or did he stay with your mom?

P: Both.

I: Both.

P: It started out that he was with me, but then mom found out how cold it was in the basement. So, she was like, no he's not going to be living there.

Reference 3 - 0.32% Coverage

I got into alcohol really bad back then, and by the end of that year I was just, it was really bad. I was coming home and drinking a shot of one fifty one to start studying.

Reference 4 - 0.39% Coverage

I: So, he was sort of there at the beginning a little bit, but in and out, and –

P: Yeah. He stopped seeing [my child] completely when [the child] was three months old, and, uh, yeah that was pretty much it.

Reference 5 - 0.46% Coverage

being a mom again is just, I kind of reflect on the past a bit, but I feel a bit more hopeful this time because I have him as a support, I have my mom as a support still, and I know I'm in a different place in my life now, and I'm a lot happier

Reference 6 - 0.25% Coverage

It seems to be a little bit easier this time around anyways.

I: Yeah.

P: Because I have a little bit more support than I did before.

Reference 7 - 0.77% Coverage

he just reminds of, like, how good I am to my [child] and how I do everything for [my child], and I would [emphasized] do anything for [my child], and, um, that, just like how good I take care of [my child] and all of that. And he just tells me that he's, that I'm one of the best parents he's seen out of the few he did know, and just that I would be a great mother to this one too, and just don't doubt myself

Reference 8 - 0.17% Coverage

I mean, sometimes I wonder, well if I would have waited what could I have done with my life

Reference 9 - 0.32% Coverage

it's been really great that I have him here and that he can help me and everything. I don't know what I'd do without him (laughs) honestly. I don't know how I did it before.

Reference 10 - 0.49% Coverage

they were like, “well, what are you going to do if you are pregnant?” And I’m just like, “well, I think I’d be really happy, but I think my mom’s going to kill me” (laughing), and uh, and she’s like, “okay, do you have any support?” And I’m like “yeah, my mom”

Reference 11 - 0.37% Coverage

He told me that I was destroying my life, I’m taking a step backwards, I’m never going to make it or anything. That was hard to hear, but then I proved him wrong (laughs). So, I felt good about that.

Reference 12 - 0.25% Coverage

It seems to be a little bit easier this time around anyways.

I: Yeah.

P: Because I have a little bit more support than I did before.

Reference 13 - 0.37% Coverage

I went to the cops and I was going to have him charged and everything, but then in August I found out I was pregnant, so then I dropped the charges ‘cause I didn’t want to put any stress on the baby.

Reference 14 - 0.79% Coverage

I: What was that experience like, what did you feel like when you dropped the charges?

P: It was a little bit of a relief because I knew I was going to have a healthy baby without all the stress and everything, but it was still kind of like man I’m letting him go. I’m letting him get away with what he did. So it really of sucked. So it was kind of like both , but I’m really glad I had a healthy baby out of all of it.

Reference 15 - 0.87% Coverage

I: Yeah. So what was that, um, what was that experience like, thinking that you might be pregnant at eighteen?

P: Honestly, I was kind of excited (laughs).

I: Yeah?

P: Because I knew if anything was going to help me come off the drugs and the drinking, and all the medication I was on from the hospital, if anything was going to make me come off of that it would be a baby. And I can honestly say [my child] saved my life because I tried overdosing that year too.

Reference 16 - 0.23% Coverage

I took it one step at a time. And I knew that I would get through with or without his help, and I was going to be strong.

Reference 17 - 0.46% Coverage

I knew that I was going to love the baby no matter what because I just, I really wanted a baby at that time, and I mean I knew I was too young, but at the same time I was like this is the only thing that’s going to save my life. And I knew it.

Reference 18 - 0.46% Coverage

I knew that I was going to love the baby no matter what because I just, I really wanted a baby at that time, and I mean I knew I was too young, but at the same time I was like this is the only thing that’s going to save my life. And I knew it.

Reference 19 - 0.30% Coverage

I went back for my GED's shortly after I had my first [child], and I passed it within the first go. I was in collage the first month after I passed my GED's

Reference 20 - 0.04% Coverage

I was so naive back then

Reference 21 - 0.46% Coverage

being a mom again is just, I kind of reflect on the past a bit, but I feel a bit more hopeful this time because I have him as a support, I have my mom as a support still, and I know I'm in a different place in my life now, and I'm a lot happier.

Reference 22 - 0.19% Coverage

learn to love yourself and take it one day at a time, and eventually you will become a strong person

Reference 23 - 0.58% Coverage

I: But his initial reaction was sort of a positive –

P: Oh yeah. Like, he was telling everybody. And then after about a month or so he started denying that it was his, and saying oh I slept with a bunch of other guys, which wasn't true, but – yeah, that kind of turned around on me, but it was for the best.

Reference 24 - 0.23% Coverage

I took it one step at a time. And I knew that I would get through with or without his help, and I was going to be strong.

Reference 25 - 0.17% Coverage

I mean sometimes I wonder, well if I would have waited what could I have done with my life

Reference 26 - 1.12% Coverage

I'm kind of glad that I did have them young (sighs). I don't know how to word it without it sounding weird, but it gave me the chance to see what was going to happen with my life, like with the endometriosis and stuff. It prevented me from having like certain types of careers, which if I would have gotten into and found out that I couldn't have worked in it, it would have been a whole lot harder. So, I'm really glad that I went through what I did because it just kind of, I think god gave me, like, my life in strides so that, yeah. I don't really know how to explain it any clearer than that.

<Internals\\Thesis_Iris_Disaggregated> - § 36 references coded [9.54% Coverage]

Reference 1 - 0.13% Coverage

I was so nervous that I wouldn't say the word "abortion." I just kept saying, "service," or "procedure," or something.

Reference 2 - 0.10% Coverage

That's part of the thing, and people should know that, too, that it's not taken lightly.

Reference 3 - 0.12% Coverage

at the end of the day, I personally—I'm proud of my decision. And I know that many people wouldn't understand that

Reference 4 - 0.32% Coverage

I'm good with me. And there's nobody that could change my mind on that at this point. Which is wonderful to say that I got to that point, and I wouldn't have gotten there without this, you know, without going through that experience. It's a part of me, and it's become a positive influence in my life.

Reference 5 - 0.40% Coverage

in a way it's kept me here, but it's in one of those bitter ways. [laughs] That's like, somebody has to stay and fight, so I'll be here. You want to go at it, fine. I mean, you can't just bully a whole point of view and a law out of a whole province, and say "We don't want that here, we don't want that here. We don't want you here, so [garbled] get out because we're louder."

Reference 6 - 0.12% Coverage

It was almost like I knew immediately. Like, immediately [emphasised], conception just happened, right there.

Reference 7 - 0.31% Coverage

I remember getting birth control pills, because I didn't even know you could get morning-after pills. I'm still not quite sure on the situation about that here, you know. But I remember taking, like, twelve birth control pills, soon after, thinking that, "Okay, that'll help if nothing else."

Reference 8 - 0.17% Coverage

I still don't regret it. I may from time to time feel something that I would call guilt, but it's not anywhere near regret. I would never take back that decision.

Reference 9 - 0.39% Coverage

I did for a while really get this plummet in self-esteem, because sometimes it feels like something happens in your life and that's a theme, you just see it everywhere. So suddenly I just saw it everywhere. And everywhere I saw it was the anti-abortion side of it, right, and it was just like everywhere, in my face, I couldn't—nobody knew. It was just so frustrating.

Reference 10 - 0.31% Coverage

P: And it is, because it's not taken lightly at all. I mean, I always made a big point to try to have an active role in children's lives, ever since then, that are underprivileged. And [garbled] one parent, or no parent, or—so I've done a lot of work with a lot of children in the past ten years,

Reference 11 - 0.37% Coverage

there was a small number of people that knew, and oddly, out of that number there was two girls who at some point in the past ten years came to me, saying they didn't know where to get information, they didn't know what to do, they were lost, and I drove them over, and I was so happy to be their support, you know, because I didn't have peer support.

Reference 12 - 0.28% Coverage

I know who I am and what I believe in. So it's just a matter in this situation of action, of helping people. And those two women, I did help them, and I did support them, and I feel really good about that, because that is a part of me that I'm really proud of.

Reference 13 - 0.22% Coverage

I know that some people haven't taken the time for self-reflection, and self-identity, and for some women it can be so hard whenever—I mean for anybody, whenever you think you're being judged on something, right?

Reference 14 - 0.27% Coverage

I mean, there's so many circumstances, and whenever I think about them, and I can feel their story, and I feel for them so strongly, and think, "You did the right thing, and I support you, and I'm so glad that I was able to be your shoulder," you know?

Reference 15 - 0.18% Coverage

But you know that feeling of outsider, of you're—oh god, you can't tell anybody that you got pregnant. You're a teenager. Oh my god, you're an outsider, you're one of them,

Reference 16 - 0.27% Coverage

I was such the self-guilty. I was always bad at that, long before this, I would just try to make myself feel bad about things, and it's something that I've come to cope with as an adult, thank god, but when I was younger I'd take everything seriously.

Reference 17 - 0.46% Coverage

that would be wonderful, really wonderful for some pregnant teenager on the other side of the Island, to be able to go somewhere and sit down and talk to somebody about the choices she's facing, and the fact that a lot of the times, your mind's made up before you ever walk in anywhere, right, and just to talk to somebody, and to get the information. It is appalling that those two women had to come to me to find the information,

Reference 18 - 0.22% Coverage

If you don't know who you are, you don't know what you stand for, you don't know what your purpose is to you in this world, then what are you doing? You need to know who you are, and you need to be okay with that.

Reference 19 - 0.21% Coverage

without that experience I don't think I would have done all that good. I think I learnt very young from other experiences that bad things really do positively influence your outlook and your life.

Reference 20 - 0.49% Coverage

I'm pretty thankful, in a way, for that experience. Because it gave me a lot of self-reflection forced upon me. And it wasn't the first time in my life something happened that really [garbled] self-reflection [garbled]. That was another one, it really forces you to think about who you are and what you think about things, and I am so grateful that I've become the type of person that can understand different points of views and still really strongly hold my own.

Reference 21 - 0.14% Coverage

that whole experience was a big factor in it, and I'm a much well-rounded, better person because of it, because of the self-reflection.

Reference 22 - 0.09% Coverage

You have to self-reflect, and things like this really make you—force you to self-reflect.

Reference 23 - 0.60% Coverage

it's the whole identity of self, and you're going to go through it in a million different ways in your life, and one of them is if you have an abortion somewhere where it's not seen as acceptable. It's not seen as acceptable here at all. That's the general message you get, so you're going to have self-reflection, and you're going to have identity crisis where you have to put yourself in the situation of saying, "Am I who I say I am, or am I what I do, or am I who other people say I am—" like, where is your sense of identity? And you have to come to terms with that

Reference 24 - 0.32% Coverage

I'm good with me. And there's nobody that could change my mind on that at this point. Which is wonderful to say that I got to that point, and I wouldn't have gotten there without this, you know, without going through that experience. It's a part of me, and it's become a positive influence in my life.

Reference 25 - 0.49% Coverage

something through this experience, through having an abortion made me kind of know that you have to speak up sometimes. Because sometimes what you feel is so strong and so pure, you know, you really believe in it, like you really believe in choice, that you can't just sit by and nod your head and just ignore it. You have to say—you have to at least let your side be known, and quietly or calmly just let it be known, so that you're putting something out there.

Reference 26 - 0.18% Coverage

I really think the lives of at least four children, and two adults, would be nowhere near as good if I didn't have that experience. So yeah, I'm really grateful in a way.

Reference 27 - 0.29% Coverage

how many people don't have sex, ever? It's pretty rare. So what are you really criticising them on? You're criticising them on, let's say, luck. Bad luck. Good luck, if you're looking to get pregnant. But really, you can't judge someone for having sex. That's just ridiculous.

Reference 28 - 0.42% Coverage

if I thought there was something I needed to change about myself, I would change it. And I do, on a regular basis. I make a point of thinking, "There's something—" And there's something you come to realise at a certain point, maybe most people realise it when they're five, I don't know. But it took me until recently to realise that who you are and who you want to be is just a matter of action.

Reference 29 - 0.12% Coverage

It was almost like I knew immediately. Like, immediately [emphasised], conception just happened, right there.

Reference 30 - 0.31% Coverage

I remember getting birth control pills, because I didn't even know you could get morning-after pills. I'm still not quite sure on the situation about that here, you know. But I remember taking, like, twelve birth control pills, soon after, thinking that, "Okay, that'll help if nothing else."

Reference 31 - 0.25% Coverage

I just basically waited and waited for that first period, and it didn't—so I found out very very soon, and I pretty much thought that whole time—what if, what if, what if—and I had it figured out in my mind what my decision would be.

Reference 32 - 0.20% Coverage

I was 16, and it was available to me. It was a choice that I had made with full conscious—it's not like I just woke up and said, "Oh, gee, I'm pregnant. I'm going to go get an abortion,"

Reference 33 - 0.24% Coverage

nothing about it was liked. But nothing about it could have ever gone any other way.

I: Could you say more about what you mean by that?

P: Uh, just because it wasn't easy doesn't mean that I still don't believe it was right.

Reference 34 - 0.17% Coverage

I still don't regret it. I may from time to time feel something that I would call guilt, but it's not anywhere near regret. I would never take back that decision.

Reference 35 - 0.22% Coverage

I know I couldn't have raised it, I know I couldn't have given it up for adoption, I know what I did was the best choice for me at that point in my life. There's no regrets. But it wasn't taken lightly at all.

Reference 36 - 0.16% Coverage

I'm presently in the process of looking at having children. Very eager about that, because I'm at a point in my life where that's something I really want.

<Internals\\Thesis_Jessica_Disaggregated> - § 22 references coded [12.39% Coverage]

Reference 1 - 0.44% Coverage

I was bawling the whole time, terrified that I was going to see the monitor, because I did not want to see that monitor at all showing the baby. I was petrified about that. So I just held my face the other way, and closed my eyes, and that was over quick,

Reference 2 - 0.43% Coverage

all the feelings and thoughts in the time leading up to the abortion were really hard. I was always thinking about the baby, and always thinking about if it would be a boy or a girl, or what it would look like, or things like that. That was hard.

Reference 3 - 0.65% Coverage

when we were with the nurse we went over what types of medication we wanted. And I picked everything, because I just wanted to be the least present in the moment as it was happening, and I didn't care—I'm not, like, I won't even take a Tylenol if I have a headache, because I'd rather just wait it out, but for this, I was like, "Give me everything that you are offering!"

Reference 4 - 0.39% Coverage

And then just laid down on the table, and the stirrups and everything, and then she put the morphine in and I just felt sedated and everything, but still fully aware of what was going on and still feeling all of the emotions

Reference 5 - 0.46% Coverage

And then after, I heard the machine go on, and then I knew that when the machine went on, that it was happening, and I started crying while it was happening, and she said, “Oh, yeah, the Ativan will make you a little emotional.” But I knew it wasn’t the Ativan.

Reference 6 - 0.49% Coverage

I: And so when it was over, what were you feeling? Once the Ativan and all that stuff started to wear off!
P: Yeah! I felt—well, the first feeling was just relief! I felt such relief. I felt like this weight had been just lifted from me, because that’s what I wanted, you know?

Reference 7 - 0.56% Coverage

I think that feeling upset about the decision is partially caused by that former self, I think. And just having it in the back of my mind, and thinking about all my friends from high school, what they would think if they knew, and my parents, what they would think if they knew, my boyfriend’s parents, my old teachers.

Reference 8 - 1.21% Coverage

Like, when I picture my life I feel like I’ve done well for myself so far and I feel like I’ve been a good person, but then when I view my life continuum like this, there’s this little scar, right there, that is hidden, that I’ll never be able to share with anybody, and I’ll always have it in the back of my brain, this is what I’ve done. And even though I know it was the right decision. and I know that I’m confident that it was the right decision and I would do it again, it’s still there. Still something that I’ve done, and I would like to view it as, instead of being this hidden scar, as an experience to learn from and a source of strength because I went through it, and I came out fine

Reference 9 - 0.66% Coverage

I went through kind of the guide and told him the things that I would be talking about, and he said, “So how are you feeling about having had the abortion? Do you still feel it was the right choice?” And he’s great. So I said, “Yeah, I still feel it was 100% the right choice. I don’t feel regret. I just want to get it out there. And to be an advocate for women in the future.”

Reference 10 - 0.16% Coverage

like I said before, I would just like to view it as a badge of honor instead of a hidden scar.

Reference 11 - 0.47% Coverage

he did say that he was having thoughts like me in the back of his head about if it was a boy or a girl, or what it would have looked like, and that’s really hard to think about, and I tried to suppress those emotions, you know, but—so we’ve definitely connected over it

Reference 12 - 0.46% Coverage

from the time I seen those two little lines on the test, I just fell apart, basically. I felt scared right away and I felt confused about how it had happened in the first place, and I felt kind of stupid or irresponsible for letting it happen in the first place.

Reference 13 - 0.26% Coverage

my experience leading up to the abortion was really really hard, dealing with the symptoms and just going on with my normal life was really really hard.

Reference 14 - 0.34% Coverage

I had to wait until [date omitted: approximately four weeks after positive test] to go, so it was a while of—and I still had school, and work, and I had to hide it from everybody, so it was hard.

Reference 15 - 0.43% Coverage

all the feelings and thoughts in the time leading up to the abortion were really hard. I was always thinking about the baby, and always thinking about if it would be a boy or a girl, or what it would look like, or things like that. That was hard.

Reference 16 - 0.24% Coverage

So I felt really good but then I was still felt with the feelings of “I can’t ever tell anybody about this. I have to keep this to myself,

Reference 17 - 0.46% Coverage

I still, I wanted to tell somebody about it. And I’m not even a person that shares a lot of their problems or their feelings with people, or even people that I’m close to, but this is a big deal, so I wanted to be able to share it with somebody, but I couldn’t.

Reference 18 - 0.22% Coverage

I felt relieved, but I still felt like I just had all of these feelings inside of me that I needed to get out but I couldn’t

Reference 19 - 0.97% Coverage

I: And selfish is—and why is that bad? You know?

P: I don’t know. I really don’t know. Like, if it’s selfish then it’s selfish, but at the other end I could think of it as not being selfish. Because if I were to have that child, I wouldn’t be able to do my Masters. And my boyfriend wouldn’t be able to continue with his path that he’s on right now. And that child would not have—well, I’m sure it would have a good life, but it wouldn’t have the life that I ideally want to give to my future children, and I think I should be in control of that, honestly.

Reference 20 - 0.97% Coverage

I: And selfish is—and why is that bad? You know?

P: I don’t know. I really don’t know. Like, if it’s selfish then it’s selfish, but at the other end I could think of it as not being selfish. Because if I were to have that child, I wouldn’t be able to do my Masters. And my boyfriend wouldn’t be able to continue with his path that he’s on right now. And that child would not have—well, I’m sure it would have a good life, but it wouldn’t have the life that I ideally want to give to my future children, and I think I should be in control of that, honestly

Reference 21 - 1.26% Coverage

I would like to view it as maybe just a symbol of my transition, of my moral transition, instead of—I keep using the “hidden scar—” because that’s what it is. And—

I: More a badge of honour than a scar, you would like to see it that way?

P: Yeah. Yes, definitely. That would be amazing, to view it as a badge of honour rather than this hidden scar, and to think of it as solidifying and symbolizing my transition from this narrow Catholic viewpoint to being much more whole person, and being able to look at things critically, and being able to change my mind about things that have been so ingrained in me since I was a child, so I would like to view it as a symbol and the solidification of that transition, definitely.

Reference 22 - 0.83% Coverage

I feel like a fortunate case because I was able to access it fairly readily even though I did have to leave the province. But other women, they don't have supporting boyfriends, they don't have money, they have other children, so for them—for those women especially, and like I was thinking before, those are the women who may be most likely to become pregnant and not, you know, and not want to have the child. Especially for those women, the change should be made. Definitely.

<Internals\\Thesis_Kaci_Disaggregated> - § 58 references coded [16.27% Coverage]

Reference 1 - 0.14% Coverage

I think it all just comes back to just, not so much regret, because I look at different things in my life and I'm like if I had have been pregnant I would have never been able to do that

Reference 2 - 0.39% Coverage

it all plays just down to guilt, like, why couldn't have done that, but then I'm like, well because of this. So, a bit of relief too. There's a whole lot of things.

I: A lot of mixed emotions?

P: Yeah, well one day I'm relieved, like yesterday I was relieved and the day before that I felt guilt because there is a girl in second year who's having a baby. She's all bells and whistles, but I have to remind myself that I can't compare because her situation is different than mine.

I: Yep.

P: So, it kind of changes day by day.

Reference 3 - 0.17% Coverage

I think most people that were there their decisions were pretty final. Um, myself included, like, there was still, like, that two percent that I was like, oh I don't know, but I mean, I took myself there with my own two feet

Reference 4 - 0.43% Coverage

we were talking about how we told our partners and everything, and I guess this other one her boyfriend wanted to keep it and he was mad at her and kicked her out because she was going to go to the clinic, and I said mine was kind of indifferent, like da da da da, and like –

I: Yeah.

P: And this fifteen year old was like, “my boyfriend peeled.” She's like, “he just left, like, he wants nothing to do with me. He doesn't care what I do.” Like, he basically told her, like, get rid of it, or like I'm going to hurt you. And I'm like, again, how lucky am I, that I didn't have that?

Reference 5 - 0.29% Coverage

I think the most anxiety I had was right after it.

I: Really?

P: Whenever it was done, yeah. Because it had been five weeks that I was and then all of a sudden I'm like, “I'm not pregnant.” And then it kind of click in me, and then I had anxiety 'cause up until that point it never really dawned on me. I don't know.

I: So having the procedure done made the pregnancy more, real?

P: Yeah.

Reference 6 - 0.68% Coverage

'Cause you wanna be a good mom. That was my main thing, is I wanted to be a good mom. Whether I turned out to be a mom or not, I wanted to do the things I knew I should. So, I didn't drink and I drank a lot of water, and I didn't take any Tylenol or Advil or anything, and I took folic acid for the neural development, and ate lots of fruits and vegetables (laughs), and stuff you should do, exercised, and – 'cause the whole time kept thinking, oh, like, go me,

like, that's going to be so good for the baby's bones, or for the baby's whatever, and then as soon as I wasn't pregnant I thought, like, frig, kind of sucks (laughs).

I: So it was almost like, uh, suddenly this is no longer a possibility -

P: Yeah.

I: like, this part is over?

P: Yeah, it's a hard thing to put into words. It was just like all of a sudden, like, I'm not pregnant anymore. I don't have to do this, I don't have to worry or think or plan, or anything

Reference 7 - 0.61% Coverage

Just sort of what's your sense like after the fact?

P: Yep. It's still kind of funny, I sometimes have to remind myself that I'm not pregnant. There are things that I do, the things that I eat and everything it's funny that I still kind of watch it, even when, yeah 'cause I'm, 'cause I remember for, like, I was pregnant for New Year's and I had been drinking on New Year's, but I had no idea. So, that concerned me 'cause, I mean, the most critical part of development is the first, like, four to six weeks I think. So, that kind of freaked me out a little bit, like, now I even watch that, like, I watch what I do and what I put in my body, 'cause I'm like in the event that I was I would want optimal development. It's a strange thing after it's happened, but I don't, uh, I don't dwell on it much to be honest, but I'm pretty good.

Reference 8 - 0.22% Coverage

I: How's your overall feelings looking back on the decision you made?

P: I'm glad I did, and I'm glad that I did. 'Cause a lot of the things that I'm looking forward to doing in the next year, um, both personal life in my school life, and know they just wouldn't realities if I had had a baby. So, yeah.

Reference 9 - 0.14% Coverage

I never thought I would have to make the choice myself. I sort of thought, you know, when it happens I'll be old enough to, and I am, but at the end of the day I just didn't want to be a parent.

Reference 10 - 0.24% Coverage

but at the end of the day I just didn't want to be a parent. I want to, I'm too selfish. I want to finish my degree and enjoy it, and have just my school to think about and be just me for a few years before I welcome another individual into my life. 'Cause it's a full time commitment.

I: Full time and lifelong.

P: Yeah

Reference 11 - 0.16% Coverage

I: It's unfortunate that we feel like we have to justify ourselves.

P: And that's what I'm doing. I'm picking reasons and, yeah at the end of the day I just didn't want to.

I: And that's good enough.

P: It should be.

Reference 12 - 0.14% Coverage

I agree with both sides, but if it ever happened to me if I was over twenty or twenty-one, you know, I'm old enough, I should figure something out. And then it happened and I'm like, no I can't.

Reference 13 - 0.27% Coverage

I: What was that process like for you?

P: Tough. 'Cause I would have like twenty reasons why it wouldn't be a good idea to keep the baby, and then I'd say but I want to. And then I'd have twenty more reasons and I'd say, but I don't care I want to. But then I really took a look, I put my emotions aside and said, you know, it's just me and I'm hormonal and whatever

Reference 14 - 0.12% Coverage

at the end of the day it would have been me doing it because I felt like I had to, not because I wanted (emphasised) to. And I want it to be because I want to,

Reference 15 - 0.16% Coverage

P: What made me be able to, like, make my decision?

I: Yeah (laughs). That would have been a better way to ask that.

P: Um, I'm bullheaded (laughs). It's my personality. I do what I want to do, when I want to do it.

Reference 16 - 0.18% Coverage

So I just said, you know, like, I have options, like, I don't have (emphasised) to do that. It's unfortunate that I have to make this decision, but I knew what I wanted and what I didn't want. I knew what I was ready for, and I wasn't ready for that.

Reference 17 - 0.41% Coverage

was the physical side playing a role in the decision making or?

P: Oh yeah, 'cause I had to get up in the mornings and say like, "oh my god could I do this for nine months?"

I: Yeah.

P: Like, while I'm in school? Like, no. I don't want to. This sucks, it's going to make it so much harder. And then, like, if I didn't end up getting the grades I wanted I would probably blame it.

I: Yeah.

P: So, which is, makes sense, but I'd never want to resent my child or my pregnancy. I want to enjoy it. I want to be sick and get to sleep in on Saturdays, like, yeah.

Reference 18 - 0.23% Coverage

And I've always kind of recognized that even going through school and growing up, and dealing with my own sexual development, but I, I never was in a situation where, like, it was depriving me, or keeping me from me realizing full potential of what there was. So, until now, and now I'm like, there's really nothing.

Reference 19 - 0.35% Coverage

they just, they don't even say, you know, what's your action plan. They just want to get you in for a prenatal appointment, they don't even think for a second that, they don't consider that it might be a woman who, and I'm not abused or anything, but they don't consider that it could be a twenty-year old girl who's into whatever and whose beaten up, and who has no intention of keeping the pregnancy. They just want to get you into an appointment to check the health of the baby.

Reference 20 - 0.26% Coverage

I: So, how do you feel as someone whose about to enter the health profession? What are sort of your feelings after going through this experience?

P: Well, the issue I think with myself now is that I see that there is a gap in access, is, I'd like to change that, but there's also the problem with again, it's a small Island with stigma and everything

Reference 21 - 0.41% Coverage

I mean, it's just, when I was there, I think I said that to you in my email, there was me who was a third year nursing student, twenty-three years old. There was a fifteen year old who was in high school, there was a thirty-five year old yoga teacher, there was a dark colored girl there who, she had been raped, and there was another girl who was high

as a kite and she was there for her third time that year. So, it's not just, like, marginalized populations that are effected who don't understand what sex is and the consequences. It's everybody, it happens,

Reference 22 - 0.33% Coverage

P: So, I don't know. It just seems to make a lot of people uncomfortable, which is my – the whole, out of all of this, you know what? Puhh (exhales indicating whatever/indifference) I'll deal with it, but my main concern about the whole thing was just, like, how uncomfortable it makes people. Because to even ask like a simple questions it's almost like the barrier wall goes up, and they're like, "oh well, I don't know." So, I wanna talk about it.

Reference 23 - 0.33% Coverage

I: And have you, do you think you've changed in other ways since going through the experience?

P: I'm a lot less judgmental than I was. I didn't think that I was judgemental before, but I quickly learned that I was, and I didn't think that I was, but I'm not really now. I'm more aware of, like, my thought processes in regards to, not just reproductive rights, but like in general, like, people's rights to choose and make decisions about anything

Reference 24 - 0.12% Coverage

P: Yeah, so I mean what happens when people can't afford it?

I: I guess they have a baby that they probably can't afford.

P: Exactly, so what's the sense in that?

Reference 25 - 0.44% Coverage

I suppose that's the big picture, right? Because we seem to set up a lot of barriers for Island women who'd like to access abortion, but at the same time we're not really offering a whole lot of support to people who choose to carry their pregnancies to term.

P: Yeah, like, that's what strikes me as odd. And that's why, like, I'm seeing such a huge gap, like, you don't allow abortions and you expect women to either pay thousands (emphasized) to go to Ontario, or just suck it up and have it, but they're providing no means of support whenever women are forced to have children. Like, what do you do?

Reference 26 - 0.16% Coverage

Even this mother who took her daughter to get it done was like why is everybody, like, normal. Why is everybody so, like, nothing's wrong? Because there shouldn't be anything wrong, and that's exactly how they were.

Reference 27 - 0.13% Coverage

People just do without thinking.

I: Yeah.

P: They do things without thinking about it, which is the issue. They implement policies without thinking about who it affects.

Reference 28 - 0.42% Coverage

he was going through withdrawal. But it makes you wonder, maybe she did want her baby, but maybe she didn't. Maybe she came from a really abusive family and for whatever reasons got off on the wrong tracks and now she's trading sex for drugs, and now she's pregnant. Maybe she didn't want a baby.

I: Yeah.

P: But you know, does someone in that situation have much of a choice? Probably not, probably had no money or no supports.

I: Yeah.

P: I just did a, rotation in rehab, over at [name of facility], and there was a girl there who was in that exact situation.

Reference 29 - 0.38% Coverage

Called prenatal places to get in and they just, they don't even say, you know, what's your action plan. They just want to get you in for a prenatal appointment, they don't even think for a second that, they don't consider that it might be a woman who, and I'm not abused or anything, but they don't consider that it could be a twenty-year old girl who's into whatever and whose beaten up, and who has no intention of keeping the pregnancy. They just want to get you into an appointment to check the health of the baby.

Reference 30 - 0.29% Coverage

when I learned that I was pregnant in [month], my first step (clears throat) was, and honestly I knew this because I was a nursing student, for no other reason did I know who to call, which if I wasn't what would I do?

I: Yeah.

P: Um, you know, if I was a twenty year old single uneducated woman who had no supports or nothing, what would you do? Who do you call?

I: Yeah.

P: Nothing.

Reference 31 - 0.11% Coverage

it wasn't for a couple of weeks to be honest. Sort of just had to let it sink in.

I: Uh huh.

P: And find out, sort of, what my options were

Reference 32 - 0.24% Coverage

I: Why did you go get a pregnancy test, was he insistent?

P: To put his mind at rest.

I: Okay.

P: 'Cause he said he thinks I am, and I said no I think you're wrong I haven't even missed a period yet. It's not due for another week. So, at any rate I went with a girl friend of mine, and I got three (laughs) and they all said yes

Reference 33 - 0.32% Coverage

I: So what is it like when you are looking and they're positive? What's going through your mind, what is that experience like?

P: Eww-ah, disbelief.

I: Disbelief.

P: Checking over and over and over (voice heightened and racing), and oh my god this can't be real. So, it never happened before (laughing) right?

I: Right.

P: So, totally just shock. And I've never felt that kind of shock before, which was a totally different experience.

Reference 34 - 0.17% Coverage

Sort of a guilt 'cause I mean, it's, I never felt the feeling, I guess, of knowing there is a human growing inside of me, if that makes any sense. And it's sort of cool, it's kind of neat so, I don't know, a little bit of, like, sadness

Reference 35 - 0.14% Coverage

P: Yeah, pretty big shock. Surprisingly throughout the whole thing I never cried. I was just very calm through the whole thing, and yeah, but that was nice that I wasn't an emotional wreck,

Reference 36 - 0.51% Coverage

I: So having the procedure done made the pregnancy more, real?

P: Yeah.

I: Yeah.

P: 'Cause then it was gone, and because throughout the whole time that I was pregnant, remember I said I kept thinking, like, well what if I did, well what if I did keep it, like, what if? And then I, because I, I don't know, just for personal moral reasons, like, I didn't drink or obviously – I just, I couldn't, even though I knew I wasn't going to keep the pregnancy, how could I do that knowing what alcohol does to babies? I can't, so I, like, I didn't drink and I took folic acid (laughs), just in the event that I did. And I did things that I knew that a pregnant woman should do, just in case.

Reference 37 - 0.37% Coverage

I'm not pregnant anymore. I don't have to do this, I don't have to worry or think or plan, or anything, 'cause at the time I was (emphasised), like I was planning, like, okay if it's that date then I'd have to do this, and I'd have to do – I was kind of planning. It must be an internal mechanism of some kind. Even though I knew (emphasised) my appointment was booked for the eighteenth of [month], even though I knew that I still planned if there was a baby in the mix. So, it's strange, very funny.

Reference 38 - 0.20% Coverage

that was the toughest thing about being in that state, was just knowing it was all for nothing.

I: Yeah.

P: So, but at the same time I took my prenatal vitamins and didn't drink alcohol and got lots of sleep (chuckles). God I was tired, just tired all the time.

Reference 39 - 0.15% Coverage

, I called him, um, and he was excited, and the decision we ended up making was hard on both of us, um, there's still guilt there's still a bit of regret, but if it's meant to be it'll happen again someday

Reference 40 - 0.33% Coverage

P: So, I don't know. It just seems to make a lot of people uncomfortable, which is my – the whole, out of all of this, you know what? Puhh (exhales indicating whatever/indifference) I'll deal with it, but my main concern about the whole thing was just, like, how uncomfortable it makes people. Because to even ask like a simple questions it's almost like the barrier wall goes up, and they're like, "oh well, I don't know." So, I wanna talk about it.

Reference 41 - 0.31% Coverage

And I'm seeing more gaps in health care (laughs), I'm like eehhhh (vocalization indicating discomfort) I don't like that, that should be different.

I: So it sounds like it was almost like a, like a wake up in a lot of-

P: Oh definitely, definitely. It would just be nicer to see a little more access to, not just women, but people in general. There's just not enough talk about that stuff I don't think.

I: Yeah.

Reference 42 - 0.14% Coverage

I agree with both sides, but if it ever happened to me if I was over twenty or twenty-one, you know, I'm old enough, I should figure something out. And then it happened and I'm like, no I can't.

Reference 43 - 0.14% Coverage

I think it all just comes back to just, not so much regret, because I look at different things in my life and I'm like if I had have been pregnant I would have never been able to do that

Reference 44 - 0.23% Coverage

So the whole point of my life goals would be postponed for god knows how long. So, it just sort of offset it, 'cause I mean part of it is I want to be a nurse, but the other part of having that profession is to have a stable life and to have, you know, financial stability to have a family and to have those things.

Reference 45 - 0.23% Coverage

P: The whole thing would have been just tough, parents and school and everything. I would have been due September thirteenth of my fourth year of nursing. I wouldn't have -

I: Not what you wanted in your fourth year.

P: Wouldn't have been doing fourth year. I just wouldn't have, there wouldn't have been a way.

Reference 46 - 0.22% Coverage

I put my emotions aside and said, you know, it's just me and I'm hormonal and whatever, like, obviously, like, I'm just geared that way I love babies, I love birth, I love little infants, I just like that stuff. I want to be a mom someday, but I looked and said is this really the best thing right now?

Reference 47 - 0.22% Coverage

I: How's your overall feelings looking back on the decision you made?

P: I'm glad I did, and I'm glad that I did. 'Cause a lot of the things that I'm looking forward to doing in the next year, um, both personal life in my school life, and know they just wouldn't realities if I had had a baby. So, yeah.

Reference 48 - 0.32% Coverage

I: Is there a perception of a type of girl that gets an abortion?

P: Uh huh.

I: And who is she?

P: Young, sleeps around, does drugs, parties a lot, doesn't do well in school. Pardon my phrasing, but a stupid girl. Is what I'm, is what I've been told before is stupid girls get pregnant by accident and get abortions. I'm not a stupid girl, pretty smart (laughs), and I'm pretty lucky, and I have it pretty good, but it happens.

Reference 49 - 0.19% Coverage

P: It's sort of a self letdown in a way 'cause I sort of held myself up to these standards and these obligations and, I didn't (laughs).

I: So what are the standards that you're not meeting for yourself that you feel?

P: Being able to do everything. I guess.

Reference 50 - 0.49% Coverage

there's two types of guilt that people are talking about, so the guilt that you are describing, in my opinion, is coming from an authentic place of the what if's and, you know, just the sense of something growing in your body, and sort of the ability to give life -

P: Uh huh

I: and then your also talking about, um, selfishness and social standards, and stigma that create guilt that's not quite coming from the same, as -

P: Kind of both.

I: it's coming from some kind of judgment. What's your sort of reaction to that interpretation of mine, or how does it match up to your experience?

P: I agree with you a hundred percent. Um, that's why I find it so hard

Reference 51 - 0.21% Coverage

it's not just, like, marginalized populations that are effected who don't understand what sex is and the consequences. It's everybody, it happens, and that kind of put me in my place too 'cause I'm sitting there kind of judging and I'm thinking I can't do that. I'm here for the same thing

Reference 52 - 0.61% Coverage

Just sort of what's your sense like after the fact?

P: Yep. It's still kind of funny, I sometimes have to remind myself that I'm not pregnant. There are things that I do, the things that I eat and everything it's funny that I still kind of watch it, even when, yeah 'cause I'm, 'cause I remember for, like, I was pregnant for New Year's and I had been drinking on New Year's, but I had no idea. So, that concerned me 'cause, I mean, the most critical part of development is the first, like, four to six weeks I think. So, that kind of freaked me out a little bit, like, now I even watch that, like, I watch what I do and what I put in my body, 'cause I'm like in the event that I was I would want optimal development. It's a strange thing after it's happened, but I don't, uh, I don't dwell on it much to be honest, but I'm pretty good.

Reference 53 - 0.59% Coverage

I: And have you, do you think you've changed in other ways since going through the experience?

P: I'm a lot less judgmental than I was. I didn't think that I was judgmental before, but I quickly learned that I was, and I didn't think that I was, but I'm not really now. I'm more aware of, like, my thought processes in regards to, not just reproductive rights, but like in general, like, people's rights to choose and make decisions about anything, like, even like where I work there's an older lady who's a D.N.R. and she, like, she requested, like, if I code out don't touch me, and it happened, and I had to say, like, to the other nurs, like, the other nurses who they're like LPN's and I'm a student and I had to say, like, I'm sorry but she, her and her family both requested, like, we can't touch her.

Reference 54 - 0.04% Coverage

I think in general I think I'm more self-aware for sure.

Reference 55 - 0.31% Coverage

And I'm seeing more gaps in health care (laughs), I'm like eehhhh (vocalization indicating discomfort) I don't like that, that should be different.

I: So it sounds like it was almost like a, like a wake up in a lot of-

P: Oh definitely, definitely. It would just be nicer to see a little more access to, not just women, but people in general. There's just not enough talk about that stuff I don't think.

I: Yeah.

Reference 56 - 0.28% Coverage

P: 'cause I couldn't imagine anybody else, like, who didn't know the things, and to have the fortune that I have, 'cause, like I said, what if I was a twenty year old who was single uneducated and had nothing? What would she, like what would she do?

I: Not a good situation.

P: No, it would be nice if there was more, because I'm lucky enough, but other people are not so lucky.

Reference 57 - 0.38% Coverage

I: Wow, I don't, like, for me, as someone who doesn't know a whole about biology –

P: Exactly.

I: I would, like, that's kind of –

P: Traumatic?

I: Yeah, I don't, did you, was that your reaction?

P: No. No, 'cause I knew what it was.

I: Yeah, okay. So you had that knowledge base.

P: But not everyone does.

I: Right.

P: Yeah, so that's my fear. That's why, like, why I ultimately contacted you because, like, I know that, but do you think somebody who's in the business program knows that? Probably not.

Reference 58 - 0.21% Coverage

this fifteen year old was like, "my boyfriend peeled." She's like, "he just left, like, he wants nothing to do with me. He doesn't care what I do." Like, he basically told her, like, get rid of it, or like I'm going to hurt you. And I'm like, again, how lucky am I, that I didn't have that?

Negotiation

<Internals\\Thesis_Alex_Disaggregated> - § 61 references coded [26.06% Coverage]

Reference 1 - 0.09% Coverage

She was lovely and told me I had to make sure I was eight weeks in

Reference 2 - 0.20% Coverage

whenever she did my ultrasound, she printed it off and left it directly beside me on the table so I could see it, and see how far along I was.

Reference 3 - 0.23% Coverage

you're sitting in this large waiting room with all of these other women who are there for the exact same purpose, and everyone's just kind of like yeah it happens.

Reference 4 - 0.29% Coverage

all of the people that you talk to, you probably go through three or four until you actually get to the procedure, they were all really really wonderful women. Except for the ultrasound technician. (scoffs)

Reference 5 - 0.31% Coverage

they were carrying crosses and, uh, chanting, and...it was just, I don't know. They just kind of did there thing, and there was a, well volunteers that would walk up with you and just, like, don't pay any attention to them.

Reference 6 - 0.43% Coverage

it really didn't bother me.

I: How did you

P25: [there was]

I: deal with that so that it didn't bother you?

P25: Um, I don't know. I was just so set in what I was doing, and it was absolutely right for me at that point in my life, and other people's opinions just really, I just wasn't remotely fazed.

Reference 7 - 0.12% Coverage

they were just shouting things like we can help you, and you don't have to do this.

Reference 8 - 0.21% Coverage

the whole, it was, I mean, as positive as it can be it was a, it was a pretty positive experience if you can say that about having an abortion. (laughs)

Reference 9 - 0.67% Coverage

I don't know, I was just kind of in complete disbelief that she would print off like the picture of the fetus, if it's even, no, I guess it would have been considered a fetus, and the date, like, how far along, what stage it was at, just so clearly and just sit it. Like, I would have been laying here, like, probably elevated, and it was literally right there. Like, she set it down and walked out of the room for about five minutes, and then came back in and picked it up.

Reference 10 - 0.62% Coverage

I made an appointment and was very open and honest. The nurse came in and I told her, like, how far along I thought I was, and she's all oh happy and congratulatory. And, yeah, and I was like actually no I'm terminating the pregnancy I just have no idea where I'm supposed to go from here. And then her attitude and demeanour completely changed. Wouldn't look at me, and turned her back, and said okay I'll get the doctor and walked out.

Reference 11 - 0.59% Coverage

my physician came in and he I told him, and he said that I didn't need to be there. That I didn't need to see him about this, and I said I know but I'm not sure about where I'm supposed to go. So he wrote down the, I'm not going to be able to pronounce his last name properly, Mon, the Monty?

I: Morgentaler.

P25: Morgentaler clinic in Fredericton. And he gave me the name, and then that was that, and then he left.

Reference 12 - 1.20% Coverage

it was just a complete change in demeanour and attitude. And when I said I think I'm probably about ten weeks, um, along, she goes oh that's lovely, and good for you, and congratulations. And I'm just you have no idea where I'm going with this. You don't know if I'm, oh it was just, to make such an assumption before anything else even came out of my mouth. I was actually a little bit, no not a little, I was appalled at that. Just the assumption she would make. Um, and I was just, no. I said no, I'm not, um, carrying the pregnancy to term. That's not what I'm here for. And it was just, her face just went just kind of stone, and she just kind of shut down. The friendly chipper nurse was gone, and it was just kind of a very, still professional, not like outwardly rude, but just alright I'll get the doctor and turned around and walked out.

Reference 13 - 0.21% Coverage

I: Um hum, yeah. So did that give you a particular message?

P25: Just that she, uh, definitely didn't approve of why I was in the office that day.

Reference 14 - 0.30% Coverage

when I was, found out I was pregnant the first time, she actually said to me, you know, you don't, there are other options that we can pursue for you

I: [oh okay]

P25: if you don't want to go through with this.

Reference 15 - 0.37% Coverage

we didn't really discuss any of the, any of what happened. She just was very respectful. I told her why I was there, and she said okay, and she asked me if I wanted to discuss it, and I said no I'm fine, and she just kind of left it at that. No, she's wonderful.

Reference 16 - 0.17% Coverage

He was just, I don't know, I think he was very unapproving, um, was kind of the general message that I got from him.

Reference 17 - 0.36% Coverage

the first thing that was out of her mouth actually when I found out I was pregnant the first time, and carried that to term, was you know we can, we can, we have things we can do about this if you don't want to have a child right now. So she was wonderful.

Reference 18 - 0.66% Coverage

I was absolutely no that's not for me right now. So she left it alone, but I'm very appreciative, now looking back, that she was that open about it. Which was really, it's comforting now to know that the people that would be in my situation, um, if they're with her then they could have the same options or opportunities, or just knowing the doctor is prepared to give them equal opportunity to all

I: [yeah]

P25: choices and options when it comes to pregnancy.

Reference 19 - 0.74% Coverage

It's just when you're in a professional environment like that then the professional, there's definitely a lack of professionalism in her demeanour, and manner, and attitude, and you can't have a bias when you're a nurse. It's just you have to, I mean, obviously, like, yeah, you have to do your best to keep it to yourself. You can hold whatever opinions and beliefs that you want, but when you're in a line of work such as nursing, I mean, you can't make it so obviously that you are so firmly judging someone's choices.

Reference 20 - 0.26% Coverage

my doctor just gave me a slip of paper saying here's a number so we don't have to, so I don't have to pay for it, well not I specifically, but that the Island doesn't have to pay for it.

Reference 21 - 0.41% Coverage

People need to be aware that doctors are supposed to give you a referral. Like, and the fact that they're not, that has to be, those doctors should be, I'm sorry but they should be made to answer for their neglected patients. Because it is, it's definitely a neglect of that of that patient.

Reference 22 - 0.82% Coverage

a lot of people don't want to oppose their doctor. A lot of people don't want to oppose physicians. It's a, I think it's considered to be a very power point kind of job to hold

a lot of people don't want to oppose their doctor. A lot of people don't want to oppose physicians. It's a, I think it's considered to be a very power point kind of job to hold, which kind of makes it more frustrating because you would think, well you would hope, that people that do have that influence would be more than willing to step, to do

I: [yeah]

P25: what is right and what should be done

Reference 23 - 0.37% Coverage

I think that's what makes me, it's just another reason it makes me so so angry that it's just not accessible here, because it's just, that's a whole month and a half of pain and stress that just didn't need to be there,

I: [Yeah]

P25: but was there anyway, yeah.

Reference 24 - 0.18% Coverage

I mean, this goes back to if there was accessible on PEI I would have had a month less of hell than I did.

I: Yeah, absolutely.

Reference 25 - 0.16% Coverage

and I was kind of surprised because my first expectation would be a lot of younger women, like sixteen seventeen,

Reference 26 - 0.34% Coverage

I would have been twenty-two at the time, and I was probably within the youngest that were there which I thought was really surprising. There was only one girl who was probably very young which was, I don't know, why I had that expectation.

Reference 27 - 0.57% Coverage

I know that I have a lot of friends that are pregnant that are very excited to be pregnant. Maybe women, I don't know, just want to experience their pregnancies, or if they want to be mothers, want to do it early on so they have their later life to kind of get back to themselves. I know I'm happy when I'm forty I will be able to do and say, well say, I say whatever now, but to go and come as a please.

Reference 28 - 0.96% Coverage

I've always been told I look much younger than I am, it's a family thing, and I would have been twenty-one, I think. Yeah, we'll say twenty-one when I went into get it. So she's, we're sitting down and she's like going over, um, the pharmacist was going over, like, all the possible side effects, and when to take it, and all of that. And when, like, call your doctor in case anything happens, and blah blah blah. But before she started going over that she looked at me for a second, and she was like how old are you. And I'm like twenty-one and she's like oh okay good. And I was like what, and she was like oh well I just thought you were a lot younger. And then she kept going,

Reference 29 - 0.53% Coverage

(my son) was in the hospital for I think three days. He had bronchitis, so they kept him in so they could keep him on the respirator, and he was fine after that. But, I would have, was twenty, and probably looked like I was seventeen. The nurse, very short, very direct, like, not very friendly. And again, do you mind if I ask you how old you are. Twenty. Attitude changed.

Reference 30 - 0.40% Coverage

when I said oh I'm twenty-one it was fine, but she had to get that cleared away, kind of, before. So what if I was eighteen you wouldn't want to give it to me? If I was sixteen you wouldn't want to give it to me? Like, you'd think you'd want to give it to me more because I'm sixteen.

Reference 31 - 0.48% Coverage

Like, no it doesn't make any sense. I don't know, like a lot of cases, like, the younger you are you would think you would want to make them more aware. Yes absolutely you can have the morning after pill if you don't want to get pregnant. I'll give you seven just in case it happens again. (laughing) Like, that's the attitude that should be.

Reference 32 - 0.30% Coverage

when I was, found out I was pregnant the first time, she actually said to me, you know, you don't, there are other options that we can pursue for you

I: [oh okay]

P25: if you don't want to go through with this.

Reference 33 - 0.59% Coverage

I: So, um, you've mentioned that your doctor offered you full choice with your first pregnancy,

P25: [yeah]

I: and you had a reaction to that.

P25: I did.

I: Yeah. So do you want to talk to me about where you think that reaction was coming from? What was going on there?

P25: Well I was I was younger at that point. Um, I did go through a very strong abortion is wrong, and you don't do it, when I was younger.

Reference 34 - 0.13% Coverage

a ten week embryo that's growing , parasitic, (laughing) whatever you want to call it. (sighs)

Reference 35 - 0.32% Coverage

But no, they wouldn't give one to him. They had to see me and talk to me directly, which isn't really necessary. I mean, if a, like, a seventeen year old guy comes in and says I really need a pregnancy test then give him one.

Reference 36 - 1.00% Coverage

I went to birthright, um, when I thought I was pregnant the first time, and was terrified, was nervous. The father went in, and he said I need to get a pregnancy test , and they said well she has to come in. And he said she doesn't want to come in. Um, she's upset, and she's scared, she doesn't want to have to talk to any of you people. I just want to give her a test so we can find out. No, she has to come in.

I: How's that make you feel?

P25: Why? Why, so you can try and start planting seeds of what I should do that early on? That's kind of what I took it as immediately, and what he took it as too. So he just said no that's not happening. We'll go purchase one then if it's going to be difficult.

Reference 37 - 0.30% Coverage

I didn't go in, but, I mean, just the fact that they wouldn't give, and I mean he was terrified. You could tell, like I mean, the look on his face. He was beside himself, but nope they wouldn't give him one.

Reference 38 - 0.27% Coverage

he's like you can't be apologising for how it was handled on the end of the lawyers. He said it's not your problem that these people are going to be disappointed. He said that's not on you

Reference 39 - 0.46% Coverage

The friendly chipper nurse was gone, and it was just kind of a very, still professional, not like outwardly rude, but just alright I'll get the doctor and turned around and walked out. And I don't know, I just kind of brushed it off. I know especially on PEI you have a lot of very differing opinions when it comes to abortion

Reference 40 - 0.17% Coverage

He was just, I don't know, I think he was very unapproving, um, was kind of the general message that I got from him.

Reference 41 - 0.32% Coverage

they were carrying crosses and, uh, chanting, and...it was just, I don't know. They just kind of did there thing, and there was a, well volunteers that would walk up with you and just, like, don't pay any attention to them.

Reference 42 - 0.47% Coverage

Um, she just said, uh, the girl that was walking up with me she said oh don't look at the, just don't look that them, and I said (laughs) oh it's not bothering me. I'm fine. Their, they can do their thing all they like I'm not worried by it. And, uh, they were just shouting things like we can help you, and you don't have to do this.

Reference 43 - 0.22% Coverage

they said that they were there every Tuesday come rain or shine, no matter what the conditions, chanting and trying to, uh, sway women from their choices.

Reference 44 - 0.67% Coverage

I don't know, I was just kind of in complete disbelief that she would print off like the picture of the fetus, if it's even, no, I guess it would have been considered a fetus, and the date, like, how far along, what stage it was at, just so clearly and just sit it. Like, I would have been laying here, like, probably elevated, and it was literally right there. Like, she set it down and walked out of the room for about five minutes, and then came back in and picked it up.

Reference 45 - 0.26% Coverage

And I'm thinking there's no way that she did not do that with complete intent of my seeing it. So, I don't know. It kind of, I don't know, just the gall was really, that got me, yeah.

Reference 46 - 0.46% Coverage

I don't know if it was her last ditch attempt at trying and convince me, oh like look how far along you are, you don't want to do this. That's just how I took it but, um, who knows maybe it was a complete accident, and she wasn't even thinking about it. But, uh, I don't know, I just don't really think that that's likely.

Reference 47 - 0.49% Coverage

you can't have a bias when you're a nurse. It's just you have to, I mean, obviously, like, yeah, you have to do your best to keep it to yourself. You can hold whatever opinions and beliefs that you want, but when you're in a line of work such as nursing, I mean, you can't make it so obviously that you are so firmly judging someone's choices.

Reference 48 - 0.56% Coverage

I think I still would have rather go to, um, the clinic where it completely surrounded around that cause, and there's so many people there that are accepting and understanding, and and. I don't know, I don't think I would want to be in a hospital environment to have that procedure done. So I think even had he referred me I still I would have rather have went into pocket and went to Fredericton.

Reference 49 - 0.64% Coverage

Even had he said oh you can go to Halifax free of charge I think I still would have rather go to, um, the clinic where it completely surrounded around that cause, and there's so many people there that are accepting and understanding, and and. I don't know, I don't think I would want to be in a hospital environment to have that procedure done. So I think even had he referred me I still I would have rather have went into pocket and went to Fredericton

Reference 50 - 0.58% Coverage

she left it alone, but I'm very appreciative, now looking back, that she was that open about it. Which was really, it's comforting now to know that the people that would be in my situation, um, if they're with her then they could have the same options or opportunities, or just knowing the doctor is prepared to give them equal opportunity to all
I: [yeah]

P25: choices and options when it comes to pregnancy.

Reference 51 - 0.07% Coverage

not everyone is going to be okay with it obviously

Reference 52 - 0.28% Coverage

You can hold whatever opinions and beliefs that you want, but when you're in a line of work such as nursing, I mean, you can't make it so obviously that you are so firmly judging someone's choices.

Reference 53 - 0.18% Coverage

I know it's a huge issue with so many people. I know so many people are so strongly opposed, and hey that's great don't have one.

Reference 54 - 0.36% Coverage

I didn't want to go over with him because while he completely supported me he was all for that we keep going with the pregnancy, so I didn't really want to be around him knowing that he wasn't really, supportive but not entirely accepting of what I was doing

Reference 55 - 0.32% Coverage

it didn't really bother me directly, I don't know, I'm kind of beyond really caring at that point. I'm like this is what I'm doing, and if you don't really accept that then it's not really going to ruffle my feathers by any means

Reference 56 - 0.39% Coverage

I: How did you

P25: [there was]

I: deal with that so that it didn't bother you?

P25: Um, I don't know. I was just so set in what I was doing, and it was absolutely right for me at that point in my life, and other people's opinions just really, I just wasn't remotely fazed.

Reference 57 - 0.37% Coverage

I didn't want to go over with him because while he completely supported me he was all for that we keep going with the pregnancy, so I didn't really want to be around him knowing that he wasn't really, supportive but not entirely accepting of what I was doing.

Reference 58 - 0.51% Coverage

she wanted me to, uh, to go to confession after I told her what had happened. (laughs) Which was pretty much her, no her first reaction was oh okay were going to call (the Father) and set up a confession, and I'm like no mom. Thanks for being worried about my eternal soul, but no. We're, I'm not going to go to confession, not gonna sit down with the Father.

Reference 59 - 0.78% Coverage

I was nineteen, was, I don't know, I would be still very unaware and sheltered, and just said okay. Told my mother, and she was like that doesn't sound right at all, you give me an afternoon we're gonna figure something else out. Within, when she got home from work that evening she said okay I've called (an adoption agency) in Halifax, she said that it would be a little rushed but they have excellent people on staff. She's going to fax me over some letters that you can go over tomorrow, and she said you could have your out of province adoption.

Reference 60 - 0.84% Coverage

the father and I discussed it, and he said this is going to be better for us. And he's like you can't be apologising for how it was handled on the end of the lawyers. He said it's not your problem that these people are going to be disappointed. He said that's not on you, and he was, he's just wonderful. He said I will call them and I'll tell them, you don't have to worry about it. So he called the lawyers and he said listen pretty much to go,

I: [yeah yeah]

P25: where to go, and how we had actually worked it out within an afternoon, and we wouldn't be needing their services anymore.

Reference 61 - 0.45% Coverage

I thought about it, and kind of typed on Google self induced and didn't, couldn't press enter. I just, I don't know, I felt too guilty about it I guess. I don't know...yeah. Thought about it, but I couldn't. And the idea of the possible self-injury and internal damage I could do was just, that was terrifying to me so.

<Internals\\Thesis_Bev_Disaggregated> - § 14 references coded [13.33% Coverage]

Reference 1 - 0.85% Coverage

P: I think just kind of 'cause how she was raised [...] like, my grandmother, you know, had a number of miscarriages, and I think the way my mom sees it is like if you're blessed enough to get pregnant, and have the chance to have a healthy baby then you should do it.

Reference 2 - 0.95% Coverage

I: And somehow or another she's communicated that to you?

P: Well she's just never communicated the other, like, the opposite, like, she just never been like, she's never explained the morning after pill or abortion to me, and she's never really talked about either of the things in a positive light.

Reference 3 - 0.69% Coverage

I know plenty of girls, plenty of people, who I really really respect who have had the morning after pill, and have had abortions, but, I mean, a lot of people are pretty narrow minded when it comes to that kind of stuff

Reference 4 - 0.30% Coverage

I respect someone who's, you know, pro-life just as much as I respect someone who's pro-choice.

Reference 5 - 0.78% Coverage

P: [I] just respect everyone's right to have their own opinion.

I: Oh okay, I got 'ya yeah.

P: 'Cause I don't, I don't like when people come up to me and go what you believe is wrong, so I feel like it's wrong to go and do that to other people.

Reference 6 - 0.84% Coverage

if you, you know, you're sixteen or seventeen or something and you can't take care of a kid, or whatever age you are, and you can't take care of a kid financially or emotionally or whatever, you should have access to a safe place where you can terminate a pregnancy,

Reference 7 - 1.31% Coverage

I: But you knew what to do this time. Do you want to tell me that story, about how you, like how did you know about the morning after pill?

P: Well I talked to one of my friends who was a pharmacist, and I was like okay, like, I really don't know how to go about this 'cause that's not anything that, you know, my mother had ever touched on, like oh, like, if that happens to you go get the morning after pill.

Reference 8 - 1.32% Coverage

P: I didn't end up going to the one that she worked at. I ended up just going to a pharmacy (in my community),

I: [okay]

P: and I just asked them. And they explained how it works, and like if, you know, you take it on the first day it'll work this percent, and if, they explained it all to me, and they were really helpful and they did it all in such like a non-judging way and, like, I really appreciated that.

Reference 9 - 1.05% Coverage

P: And I might be just me, but it's like I felt like the people, the other people who were, like, waiting for stuff were like looking at me being like mmm.

I: But that's how you felt and that's very legitimate.

P: [yeah]

I: Like, you just didn't need that -

P: [yeah]

I: you were dealing with enough other stuff.

P: [yeah]

Reference 10 - 1.38% Coverage

when it first happened I just didn't really know what I was going to do.

I: Okay.

P: And then I didn't really know, like, how I was going to access it, or how I was going to get to the drug store,

I: Got 'ya.

P: and then I was hanging out with like one of my close friends the next day, and I was like can you drive me 'cause I can't really, you know, ask my mom to take me to the drug store without her being like oh what's going on

Reference 11 - 1.19% Coverage

I guess it was kind of embarrassing for me because I was , I used to be the type of person where I would be like oh, you know, I'll never have, you know, a pregnancy scare I'm always going to be smart and safe, but, you know, it just because things like that happen to you're not smart or anything, like.

I: Um hum.

P: stuff like that happens all the time I've come to realize,

Reference 12 - 0.45% Coverage

it's like oh, like, pretty much if you get an abortion you're a bad person.

I: Bad in what way?

P: You're killing a baby, and, I don't know.

Reference 13 - 0.90% Coverage

I'm not going to give someone shit for being pro-life but , like, when you know someone calls you disgusting, or a bad person, or a slut for getting an abortion, like, that just proves that PEI is so behind, like, it's like what are your parents teaching you. It's like blind hatred.

Reference 14 - 1.32% Coverage

P: I didn't end up going to the one that she worked at. I ended up just going to a pharmacy (in my community),

I: [okay]

P: and I just asked them. And they explained how it works, and like if, you know, you take it on the first day it'll work this percent, and if, they explained it all to me, and they were really helpful and they did it all in such like a non-judging way and, like, I really appreciated that.

<Internals\\Thesis Claire Disaggregated> - § 38 references coded [20.80% Coverage]

Reference 1 - 0.22% Coverage

I: You felt, how did you feel about the care that you received?

P: Um, I don't remember it that well. I think that everyone was really nice.

Reference 2 - 0.97% Coverage

P: and of course there was the people walking around with their signs and

I: [Oh], can you tell me a little bit more about that?

P: Um, I was there really early, um, so I, there was only like one or two people who had gotten there by then. I guess they go every single day and waste their time, but, um, they didn't say anything. I don't know if there's rules against, are they allow to yell at you or, 'cause I wondered if they would say something, but they didn't say anything. I think they're silent protesters, I'm not sure.

I: Did they look at you or?

P: I don't remember I just kind of didn't make eye contact and walked in.

Reference 3 - 0.50% Coverage

I: And do you have any sort of thoughts about their protest, or how that made you feel, or the message that was sending or?

P: It didn't make me feel that bad, I mean like I'm, I can image that for some people who are really worried about what other people think, like, I didn't know them I was never going to see them again,

Reference 4 - 0.40% Coverage

I: Yeah. So what do you think about what's going on in PEI now in terms of how accessible or not accessible abortion is?

P: Um, I think it's, like, it's pretty, um, I don't know, it feels like we're in the ancient times. (laughing) Like, it's a little bit bizarre

Reference 5 - 0.34% Coverage

I don't know if it's just PEI that it feels like there's, like, a stigma around it, but it's definitely PEI where it seems like it's, like, you have to do, you know, you have to jump through a lot of hoops to make it happen.

Reference 6 - 0.32% Coverage

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

Reference 7 - 1.23% Coverage

it was in the States or something, and I was reading that they were trying to institute, um, laws that said that in abortion, in facilities where they provide abortions they would, um, require that you undergo, you wait, when you go in you have to wait five days or something from that day to actually get an abortion, and during that time you need to go through like extensive counselling, and like sessions where they, like, basically try to tell you that it's not a good idea, and at the end of that you are still are like decided that you still want to do it then then you can do it.

I: What do you think of that kind of stuff?

P: Um, it's kind of humiliating. Like

I [...?]

P: (laughing) Yeah, like

I: [yeah]

P: that would be pretty awful. I feel bad for anyone who would have to go through that.

Reference 8 - 0.37% Coverage

I find people just kind of, like, spew them out because that seems to be the right reason to make you feel bad for the fact that there could have been a life but you, you know, for whatever reason have decided that it's not the right time.

Reference 9 - 0.25% Coverage

P: And a lot of people would reference playing god, and stuff like that because it's not your decision to, but really it is your decision, (laughs) like, it just is.

Reference 10 - 1.06% Coverage

I would definitely say that I'm pro-choice, but I mean, like, only up until a certain point, like, when you're at a certain point in your pregnancy I don't personally believe that, you know, you've had time, like, if you want to have an abortion you should do it before your third trimester, and, like, even your half of your second trimester, like, I unless it's for a medical reason or something's wrong

I: [um hum]

P: I don't feel good about that, like, I don't think that especially, I mean like maybe it's because I've been pregnant, and, you know, being half way through your second trimester it's, you know, I can't, it's hard for me to imagine at that point deciding to terminate a pregnancy.

Reference 11 - 0.28% Coverage

I would tell anyone that it's, you know, consider all of your options because I did both times, like, I mean went two very separate ways, (laughs) but like I, I think that anyone should

Reference 12 - 0.82% Coverage

If you weren't sure about this and you did it because someone pressured you into it, or because you felt like, you know, you couldn't get the abortion because of the access problems, or because people's, you know, the way they make you feel about abortion, then having the child (laughing) is just not, it could be huge disaster, and it could make you feel like, you know, you ruined your life or something like that because maybe it's not right for you to maybe you're not meant to have children or you're not meant to have children right now.

Reference 13 - 0.53% Coverage

I guess there probably are some people who have had abortions who are against them, um, maybe because they had a bad experience, or the after effects for them, you know, they were unhappy about it or maybe they, I don't know, I guess some people have negative after effects, mentally maybe or, I'm not sure physically, that doesn't happen very much,

Reference 14 - 0.56% Coverage

I: And so, what do you think the cultural messages around that?

P: I guess that it's something that either, I mean like, I mean we've have a lot of conservatives here, but I think it's like the message is either that, you know, it's not accepted for sure, like, socially, but like that you shouldn't do it, or if you do do it you should you know keep it under wraps,

Reference 15 - 0.20% Coverage

P: I guess because so many people have said that it's like, you know, killing a human being or ending a life or something like that,

Reference 16 - 0.49% Coverage

there's like stigma around the fact that, you know, they're either like, I don't know, embarrassed or, like, just feel like other people would judge them probably because of it because a lot of people seem to [...] I'm not sure if looking down on someone is the right word, but just like make certain judgements about that

Reference 17 - 0.34% Coverage

I don't know if it's just PEI that it feels like there's, like, a stigma around it, but it's definitely PEI where it seems like it's, like, you have to do, you know, you have to jump through a lot of hoops to make it happen.

Reference 18 - 0.97% Coverage

P: and of course there was the people walking around with their signs and

I: [Oh], can you tell me a little bit more about that?

P: Um, I was there really early, um, so I, there was only like one or two people who had gotten there by then. I guess they go every single day and waste their time, but, um, they didn't say anything. I don't know if there's rules against, are they allow to yell at you or, 'cause I wondered if they would say something, but they didn't say anything. I think they're silent protesters, I'm not sure.

I: Did they look at you or?

P: I don't remember I just kind of didn't make eye contact and walked in.

Reference 19 - 0.47% Coverage

I think that the general message is that it's not the right choice or that it's not a good, you know, that it's wrong I guess. A lot of people would say that it's wrong but, um, because so many people, who don't actually have any real facts, that they're going on just spew stuff about it being a human life,

Reference 20 - 0.26% Coverage

generally most people don't know those specific facts, and I find people just kind of, like, spew them out because that seems to be the right reason to make you feel bad

Reference 21 - 0.22% Coverage

my initial reaction was that I wanted to keep the baby, and aw it didn't really turn out like that because no one really was very supportive.

Reference 22 - 0.61% Coverage

I: Yeah. So you were nineteen and, um, in a relationship, and tell me about the pregnancy 'cause you said I was thinking about keep the pregnancy.

P: Um, well that was my initial reaction, but (laughing) most people around me were not extremely supportive of that especially, um, my parents and my boyfriend's parents, and him after his parents reinforced the fact that he didn't want to have child.

Reference 23 - 0.15% Coverage

P: It wasn't that I was being like coerced or forced, it was just, I was persuaded I guess. (laughs)

Reference 24 - 0.76% Coverage

if they're wasn't such a social stigma, and if it wasn't PEI, I would say, like, well you know what, like, I don't really think you know what you're talking about because I've been there, and I did it so, like, what I'm, like, I'm not you know coming out, coming up with facts out of thin air, like, I have experienced it. Whereas because of where we live and stuff like that, and people's opinions and religious beliefs, and etcetera I don't feel the need to put myself under the microscope there.

Reference 25 - 0.50% Coverage

I don't know the only thing I guess I would keep in mind is that it is a small place, and people have really strong opinions, and that's the only reason that I care about anonymity is because I don't want to open (laughs) myself up for like you know, um, whatever you call it, the way that people behave, or act, or feel about it.

Reference 26 - 0.43% Coverage

there is this huge stigma around the issue that I didn't even know, and I was, you know, nineteen is I would think old enough to talk about that. Although if I think about that I don't know when I would tell my daughter that I had an abortion, so really, I guess I can understand.

Reference 27 - 0.39% Coverage

P: I think I was nineteen, um, I'm twenty-two now, and I was dating my best friend and, um, I got pregnant, and I my initial reaction was that I wanted to keep the baby, and aw it didn't really turn out like that because no one really was very supportive.

Reference 28 - 0.78% Coverage

I: Yeah yeah. So I couple of times you've mentioned that the abortion wasn't your idea, but then it, they talked to you about how it wasn't, um, at the clinic you said that they made

P: [Well] it wasn't, I wasn't being forced into it I just gave in. I wasn't like, you know like, I changed my mind. I was like well I guess this isn't going to work out, obviously like, never mind kind of a thing.

I: [yeah]

P: It wasn't that I was being like coerced or forced, it was just, I was persuaded I guess. (laughs)

Reference 29 - 0.53% Coverage

Yeah so, do you want to tell me a little bit more about that process or? How you sort of came to decide this is what I will do?

P: Um, I think it was just lack of support where I was like I don't think I could do this without a lot of support.

I: [yeah]

P: And as it turned out (laughing), like, I mean I did it. I got pregnant again and I did it

Reference 30 - 0.33% Coverage

the only thing that I really said about it was that I considered all of my options, um, you know, that I didn't just say I'm having a baby because I was pregnant I considered both, I didn't really consider adoption,

Reference 31 - 0.62% Coverage

I would feel bad for someone who was thinking that abortion was the way that they were going to go, and they ended up there, 'cause I don't think you'd find a lot of help. (laughs)

I: [yeah]

P: Like, you know what I mean? I don't think, and I think it was like we don't refer for abortions either, like they wouldn't probably give you any information about how you would access that or anything like that.

Reference 32 - 1.27% Coverage

it's only if you really read the fine print, that they say that, 'cause they say like counselling for all op to, like, consider all of your options, and that's like you know their if you're in a crisis situation, or you're pregnant and you don't know what to do, blah blah blah. They say like, um, their basic message, or it seems like is, um to that they provide counselling so that you can made a decision considering all your options. And they say if you, I can't remember where on their website, but you have to really look into their fine print where it says, um, we do not advocate abortion, or we don't we don't counsel, we, oh, we don't counsel that abortion is, um, a constructive, like, basically like we don't counsel that abortion is uh a good decision, um, we in fact have found that is compounds your problems, um, basically.

Reference 33 - 0.44% Coverage

So really it's not true in their mandate, or whatever, that they counsel for, you know, making a real decision. Not that abortion is the only decision, but it's just like, you know, a third of the options so.

I: [yeah yeah]

P: That's my opinion on them. I wouldn't go there to be honest.

Reference 34 - 0.61% Coverage

I: Yeah. So you were nineteen and, um, in a relationship, and tell me about the pregnancy 'cause you said I was thinking about keep the pregnancy.

P: Um, well that was my initial reaction, but (laughing) most people around me were not extremely supportive of that especially, um, my parents and my boyfriend's parents, and him after his parents reinforced the fact that he didn't want to have child.

Reference 35 - 0.43% Coverage

when I was pregnant, when I was pregnant the second time, this makes me sound awful (laughing), but, like, um

I: [why?]

P: Well, I don't know. It's just like I got pregnant twice without meaning to get pregnant. I'm just very fertile clearly 'cause I was on birth control both times

Reference 36 - 0.42% Coverage

I don't think I went to my doctor before I went to Fredericton. I think I was only there for my check-up a month afterwards.

I: So do you know if your doctor is full-choice or not?

P: She, I'm pretty sure she is yeah, like, I never felt any weirdness from her afterwards.

Reference 37 - 0.20% Coverage

P: but um, I never felt judged or any, you know, any negativity from my doctor. She's pretty great.

I: [yeah] Yeah, that's good.

Reference 38 - 1.57% Coverage

I switched doctors when I was sixteen. My mom, I used to be with a family friend, um, and he was a man, and my mom felt that I should, she was like, she switched to a woman after a while, and she was like you'd be more comfortable, you know, as a sixteen year old girl if you had like, a fam, like a woman who's a family physician. I was like okay whatever, and we switched, and, um, I'm really glad I did because the one that we used, that I used to be with, and my dad is still with, is ah, is part of that church, and he's extremely extremely proactive in that. Not that that's a bad thing, but he's, um, very very pro-life, like, I don't think that, I'm not really sure what I, I would expect him to, like, maybe not even do the one month check-up after you got back from an abortion. I'm pretty sure.

I: Yeah. So, you wouldn't feel like he'd even give you care?

P: Um, I think that he would have a huge problem with it.

I: Wow.

P: Yeah.

I: How does that make you feel?
 P: It grosses me out a lot actually.
 I: [yeah]

<Internals\\Thesis_Dawn_Disaggregated> - § 75 references coded [42.55% Coverage]

Reference 1 - 1.36% Coverage

I started calling pharmacies 'cause I knew that they filled the prescriptions. So I called the Friendly Pharmacy and they hung up on me. And then I called-
 I: What do you mean they hung up?
 P: Well when I called and asked I said, 'cause I'd looked online and I was looking in these message boards about this pill, and I would ask who, what doctor would fill this prescription? And she's like, I don't know of anybody who fills that, and she hung up. And I called Shoppers Drug Mart and they didn't want to talk to me either and-
 I: What did they say?
 P: They're just rude. They said we don't, how did they put it. Something along the lines that they would never fill those two prescriptions together because everybody knows, you know what I mean? They don't condone that kind of - I don't see why they get the right to do that they're not a doctor so. (laughter) They're just there to fill it. But then I called (Pharmacy name) and they told me that doctor (doctor's name and information omitted).
 I: So you called him?
 P: Yeah

Reference 2 - 0.29% Coverage

they told me that doctor (doctor's name and information omitted).
 I: So you called him?
 P: Yeah , I went (omitted) and I spoke to him. He actually made it quite comfortable. He wasn't, he was really nice about it.

Reference 3 - 0.19% Coverage

and then I went to fill it and they were, they were great about it too. The pharmacist took me in a special room just to explain everything to me

Reference 4 - 0.48% Coverage

also (doctor's name) gave me a number that if anything went wrong to call him. He was great about it. And the pharmacist said the only reason they fill it is because they know that the doctor is making himself available to you for the next three days at anytime. You know what I mean? So, it was really, a lot more refreshing than what I had dealt with originally.

Reference 5 - 0.74% Coverage

I: Okay, so how many times did you go back?
 P: Three.
 I: You went to the- so you had the- what you thought was a miscarriage, and you went to the hospital-
 P: Probably two weeks later, and then a couple days after that cause I was in so much pain. And then they just threw me some Percocet and told me to go home and, they thought I was just being dramatic or whatever. And then about another month later or so it was, it got really bad. And that's when I went back.
 I: And that's when they finally checked to see if the miscarriage had worked.
 P: Yeah.

Reference 6 - 1.15% Coverage

Whenever I had went to the hospital before, and I was having a miscarriage, it seemed more compassionate, you know what I mean? But when I went there explaining that I had taken the pills to have an abortion and I was

experiencing extremely bad pain in my abdomen, it just didn't seem. Like, I waited for like five hours in the emergency room and like excruciating, like I was crying out there. And I wasn't just doing it to be dramatic I was in real pain. And then the doctor came in and he would just touch, touch. And then he, and he should have been able to feel it too 'cause, like, I have kids and whenever they do the belly touch and they can feel you're, you know what I mean? It just doesn't seem like, now that I think of it, it just doesn't seem like it was really done properly. I don't know. Yeah, so, I don't know. But I'm not a doctor (laughs) so you know.

Reference 7 - 0.44% Coverage

I: so when they released you were you still in pain?

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

I: What did you think about that?

P: Well I just thought that maybe it was- but the first time I just listened to them 'cause I was like okay well maybe

Reference 8 - 0.78% Coverage

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

I: [Absolutely]

P: ultrasound, anything like that.

I: [Absolutely]

P: Yeah, so it was just, it was a little ridiculous.

Reference 9 - 0.29% Coverage

P: And then a brand new doctor, it was his first shift unattended,

I: [yeah]

P: by an ER physician and he found out right away. You know what I mean? So there was obviously a standard protocol 'cause he took it,

Reference 10 - 0.73% Coverage

I: Did he seem upset that you had?

P: Yeah, like he was so, yeah.

I: Can you tell me a little bit more about that?

P: Well he, I had told him about what happened, and he was like 'kay well, he was right concerned, and he said I'll do everything I can to find out. He said, first we'll start out with an ultrasound. That's the first thing he said. He came in and he said how long ago did you take this? And I said well it's probably been about four or five weeks so far, something like that. No it was longer than that, it was. This time I was far along,

Reference 11 - 0.18% Coverage

my family doctor wouldn't do it for me because I had one done before, and he told me I shouldn't use abortions as a form of birth control.

Reference 12 - 0.37% Coverage

finally found a women's health clinic (name of doctor omitted).

I: [Yeah]

P: She did a referral for me so. Yeah.

I: Did you tell her what had gone on?

P: Yeah. (laughs)

I: What did she say?

P: She thinks it's ridiculous. She thinks it's horrible really, But what can you do?

Reference 13 - 1.03% Coverage

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

P: Yeah.

I: Explain the situation-

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

I: And, and so she delivered,

P: [yeah]

I: can you remember the message?

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

I: Can I just say that I'm really sorry that that happened to you

Reference 14 - 1.59% Coverage

I: So did Halifax realize what you'd been through,

P: [yeah]

I: when you got there? That you'd already tried when you had been two weeks, and you just –

P: [Yeah,] well they had been briefed on it.

I: Yeah. So did they say or did they do anything? How did that all work?

P: No. Well they have the counsellor come in and talk to you before and make sure you're-

I: What'd the counsellor say?

P: Well she just felt bad about what had happened, and she's like are you sure you wanna do this? And I'm like, yeah I'm sure (laughs). I'm sure I wanna do it, like I wanna -

I: Do you think she had to ask you that question?

P: Yeah, oh yeah. Like it was more like, she puts them to everybody when she's going to see everyone but. And the doctor didn't really talk much about it. She was nice though. She was very friendly. Yeah.

I: So do you think you were treated fairly when you got to the hospital in Halifax?

P: Yeah, yeah. I felt good. Like it wasn't, they're really, the nurses there are really nice. They're the ones who dealt with mostly,

I: [yeah]

P: more than the doctors so they were really sweet, and were really concerned about how you were doing. If you need anything they were great

Reference 15 - 0.43% Coverage

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

I: [no]

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

I: [yeah]

Reference 16 - 1.10% Coverage

I: And there's just so much that I hear unfair that happened to you. But also, I'm wondering what you, um, think in terms of the medical care?

P: Well I just think it's, I don't, I think that when you become a doctor you leave your personal beliefs, like, where they are. And you take over the action of being a doctor. You don't think about how you see things. You're concerned about your patient and, do you know what I mean? Like, it shouldn't be- I'm not worried about how you feel in the situation, it's the situation I'm in, and you're supposed to take care of that. Not let your feelings, or your

whatever, get involved in my care. It shouldn't- like their taking oaths to do things, as you know. I don't think it's right that- I'm not saying that that's for sure what they did. I just felt like that's how it was handled so yeah.

Reference 17 - 0.17% Coverage

I: And medically who's following up to make sure-

P: I did, I had an appointment with (doctors name omitted). She's been great so.

Reference 18 - 0.31% Coverage

I: Who was looking after you the last time? Was it (doctor's name omitted)?

P: Yeah.

I: So you came from Halifax-

P: He didn't even- I made a follow up appointment with, with him and he cancelled it. And I didn't see him since.

Reference 19 - 0.42% Coverage

I: Okay so. You're two weeks pregnant?

P: Yeah.

I: You decide okay, I know that this

P: [yeah]

I: chemical abortion

P: [yeah]

I: will, has worked for women?

P: Yeah.

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

P: Um, How did I- I called, oh I started calling pharmacies

Reference 20 - 1.36% Coverage

I started calling pharmacies 'cause I knew that they filled the prescriptions. So I called the Friendly Pharmacy and they hung up on me. And then I called-

I: What do you mean they hung up?

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

I: What did they say?

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

I: So you called him?

P: Yeah

Reference 21 - 0.29% Coverage

and they told me that doctor (doctor's name and information omitted).

I: So you called him?

P: Yeah , I went (omitted) and I spoke to him. He actually made it quite comfortable. He wasn't, he was really nice about it.

Reference 22 - 0.49% Coverage

also (doctor's name) gave me a number that if anything went wrong to call him. He was great about it. And the pharmacist said the only reason they fill it is because they know that the doctor is making himself available to you

for the next three days at anytime. You know what I mean? So, it was really, a lot more refreshing than what I had dealt with originally. So, yeah.

Reference 23 - 0.74% Coverage

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

P: Three.

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

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

I: And that's when they finally checked to see if the miscarriage had worked.

P: Yeah.

Reference 24 - 0.60% Coverage

Yeah, it was ridiculous. Like I just asked if I could have an ultra- well it's nothing like you've, I think you were more, I think it's really taboo to talk about abortions. I mean it's, you feel the people, I felt like I wasn't getting properly, I don't want to take that to the extreme, but it seemed like obviously, if a brand new doctor gets it right away, and, like, guys who have been there for years can't just do a simple belly ultrasound to check

Reference 25 - 0.32% Coverage

I: Okay. So I'm, I guess I'm really struck by how many times you went back to the hospital.

P: [yeah]

I: and told them that this you know, that this could be from a miscarriage or-

P: And I told them about the, the medications I had taken,

Reference 26 - 1.15% Coverage

Whenever I had went to the hospital before, and I was having a miscarriage, it seemed more compassionate, you know what I mean? But when I went there explaining that I had taken the pills to have an abortion and I was experiencing extremely bad pain in my abdomen, it just didn't seem. Like, I waited for like five hours in the emergency room and like excruciating, like I was crying out there. And I wasn't just doing it to be dramatic I was in real pain. And then the doctor came in and he would just touch, touch. And then he, and he should have been able to feel it too 'cause, like, I have kids and whenever they do the belly touch and they can feel you're, you know what I mean? It just doesn't seem like, now that I think of it, it just doesn't seem like it was really done properly. I don't know. Yeah, so, I don't know. But I'm not a doctor (laughs) so you know.

Reference 27 - 0.52% Coverage

You just didn't get the impression that it was, it's more like, hey you did this to yourself. You know what I mean? More like, I don't know it just didn't seem- I don't know how to explain it, it just didn't seem comfortable.

I: You felt like your care was not,

P: [yeah]

I: to the same standard if you had miscarried?

P: Yeah, exactly. By accident instead of on purpose kind of thing.

Reference 28 - 0.78% Coverage

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

I: [Absolutely]

P: ultrasound, anything like that.

I: [Absolutely]

P: Yeah, so it was just, it was a little ridiculous.

Reference 29 - 0.30% Coverage

P: And then a brand new doctor, it was his first shift unattended,

I: [yeah]

P: by an ER physician and he found out right away. You know what I mean? So there was obviously a standard protocol 'cause he took it, and yeah.

Reference 30 - 0.73% Coverage

I: Did he seem upset that you had?

P: Yeah, like he was so, yeah.

I: Can you tell me a little bit more about that?

P: Well he, I had told him about what happened, and he was like 'kay well, he was right concerned, and he said I'll do everything I can to find out. He said, first we'll start out with an ultrasound. That's the first thing he said. He came in and he said how long ago did you take this? And I said well it's probably been about four or five weeks so far, something like that. No it was longer than that, it was. This time I was far along

Reference 31 - 0.93% Coverage

Now my family doctor wouldn't do it for me because I had one done before, and he told me I shouldn't use abortions as a form of birth control.

I: Tell me more about that.

P: But I wasn't using it like, before I had an abortion I had just had my second daughter and I was twenty two with two kids so, and I got pregnant right away. So, I was like that's not a good idea, you know what I mean? So I used that. And then now twenty four and I called him again, and he wouldn't even see me about the pain I was having after 'cause I was still having pain at this point from I don't know, I don't know if it was an effect from the medication and the baby not, I don't know. But, um, he wouldn't even see me

Reference 32 - 0.57% Coverage

I: So an emergency room doctor can't refer you?

P: No. I had to, I called around and a lot of doctors, or family doctors, said they won't see me. I finally found a women's health clinic (name of doctor omitted).

I: [Yeah]

P: She did a referral for me so. Yeah.

I: Did you tell her what had gone on?

P: Yeah. (laughs)

I: What did she say?

P: She thinks it's ridiculous. She thinks it's horrible really, But what can you do?

Reference 33 - 1.03% Coverage

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

P: Yeah.

I: Explain the situation-

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

I: And, and so she delivered,

P: [yeah]

I: can you remember the message?

P: Oh yeah, she said that, uh, he informed me that he does not do referrals on a regular basis. He did it for you before because of the situation you were in. Like, with two children and got pregnant early. Um, and he something

along the lines that he does not condone, or he does not do referrals so abortion as a form of birth control, yeah so. So yeah. (laughs)

I: Can I just say that I'm really sorry that that happened to you?

Reference 34 - 0.52% Coverage

I: Yeah. And so at that point it's an emergency. Do you have to, do you know at all if social services will support you in going?

P: They pay for, um, they paid for the hotel.

I: Did they pay for your shuttle?

P: No because that wasn't a, they didn't think that was a smart way to do it but my mom didn't know how to get to Halifax, like, by herself you know what I mean? So they wouldn't pay.

Reference 35 - 0.90% Coverage

this was all short notice to, like, so I had to, they told me Thursday. I had to get, Friday talk to my worker and it took me 'till lunchtime to even get a hold of him. And I had to explain to my male worker that I'm going to Halifax. And he's why? So I explain to him, and then everyone has their opinions on abortion as it is, so I'm trying to explain to him, well have to, the only day I can go is Monday. And he's gotta talk to his supervisor to see if it can be, so it's just like, I'm like panicking. And it's like fuck (laughs) is this gonna happen? Or am I gonna be like, yeah. But we got it done (laughs) And it's just like so stressful, like.

I: I hear it.

P: Yeah.

Reference 36 - 0.68% Coverage

P: Yeah. And then he's gotta talk to, so it's not just him I'm talking to him about-

I: [right]

P: it's going to the supervisor. So it's just like, and I'm not embarrassed by it because I don't really care what people think because I know the reason why I'm getting it done, but it's just like nobody should have to, with such a dark cloud over the topic you shouldn't have to explain to so many people. It should just be, I had a medical note from a doctor saying I had to go to Halifax. Do you know what I mean?

Reference 37 - 1.10% Coverage

I: And there's just so much that I hear unfair that happened to you. But also, I'm wondering what you, um, think in terms of the medical care?

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

Reference 38 - 0.41% Coverage

P: Yeah, and I even think like the pharmacist, I don't know what right they have to become a doctor. Like, they're there to fill a prescription. They're not there to give me advice on, or tell me that they won't do it.

I: [yeah].

P: Like that's, or give me attitude behind it either. Like it's, it's wrong.

Reference 39 - 0.86% Coverage

And then the other girls that were there too that weren't from PEI but just like, wow you had to come from PEI? They don't do it there. And like, no it's illegal. And they're like, are you serious? And everyone thinks-

I: It's not illegal but-

P: It's not illegal?

I: Just they won't do it.

P: See we're all thinking it's illegal, and like. Like why? That makes no sense.

I: So you think that it's?

P: I thought it was illegal.

I: Tell me more.

P: About illegal?

I: Well why you think it is.

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

Reference 40 - 0.91% Coverage

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

I: They what?

P: They freaked for me asking. But I thought, like, he's not just delivering babies he's like a vag doctor right?

I: [yeah]

P: So I thought like, but no, no.

I: So tell me about phoning and-

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

Reference 41 - 0.16% Coverage

P: I found out, I found out early like two or three weeks and my doctor, like, it seemed like he was dickin' around about it

Reference 42 - 1.46% Coverage

I: That's okay. Yeah so you were, you decided, you had two weeks and-

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

I: So looking back on it now what do you think of the delay?

P: I think he was just, he's like seventy or some years old (doctor's name omitted), you can bleep that out too (laughs).

I: Yeah.

P: But I really see it as like, uh, like an age thing. Like, you know what I mean?

Reference 43 - 0.57% Coverage

and I would ask who, what doctor would fill this prescription? And she's like, I don't know of anybody who fills that, and she hung up. And I called Shoppers Drug Mart and they didn't want to talk to me either and-

I: What did they say?

P: They're just rude. They said we don't, how did they put it. Something along the lines that they would never fill those two prescriptions together because everybody knows, you know what I mean?

Reference 44 - 0.62% Coverage

P: (laughing) Yeah, it was ridiculous. Like I just asked if I could have an ultra- well it's nothing like you've, I think you were more, I think it's really taboo to talk about abortions. I mean it's, you feel the people, I felt like I wasn't getting properly, I don't want to take that to the extreme, but it seemed like obviously, if a brand new doctor gets it right away, and, like, guys who have been there for years can't just do a simple belly ultrasound to check

Reference 45 - 1.15% Coverage

Whenever I had went to the hospital before, and I was having a miscarriage, it seemed more compassionate, you know what I mean? But when I went there explaining that I had taken the pills to have an abortion and I was experiencing extremely bad pain in my abdomen, it just didn't seem. Like, I waited for like five hours in the emergency room and like excruciating, like I was crying out there. And I wasn't just doing it to be dramatic I was in real pain. And then the doctor came in and he would just touch, touch. And then he, and he should have been able to feel it too 'cause, like, I have kids and whenever they do the belly touch and they can feel you're, you know what I mean? It just doesn't seem like, now that I think of it, it just doesn't seem like it was really done properly. I don't know. Yeah, so, I don't know. But I'm not a doctor (laughs) so you know.

Reference 46 - 0.53% Coverage

P: Yeah. You just didn't get the impression that it was, it's more like, hey you did this to yourself. You know what I mean? More like, I don't know it just didn't seem- I don't know how to explain it, it just didn't seem comfortable.

I: You felt like your care was not,

P: [yeah]

I: to the same standard if you had miscarried?

P: Yeah, exactly. By accident instead of on purpose kind of thing.

Reference 47 - 0.64% Coverage

Now my family doctor wouldn't do it for me because I had one done before, and he told me I shouldn't use abortions as a form of birth control.

I: Tell me more about that.

P: But I wasn't using it like, before I had an abortion I had just had my second daughter and I was twenty two with two kids so, and I got pregnant right away. So, I was like that's not a good idea, you know what I mean? So I used that. And then now twenty four and I called him again, and he wouldn't even see me

Reference 48 - 0.15% Coverage

So I explain to him, and then everyone has their opinions on abortion as it is, so I'm trying to explain to him,

Reference 49 - 0.91% Coverage

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

I: They what?

P: They freaked for me asking. But I thought, like, he's not just delivering babies he's like a vag doctor right?

I: [yeah]

P: So I thought like, but no, no.

I: So tell me about phoning and-

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

Reference 50 - 0.33% Coverage

P: Yeah, yeah. We deliver babies not kill them.

I: Yeah. Yeah. Oh wow. How did that make you feel?

P: I don't feel, it would make most people feel bad. I don't feel bad because I knew- I know what people are like with this, do you know what I mean?

Reference 51 - 0.32% Coverage

I think people have gotta be more vocal about it. But then, there's so many people who are so vocal on either side though too. You know what I mean? Because then the people that are against it are malicious, and they're causing harm to people.

Reference 52 - 0.51% Coverage

It should just be, I had a medical note from a doctor saying I had to go to Halifax. Do you know what I mean?

I: [Yeah]

P: That was, that should be enough. Like, and, he's just nosy so, I think it's, I don't know. Yeah.

I: So way too many people wondering about your personal details.

P: That's what I mean. Yeah so, yeah. It just kind of, I don't know. A little touchy (laughs) Yeah.

Reference 53 - 0.35% Coverage

it seriously feels like they're scraping your insides out. And it's- I wouldn't wish it upon anybody, but if you have to do it, you should have that option to do it. Like it's just, it just should be done that way. Yeah.

I: You need it you need it.

P: [exactly]

Reference 54 - 0.50% Coverage

I really see it as like, uh, like an age thing. Like, you know what I mean? I see it like people, and I'm not trying to label it as to people, but my grandmother too, like she, I I told her about mine because she was very against it at first but I explained to her how I was feeling, and it's more like if people get into knowing why you are doing it, it's a little bit different.

Reference 55 - 0.13% Coverage

there's so many different reasons on why. And you should get that choice to do, you know what I mean?

Reference 56 - 0.38% Coverage

And, um, then his, the girlfriend he was with had called him up and said that she was pregnant. So I said I'm not going to have- I was with him for seven years. I had two kids with him. I said I'm not going to have a baby with somebody who is having a baby with somebody they just met.

Reference 57 - 0.20% Coverage

I'm twenty four, I have two kids and their dad just got out of jail for beating the shit out of me. And I was pregnant 'cause I was stupid to go back.

Reference 58 - 0.28% Coverage

I don't want any more kids. And, 'ya so, and I had taken- I was on the birth control pill and I had gotten pregnant. So it's not like I was being careless with, you know, I had gotten pregnant unwilling- unwantedly.

Reference 59 - 0.24% Coverage

I had an abortion I had just had my second daughter and I was twenty two with two kids so, and I got pregnant right away. So, I was like that's not a good idea, you know what I mean?

Reference 60 - 0.68% Coverage

like I don't feel bad about what I did 'cause like you know what, why would I bring a baby into this world that I did not want or am ready to provide for? 'Cause that just would have been a baby growing up feeling, and I'm just being honest. Like I love my kids and that's what I can take care of. But if I have another kid that I can't take care of then I get involved, I'm just thinking ahead of time, with child protection. My kids could be taken away. Like, I'm just thinking about, do you know what I mean?

Reference 61 - 0.42% Coverage

You can't always go to full term and have the baby away for adoption because then I probably would have ended up keeping it and then I'd be in a shittier position than I'm in now, you know what I mean? Like I can't afford another baby. Even seeing the baby in the ultrasound made me feel bad so. Do you know what I mean?

Reference 62 - 0.16% Coverage

I'm not embarrassed by it because I don't really care what people think because I know the reason why I'm getting it done,

Reference 63 - 0.20% Coverage

I don't feel bad about what I did 'cause like you know what, why would I bring a baby into this world that I did not want or am ready to provide for?

Reference 64 - 0.77% Coverage

I just find total disrespectful to not- to just think that when a woman makes that choice a lot of decisions go through their head. It's not just like okay I'm getting an abortion, you know what I mean? You think, you think of the whole, you think of the baby as a baby you're not thinking, just get rid of it. Like, a lot of things go through your mind before you make this decision so it's not just, ok. You know what I mean? A lot of things go through your mind before you make a decision like that and I think it's very selfish for people to think that you're just killing a baby.

Reference 65 - 0.29% Coverage

if I was in a different spot in my life I would love to have, you know what I mean? I probably would have had a baby. It's just everyone has things they're dealing with and they're doing it for the best reason for you know?

Reference 66 - 0.42% Coverage

You can't always go to full term and have the baby away for adoption because then I probably would have ended up keeping it and then I'd be in a shittier position than I'm in now, you know what I mean? Like I can't afford another baby. Even seeing the baby in the ultrasound made me feel bad so. Do you know what I mean?

Reference 67 - 0.22% Coverage

I: So how did you, how did you manage that?

P: Well it's a lot-

I: Who looked after the kids and?

P: My dad looked after the kids. My mom went with me on the shuttle,

Reference 68 - 0.19% Coverage

My mom paid for that. And she paid for everything really. So I'm pretty lucky that I had her to do that, do you know what I mean?

I: [Yeah]

Reference 69 - 0.42% Coverage

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

P: My mom. Like she took, well I'm fine taking care of- I could handle it on my own. She lived across the street and she took the kids for me which was the biggest thing 'cause it was just the body pain afterwards.

Reference 70 - 0.54% Coverage

so my mom footed that again for me, thank God but she knows like-

I: What would you do if you didn't have your mom?

P: Oh God. It's just, it's expensive to go over there. Like, the bus there and back is one hundred and twenty bucks. I only went over for the day this time but then I'm there with no vehicle so I'm wandering around myself. You know what I mean? After I just get that done and waiting for a bus

Reference 71 - 0.61% Coverage

I: Wow. Now part of this, you've talked about how people seemed to you know, pass judgement and whatnot. And you don't have to answer this question. But, you said your boyfriend knows about your current experience but not your past one. Any particular reason? Not that it's any of his business- okay. Don't answer this-

P: He doesn't want me, he wants me to have kids. You know what I mean? So I lied to him that I was pregnant and I had an ectopic pregnancy.

Reference 72 - 0.22% Coverage

He didn't, he's more understanding this time. The first time he was like, when he found out I was pregnant. I was swelling. I was like fuck. Do you know what I mean?

Reference 73 - 0.26% Coverage

I'm having enough stress as it is with kids. I don't want anymore, I'm happy with what I've got, and I just don't know why they get to make the decisions about, you know what I mean? It's just stupid.

Reference 74 - 0.15% Coverage

So I explain to him, and then everyone has their opinions on abortion as it is, so I'm trying to explain to him

Reference 75 - 0.33% Coverage

P: Yeah, yeah. We deliver babies not kill them.

I: Yeah. Yeah. Oh wow. How did that make you feel?

P: I don't feel, it would make most people feel bad. I don't feel bad because I knew- I know what people are like with this, do you know what I mean?

<Internals\\Thesis_Ella_Disaggregated> - § 73 references coded [27.06% Coverage]

Reference 1 - 0.27% Coverage

So, I said I wanted an abortion and they set me up with a phone call, and then this is where it kind of got worse because not only was I, you know, terrified of being actually pregnant, but I didn't even think that there would be problems, like, getting anything done.

Reference 2 - 0.81% Coverage

P: And I called, and I made the appointment, and after all of her questions she said "oh, just make sure you that bring your Ontario health-card." And I was like, okay but I don't have an Ontario health-card I have PEI health card-card. And she said "oh, well that's going to be an issue. And I was like well why, and she was like well, um,

PEI doesn't cover, like, abortions. You're going to have to call, like, your province, but, like, I'll keep your appointment, but if you don't have this figured out, like, we have to cancel your appointment." Which I remember thinking didn't really make much sense because even if, like, even if I had a PEI health-card I should have been able to go to my doctor's appointment, like, 'cause the doctor's would have to check to see if my baby's okay no matter what I'm doing, right?

Reference 3 - 0.14% Coverage

And so I went online and I, 'cause I have an iPhone, so I went on my phone, like, in the car and I'm looking it up online, and I'm, like, in tears.

Reference 4 - 0.08% Coverage

at this point I was nervous, but no one had really told me that I still had to pay.

Reference 5 - 0.75% Coverage

So, um, she said, "Okay, I'm going to keep your appointment but you're going to have to pay for this. And I was like, what do you mean? And she was like, "well you're going to have to pay." And I was like, and I remember arguing with the lady, I was like lady my province will pay. And she was like, "no, we deal with PEI all the time, like, you're going to have to pay." And I'm like lady your nuts like this under like Canadian law like I can get an abortion and like stop being a bitch kind of (laughs) like.

I: [So], sorry, just to clarify, so Ontario was saying that, and this was the women's health clinic, is saying that they deal with PEI all of the time, but nobody in PEI seems to be able to give you a straight answer as to how this happens.

P: Right.

Reference 6 - 0.26% Coverage

P: because if I do want this out of my stomach, like how am I going to get this done if no one is going to help me, right?

I: Uh huh.

P: So, that's when things, like I started to get very scared. Like, I was terrified so, I like, the next call I made was to my mom

Reference 7 - 0.44% Coverage

what ended up happening was one day when I started crying [the Out of Province Physician Referral Coordinator] was like "okay, listen, you send in your receipt. Make sure that it has your PEI health-card number on the receipt, and make sure that you get a receipt, like, for the doctor, and get a receipt from the hospital, and you send that to us, never mind the hospital sending it to us and we'll refund your money. And I was like okay.

Reference 8 - 0.20% Coverage

I never thought like it would be that it would be that difficult of a decision once it actually came down to making the decision. Like, it wasn't as easy as I always thought it would have been to make.

Reference 9 - 0.25% Coverage

I knew that if I told certain people my decision would be influenced. So it wasn't, like the beginning process of thought was more like who do I tell. It wasn't really like what am I going to do. 'Cause I didn't want to be influenced by anyone's decision

Reference 10 - 0.20% Coverage

my partner, um, like he was as good as he could be. He, he said to me, like, I can't tell you how I really, he's like "I can't tell you what to do because I don't want you to be influenced by my thoughts,"

Reference 11 - 0.08% Coverage

So, as supportive as he was, it really did come down to, like, to what I wanted.

Reference 12 - 0.30% Coverage

I had always spoken about never wanting kids, like my whole life I was like I don't think I want kids. So people were kind of like, you know, you don't have to make this decision right now. Like, if you want kids later in life you can have them, but if you're not ready than it doesn't have to be right now.

Reference 13 - 0.23% Coverage

she was like you need to make this decision on your own, like, no one can make this for you. So I was really surprised at how supportive she was at me making me own decision. Only because I had anticipated her being so one sided.

Reference 14 - 0.40% Coverage

especially my boyfriend, like he really, like I'm a really lucky girl, like I have a man whose, you know, who stood by my side and he basically told me, like I don't care what your mom wants, I don't care what your friends want, like, if you want this baby, like, I'll be there for you. And that (emphasized) made it easier too because it was like I don't have to feel guilty if I do want to keep the baby.

Reference 15 - 0.40% Coverage

P: 'Cause some, in my situation people were making me feel more guilty about keeping then giving it up.

I: Okay. How did you deal with that?

P: Um, I was really angry in the beginning 'cause I just felt like people weren't allowed to make that decision for me, but at the same time I realized, like, they were just going on, like, they were basing it off of what I has always said what I wanted in life,

Reference 16 - 0.23% Coverage

everyone was happy for her, everyone's excited, but at the same time like, I knew that in my situation like my baby wasn't going to be like a happy baby, like it wasn't going to be something that people that people were excited about.

Reference 17 - 0.21% Coverage

should also mention, like, another big part of my decision was, um, I have [chronic illness] and, um, a doctor had mentioned that there would be, there could be complications with my pregnancy because of [that

Reference 18 - 0.53% Coverage

when I started getting really sick I did feel [my chronic illness] starting to act up and the only medication I can take is morphine so couldn't even take my medication so I could see that that would have been a really lengthy battle , like trying to balance pregnancy and [my illness] at the same time was not going to be fun.

I: No – wow.

P: (laughs) so health wise that was a little bit of the decision like, um, just because I knew that would interfere, that wasn't the main component to my decision at all but it was a factor.

Reference 19 - 0.84% Coverage

P: Yeah and I was really lucky just because [name] was like, he's my boyfriend sorry, like he said, I'll be happy, he said like I'd be happy to have children with you and he was like but I'm also not sure if right now is the best idea but he was like but if we do have children I know I would love and support them and love and support you. And so that to me, like his decision, like his influence was my biggest one obviously just because it would matter as much to him as it would to me, um, but I knew that at least whatever I wanted I could, could get with him, you know what I mean?

I: Uh huh

P: Like, I knew that whatever decision I would make he would support and that made all of the difference in the world because there is no way I could have done that on my own. Like it wouldn't have been an option kind of had he not been on board as well.

Reference 20 - 0.44% Coverage

I'm in a situation right now where I've been sick for a few years I've depend on my parents finically as, like I have my own finances, but like I need my parents for some parts of it so my parents involvement would, like I would have needed their involvement to take care of a kid so, their opinion and, like, their input on the situation mattered to me.

I: uh huh

P: And I, besides that, we are really close, like I am close with my parents

Reference 21 - 0.27% Coverage

I was terrified to disappoint my dad. Like only because my dad has always been, like, you know go [Ella], go [Ella], and like he's always supported me, and I was terrified that he was going to be, you know, shattered and disappointed that I got pregnant because it is a taboo

Reference 22 - 0.35% Coverage

I probably would just tell myself that like, I will, I'm not making the wrong decision because even until the very moment I walked into the exam room I was questioning my decision. Just because it, it's too like, you can't say that I am 100 percent for this side of pregnancy, like, I was tossing and turning about my decision even after I'd already made it.

Reference 23 - 0.35% Coverage

So I would probably just tell myself, you know, I'm not a bad person for doing this, because that thought kind of came into play too, like, so I'd probably just tell myself that it's an okay thing to do. Like, it's just a procedure. It's just a medical procedure, it's all right.

I: Where do you think that doubt came from?

P: Um, (sighs) probably society.

Reference 24 - 0.16% Coverage

P: But, ah, when I went to the doctor's appointment they did the test, and he, they confirmed that I was five weeks. Um, and then they asked me what I wanted to do

Reference 25 - 0.36% Coverage

they never gave me like details but basically Ontario was just like we're not touching this, like, we'll do it for you but you have to pay us. Like, which to me was, like, shocking because the year before, like last year, I spent almost four months in the hospital [in the same Ontario city] and never once did my PEI health-card ever pop up as an issue. Like never.

Reference 26 - 0.75% Coverage

because the Ontario, like and this is where, this was where I got really confused was because when I was speaking to [the Out of Province Physician Referral Coordinator] like at the PEI health office she kept saying to me, “no problem just get a doctor to fax, fax the PEI office that you’re getting an abortion.”

I: Uh huh.

P: And then when I would go to the hospital they would say, “oh, we deal with PEI all the time,” but then when I would say okay can you fax that information over they would be like, “no we’ve never done that before. We’re not doing it”. So I was kind of like, ‘kay why am I getting two different stories, what is the procedure here? So that was really confusing. And in the end we never really found out what the actual answer was

Reference 27 - 1.04% Coverage

the Out of Province Physician Referral Coordinator] let me, one day I broke down on the phone to [the Out of Province Physician Referral Coordinator], like crying, ‘cause we had spoken almost every week for the entire summer, like, the whole month of July I was on the phone with that woman like twice a week. And, um, she was, like, she was great but she, like it was, it was confusing. Like she couldn’t understand why the Ontario was being so difficult and the Ontario hospital couldn’t understand why they were even asking for anything because apparently they had never done that before.

I: Right.

P: So, um, what ended up happening was one day when I started crying [the Out of Province Physician Referral Coordinator] was like “okay, listen, you send in your receipt. Make sure that it has your PEI health-card number on the receipt, and make sure that you get a receipt, like, for the doctor, and get a receipt from the hospital, and you send that to us, never mind the hospital sending it to us and we’ll refund your money. And I was like okay.

Reference 28 - 0.59% Coverage

so initially I felt really good about it and then as time passed I would see kids, that was one thing I was really afraid that once I would start seeing children after my abortion that I would break down in tears, like I was really scared that that was going to happen but I would see kids in the stores and stuff and I would just be like you know what, ugh I’m so glad that’s not me (laughs).

I: Right

P: Like, I know that sounds awful -

I: [not at all]

P: because my best friends just had babies and I’m happy for them, but like it just, for me it just, I’m happy. I’m happy with my decision.

Reference 29 - 0.90% Coverage

I: So, your aftercare appointment was four days after the procedure.

P: Yeah, or five, like it wasn’t very long after and that was weird too ‘cause when I went for my follow up procedure he’s like how are you doing, and I was like I’m doing good. He’s like no cramps, no bleeding, no nothing? I’m like nope it’s all good. And he was like okay you can go now, and he didn’t even like check me out or anything.

I: No exam?

P: Nope. He was just like okay, bye (laughs).

I: Wow.

P: Yep.

I: What were your thoughts on that?

P: I just remember thinking like, well good thing I feel okay I guess (laughing), I hope nothing’s wrong. But, I mean, like I’m lucky, I’ve been fine but just, yeah.

I: You expected something more?

P: Yeah. I expected, like, a little bit more, like just even to take a look down there and make sure it looks okay (laughs), like.

I: Yeah. You would think.

P: Yeah it was weird.

Reference 30 - 0.13% Coverage

he's always been a really great support for me, so it was never, I was never afraid to tell him that like I was possibly pregnant.

Reference 31 - 0.13% Coverage

P: Okay. Well, after, like, there was, the thing was I knew that my, I knew that if we made the decision, like it didn't just affect us

Reference 32 - 0.74% Coverage

P: Okay. Well, after, like, there was, the thing was I knew that my, I knew that if we made the decision, like it didn't just affect us so that, I knew that if I told certain people my decision would be influenced. So it wasn't, like the beginning process of thought was more like who do I tell. It wasn't really like what am I going to do. 'Cause I didn't want to be influenced by anyone's decision, and I knew talking to my two closest friends who were pregnant was maybe going to be biased, and I also knew that my mom was really like for abortion so I didn't really want to talk to her either because even though me and my mom are very close I didn't really want to talk to her 'cause I knew that she would just be like "Oh, abortion, abortion."

Reference 33 - 0.20% Coverage

my partner, um, like he was as good as he could be. He, he said to me, like, I can't tell you how I really, he's like "I can't tell you what to do because I don't want you to be influenced by my thoughts,"

Reference 34 - 0.15% Coverage

I also knew that he would've stepped up had we decided to keep it. So, as supportive as he was, it really did come down to, like, to what I wanted.

Reference 35 - 0.17% Coverage

as I started to talk to people about it like my, I started to get different views on people, like what people were kind of thinking for me. And a lot of people were supportive

Reference 36 - 0.88% Coverage

the biggest surprize for me was when I told my mom because I, first I remember being terrified to tell her because, you know, she's dramatic so I thought oh, you know, she's going to freak out about it, and it's just going to be a, a lot of headache. But I remember when I told her, well it was really odd because I called her one day and she just kind of guessed like she was like, "is something wrong?" And I was like, "no I'm just so tired," and she was like [Ella] are you pregnant?" (laughs). And I was like "what!" (laughing).

I: [Oh mother's]

P: I was like, "how do you know" (laughs). So, um, when I told, like when I was like, yeah. I was, she kind of was like "Oh, well, you know, we're not mad at you, like she was speaking for her and my dad, but we didn't end up telling him for a little while but (laughs), she said, you know we're not disappointed in you, like, things happen

Reference 37 - 0.23% Coverage

the next call I made was to my mom to explain everything that had happened, and my mom, like thank god my parents are supportive this way, but my parents were just like don't worry about the finances, like we would obviously take of this

Reference 38 - 0.27% Coverage

in the end like my parents said never mind what those people say, like, do the procedure regardless of whether you're getting the money back or not because we don't, you know, we don't care if we don't get it back, but what if you were in a position where you couldn't do that?

Reference 39 - 0.23% Coverage

the only thing that I wouldn't want is like certain family members, like my grandparents and stuff, like I don't really want them to know, just because it would upset them on like a religious side, um, and I wouldn't want that for them

Reference 40 - 0.41% Coverage

and especially my boyfriend, like he really, like I'm a really lucky girl, like I have a man whose, you know, who stood by my side and he basically told me, like I don't care what your mom wants, I don't care what your friends want, like, if you want this baby, like, I'll be there for you. And that (emphasized) made it easier too because it was like I don't have to feel guilty if I do want to keep the baby.

Reference 41 - 0.40% Coverage

P: 'Cause some, in my situation people were making me feel more guilty about keeping then giving it up.

I: Okay. How did you deal with that?

P: Um, I was really angry in the beginning 'cause I just felt like people weren't allowed to make that decision for me, but at the same time I realized, like, they were just going on, like, they were basing it off of what I has always said what I wanted in life,

Reference 42 - 0.23% Coverage

everyone was happy for her, everyone's excited, but at the same time like, I knew that in my situation like my baby wasn't going to be like a happy baby, like it wasn't going to be something that people that people were excited about.

Reference 43 - 0.84% Coverage

Yeah and I was really lucky just because [name] was like, he's my boyfriend sorry, like he said, I'll be happy, he said like I'd be happy to have children with you and he was like but I'm also not sure if right now is the best idea but he was like but if we do have children I know I would love and support them and love and support you. And so that to me, like his decision, like his influence was my biggest one obviously just because it would matter as much to him as it would to me, um, but I knew that at least whatever I wanted I could, could get with him, you know what I mean?

I: Uh huh

P: Like, I knew that whatever decision I would make he would support and that made all of the difference in the world because there is no way I could have done that on my own. Like it wouldn't have been an option kind of had he not been on board as well.

Reference 44 - 0.36% Coverage

I knew that if the situation arose and I decided I wanted an abortion I knew I would have my parents support, but on the other hand I knew that if I ever got pregnant and wanted to keep the baby that might, I wouldn't have my parents support. So I was kind of in the opposite as some women, but um, I mean, I don't that, that obviously effected how I look at it now,

Reference 45 - 0.44% Coverage

I'm in a situation right now where I've been sick for a few years I've depend on my parents finically as, like I have my own finances, but like I need my parents for some parts of it so my parents involvement would, like I would have needed their involvement to take care of a kid so, their opinion and, like, their input on the situation mattered to me.

I: uh huh

P: And I, besides that, we are really close, like I am close with my parents

Reference 46 - 0.20% Coverage

But I called a friend of mine and she said “you know, you’ve been really stressed lately, like, this can , this can totally push, and like mess up your period so don’t worry about it.” And I was like, okay,

Reference 47 - 0.14% Coverage

the beginning process of thought was more like who do I tell. It wasn’t really like what am I going to do. ‘Cause I didn’t want to be influenced

Reference 48 - 0.22% Coverage

because PEI’s abortion, um, laws are different than ours so we don’t touch it, like you deal with it. And I was like so that’s why, like now my pregnancy isn’t just a pregnancy it’s a problem, like, and it’s a scary problem

Reference 49 - 0.28% Coverage

it was very exhausting. I was very, like my pregnancy was the most un, and it’s not just because I was getting an abortion, like, it just was really was the most unpleasant experience I’ve been through. Only because every aspect of it was so difficult, like it was emotionally draining

Reference 50 - 0.23% Coverage

I knew that if I told certain people my decision would be influenced. So it wasn’t, like the beginning process of thought was more like who do I tell. It wasn’t really like what am I going to do. ‘Cause I didn’t want to be influenced

Reference 51 - 0.36% Coverage

it was it was just like people were talking about it like oh well it’s your choice that you know, this is an elective surgery or an elective procedure and am like yeah but it’s not like I’m trying to get my boobs done, like

I: [uh huh]

P: this is something that will detrimentally affect two people at least if not more, like and they don’t look at it that way.

Reference 52 - 0.24% Coverage

I knew that whatever decision I would make he would support and that made all of the difference in the world because there is no way I could have done that on my own. Like it wouldn’t have been an option kind of had he not been on board as well.

Reference 53 - 0.08% Coverage

they confirmed that I was five weeks. Um, and then they asked me what I wanted to do

Reference 54 - 0.39% Coverage

Which I remember thinking didn’t really make much sense because even if, like, even if I had a PEI health-card I should have been able to go to my doctor’s appointment, like, ‘cause the doctor’s would have to check to see if my baby’s okay no matter what I’m doing, right?

I: Right.

P: And, so, but come to learn that that woman at the reception was just not a very nice person, but anyways.

Reference 55 - 0.60% Coverage

I explained my story, I said I'm a student, I'm in [city] Ontario, I just found out I'm pregnant, I don't want this baby, I want an abortion, and, um, the woman was like, okay, she said, "well, we need a doctor to, um, fax us that it's medically relevant. And I was like, what does that mean? Like, (laughs) what does it mean to be medically relevant? And then they said, she said "well, you have to, like, you have to have the consent of two Island doctors and have a reason to need an abortion for us to cover it.

I: Wow (emphasised).

P: And I was like what (emphasized). So, like, I hung up with her

Reference 56 - 0.11% Coverage

I hung up with her 'cause I was like I'm not listening to what she has to say (laughs). I know that's really rude.

Reference 57 - 0.36% Coverage

So I called back and I talked to this other woman and she's like, and the other woman was lot nicer, and she just said, like, I don't know how to answer your questions but I'm going to put you through to the person who does. And I was like, okay thank you. So that's when I got in touch with [the Out of Province Physician Referral Coordinator] at the, PEI Health.

Reference 58 - 0.26% Coverage

P: So, um, she was the one that was going to approve if it was going to get covered or not. So when I spoke to her she was really helpful, but she also didn't really know, she wasn't really sure on the procedure because I wasn't coming back to PEI to see a doctor

Reference 59 - 0.24% Coverage

they were basically trying to make my decision for me. That one woman saying I needed a medically relevant reason from a doctor, which turned out not to be true, but still, like that was still a Health PEI office clerk saying that, you know?

Reference 60 - 0.29% Coverage

at the same time I'm really lucky that I did have the contact that I was with, like [the Out of Province Physician Referral Coordinator] she was wonderful. Like, she was super considerate, she wasn't judgmental, and she really was, like, she felt bad about my situation. So, she did help me out,

Reference 61 - 0.72% Coverage

P: As soon as that word was thrown out there is was either like A, let me find someone who can answer that question for you because, like, they never knew anything about abortion, and then B it was kind of like a rude snarky tone in behind the, so I didn't feel they were pro-choice but, like, obviously the fact that we don't even offer abortions in our own province shows that we're not pro-choice. So like, that was already established before I even had to call them, but I mean I didn't have to deal with the offices too much. As soon as I got [Out of Province Physician Referral Coordinator's] number and [we] started contacting each other, like, she was the only person in that entire office that I would deal with after that.

Reference 62 - 0.31% Coverage

this is what I don't understand about PEI is they act like it's a choice. Like they act like, oh well you're choosing to do this so you deal with the consequences. Okay, but you know what, that is my choice and if you don't help me do something about it quickly I'm going to end up with another life in my hands.

Reference 63 - 0.31% Coverage

this is what I don't understand about PEI is they act like it's a choice. Like they act like, oh well you're choosing to do this so you deal with the consequences. Okay, but you know what, that is my choice and if you don't help me do something about it quickly I'm going to end up with another life in my hands.

Reference 64 - 0.42% Coverage

that was the one thing I noticed, and it was always women, 'cause I never really talked to a man when I was talking to anyone, but as soon as I would say, like, listen I'm in Ontario I need an abortion, as soon as (emphasized) I would say that, like, the tone of the other person would change. It was almost like, "Oh she's getting an abortion, well we don't want to talk to her" (tone change/snarky voice.) Like, it was very odd.

Reference 65 - 0.40% Coverage

P: Like, I felt very, I felt very judged in a few situations, like, well it made me feel kind of bad, but I have been pro-choice like my whole existence, like, I've always been that advocate for pro-choice so I was kind of just thinking in my feminist way and just being like yeah whatever you're not in my situation I don't really care what you think (laughs), but like get me my answers, like (laughing).

Reference 66 - 0.35% Coverage

So I would probably just tell myself, you know, I'm not a bad person for doing this, because that thought kind of came into play too, like, so I'd probably just tell myself that it's an okay thing to do. Like, it's just a procedure. It's just a medical procedure, it's all right.

I: Where do you think that doubt came from?

P: Um, (sighs) probably society.

Reference 67 - 0.25% Coverage

in PEI a lot of girls who did get pregnant or who would get pregnant, like, they're parents were always like oh you have to keep the baby. My mom on the other hand was always like if you get pregnant we're getting you an abortion, you don't have a choice.

Reference 68 - 0.20% Coverage

but growing up that's what, how it always looked like to me was teen pregnancy was a bad thing, and like waiting until marriage was, like, a good thing.

I: Right.

P: (laughs) kind of traditional.

Reference 69 - 0.73% Coverage

because now a days if you're, like I'm almost a little bit older too like I am passed the teen pregnancy. So I think people look at it a bit differently when you're a bit older. They're like well you're in a good relationship, you financial stable to take care of your kid like why would you have an abortion? So I was kind of scared of that stigma too, because, like I am twenty-three and I, you know, I graduated from [post-secondary], so it wouldn't have been crazy for me to have a kid right now, um,

I: [right]

P: but, so that's where a lot of my insecurities came from and my doubts 'cause I was like, well could I do this, like you know, can I actually do this, like can I raise a kid? And, I mean, for me, it just, I wasn't ready.

Reference 70 - 0.33% Coverage

I felt very judged in a few situations, like, well it made me feel kind of bad, but I have been pro-choice like my whole existence, like, I've always been that advocate for pro-choice so I was kind of just thinking in my feminist way and just being like yeah whatever you're not in my situation I don't really care what you think (laughs)

Reference 71 - 0.16% Coverage

in my mind people are going, people are going to be for you but people are going to be against you on the abortion front so to me it really doesn't bother me.

Reference 72 - 0.29% Coverage

I didn't know if I wanted kids at all, so my view on abortion was always pro-choice. I was always, like I always had that option to like my parents were always pro-choice as well so I knew that if the situation arose and I decided I wanted an abortion I knew I would have my parents support

Reference 73 - 0.95% Coverage

oh I should mention, I did get in contact with, it was called PEI Abortion Rights.

I: uh huh

P: And they were like an advocacy group. And the girl I was in contact with I don't know her name, um, but she was really helpful. Like, I just emailed the PEI Reproductive Abortion Rights, I don't remember the email but you can look it up online and they, like they were helpful too 'cause they were kind of like no, no like you have rights to this, you have rights to this, like if you're having a problem you call us we'll deal with it. Like, they were really good too. So, that, if you could put that somewhere in research, just that was a really good resource to have as well.

I: Yeah, that's great to know.

P: Just huge, they were current on all of the laws involving abortion in PEI. So I remember when I was bring some of my questions to them they were like no no that's wrong, like you make sure you call them back and tell them this. So that was a good

<Internals\\Thesis_Fiona_Disaggregated> - § 55 references coded [15.20% Coverage]

Reference 1 - 0.21% Coverage

when I got home from work that day we talked about it, and um, he said like what do you want to do and I, and I said, like I was in love with him, and I was like I want to keep it. So we made up our minds that we would keep the baby

Reference 2 - 0.65% Coverage

with a lot of thinking, and I got, like I was thinking of my [child] being here in PEI and how would [my child] feel if I had a baby living with me in Ontario and would [my child] think why don't I have [them] there. (sighs) So, 'cause I was never in a situation to bring [my child] there in that year. So anyway, I ended up getting very very sick with this pregnancy. I would just throw up all of the time, and I felt like I was going to die. I had severe migraines and I was dehydrated. And my aunt was like "you can't do this, like, you can't keep this baby. I don't know if I hadn't had gotten so sick I don't know if I would have come to the decision to have an abortion, but I did decide that. I did have an abortion

Reference 3 - 0.24% Coverage

she said, you know, "it's your decision." And she will give me advice, 'cause I said I want your, you know, your opinion in what you would do or what you think I should do, and she had given it to me, but she says "it's your decision." So, it was pretty good there

Reference 4 - 0.36% Coverage

I think with my, the baby I did keep I was younger then, and I had never been in that situation, and I was in love too. So I think, yeah that definitely impacted my decision because that was the first time I was in a serious relationship as well, and I was madly in love with him, blindly (stressed) in love with him (laughs). So that definitely impacted it and having my family's support did too.

Reference 5 - 0.30% Coverage

the second time when I didn't go through with it I think being in that situation before that definitely impacted my decision, and yes not being in the relationship with the guy, yeah and the way he reacted when I told him. And, yeah when my sister was saying you should keep it that was, make it harder to come to the decision that I did.

Reference 6 - 0.30% Coverage

we went to this session and he wrote me a letter at this session and he said, you know, "we haven't been together long but I've been in love with you since, almost when we first met," and all this stuff. Then he said, "if you decided not to go through with this pregnancy I can't be with you." So, you know it was a lot of pressure on me.

Reference 7 - 0.07% Coverage

he didn't leave me, but he threw it in my face a lot after, called me a murder

Reference 8 - 0.28% Coverage

he could just take off 'cause that's what happened with my, the father of my [child]. And I mean he had a kid, this guy I was with had a kid and he wasn't a constant in [the child's] life. He would all the time miss his appointments to go see [the child] and stuff. So, you know, I thought about all of that

Reference 9 - 0.57% Coverage

I felt trapped. Like, when I was pregnant I felt trapped, like I couldn't escape the situation and, um, that no matter what decision I made I was going to be trapped, because if I decided okay I'm going to have this baby that I felt like I'd lose my mind and be depressed because I felt like he would use that to his advantage that I'm always going to be there and he's gonna go out and party and come home when he wants and leave me and I can't just up and leave the baby by itself. But I also felt like if I decide to have an abortion that he's gonna always hold that against me. So, I felt like, you know, I was going to lose either way.

Reference 10 - 0.33% Coverage

But in the end I was thinking of the baby, like, what is this baby going to go through if I do decided to keep it. Where, you know, this is such a toxic relationship, and what is this baby going to see? I just felt at that time in my life I wasn't strong enough to get out of that relationship, but I was strong enough to not being an innocent baby into that relationship.

Reference 11 - 0.37% Coverage

I had more than one with him, and at one point I was going to keep the baby. I went to the doctors, I got an ultrasound, I was taking my vitamins. And, um, what made me change my mind, and I wasn't, like I was even thinking of names and stuff, was he, we got, I was really hormonal and emotional. I was scared (spoken loudly), and honestly I was scared because of what the father of my [child] did to me, you know?

Reference 12 - 0.73% Coverage

he was grabbing me out there, like really hard, grabbing me trying to get me to stay with him, and I was saying no. Then he shoved me again and a neighbour called the police and the police showed up. And, uh, he had taken off and when the cops were there the first thing they said to me was, "do you have any children here?" And I said, "I have a child but [s/he] doesn't live with me, and he does but [s/he] doesn't live here." And that's what changed my mind, because I was like this is my life, this is what, and I told the cop I was pregnant too, and he's like "oh, geez," you know. That made up my mind, 'cause I'm like this is the life that I'm going to have, and that's the first thing they said to me was. "do you have a child," you know, "do you have a child here?" That's when I had to change my mind (sighs).

Reference 13 - 0.26% Coverage

I saw the baby at the ultrasound, I heard its heartbeat, I had another appointment coming up for another ultrasound, I was excited. I even the song called song for baby and I'd listen to it walking down the street. Like, I was really excited. But I knew I couldn't do it. Not with him.

Reference 14 - 0.22% Coverage

I might feel weaker, I mean I thought of all that, I might feel weaker if I'm pregnant, like okay I'll stay with him because I want him here, and whatever. Then for those instants to happen, like, and risk losing our baby. That's what I was thinking.

Reference 15 - 0.16% Coverage

So with my other experiences I was really scared because of what I had gone through before, and I didn't want to be left, like, a single mother of two kids, and, um, with no help

Reference 16 - 0.12% Coverage

that was another huge thing that was an impact on my future decisions because I didn't have my [child] with me. [My child] was with my mom.

Reference 17 - 0.16% Coverage

I moved back down here to be closer to the family when I was pregnant. And, uh, yeah I stayed until I was, I had my [child] here and then I stayed here, um, until I was 21 I think.

Reference 18 - 0.21% Coverage

when I got home from work that day we talked about it, and um, he said like what do you want to do and I, and I said, like I was in love with him, and I was like I want to keep it. So we made up our minds that we would keep the baby

Reference 19 - 0.06% Coverage

my aunt was like "you can't do this, like, you can't keep this baby.

Reference 20 - 0.17% Coverage

my mom was shocked at first and she, you know, when I got home she came around. She was like, "well what are you going to do," but then she said she would support whatever decision I would make.

Reference 21 - 0.21% Coverage

I did have good support with that, and, but I found the opposite in some people with the abortion when I was leaning towards that. My sister was like, "no you should keep it," and my brother was saying like "it's a gift from god,"

Reference 22 - 0.15% Coverage

it's been thrown in my face a few times but, um, so it was conflicting. I mean my mom is supporting me both ways, I: uh huh.

P: she said, you know, "it's your decision."

Reference 23 - 0.24% Coverage

P: she said, you know, “it’s your decision.” And she will give me advice, ‘cause I said I want your, you know, your opinion in what you would do or what you think I should do, and she had given it to me, but she says “it’s your decision.” So, it was pretty good there

Reference 24 - 0.14% Coverage

I mean if they were unsupportive of me in that situation I don’t know if I would have chose, well maybe I would have, but it just made it easier for me.

Reference 25 - 0.04% Coverage

he was really mean to me because of my decision

Reference 26 - 0.21% Coverage

Yeah, that was really tough because he, like, he wrote me a letter, like I called the clinic and I said could we come for a counselling, like before and I said can I bring my boyfriend because we’re fighting a lot about this, you know,

Reference 27 - 0.21% Coverage

he kept saying like, “just do it. I’ll support you.” I ended up quitting my job because I was sick because of the pregnancy and he said you don’t need to work I’ll support you. And I did, I quit my job and I had a really good job

Reference 28 - 0.30% Coverage

we went to this session and he wrote me a letter at this session and he said, you know, “we haven’t been together long but I’ve been in love with you since, almost when we first met,” and all this stuff. Then he said, “if you decided not to go through with this pregnancy I can’t be with you.” So, you know it was a lot of pressure on me.

Reference 29 - 0.25% Coverage

I didn’t want to lose him ‘cause I did really feel strongly for him and stuff and I hadn’t, like I’ve been single for three years, like, I didn’t want to jump into something but I really liked him. But I just said, like, “this is my body, and it’s my decision and I can’t do this.”

Reference 30 - 0.39% Coverage

I understand him being hurt in the situation ‘cause it is part of him too, but it’s my body. I’m the one who would have to carry the baby, and I’m the one, you know? Like, he could just take off ‘cause that’s what happened with my, the father of my [child]. And I mean he had a kid, this guy I was with had a kid and he wasn’t a constant in [the child’s] life. He would all the time miss his appointments to go see [the child] and stuff.

Reference 31 - 0.14% Coverage

I also felt like if I decide to have an abortion that he’s gonna always hold that against me. So, I felt like, you know, I was going to lose either way.

Reference 32 - 0.27% Coverage

I would say that to my ex too, like, you know, “it was you too, like I can’t just go and get pregnant by myself.” But that’s where it gets tough because he would be like “well, I wanted to keep the baby. I wanted us to have a baby.” So, um, that’s where it would get all messed up in my head and my emotions

Reference 33 - 0.10% Coverage

my unemployment wasn't enough to pay the bills and my ex wasn't working. Um, but my mom, yeah my mom was a huge help.

Reference 34 - 0.31% Coverage

then when I went to [Ontario city] mom took my [child], and took care of [my child]. And my mom raised [the child] for a lot of [the child's] life, and, um, you know, that was another huge thing that was an impact on my future decisions because I didn't have my [child] with me. [My child] was with my mom. So my mom, yeah she did, my mom did a lot.

Reference 35 - 0.28% Coverage

My sister was really excited and my brother's not very, he doesn't show feeling so he was like "oh cool." (laughs). And, um, my mom was shocked at first and she, you know, when I got home she came around. She was like, "well what are you going to do," but then she said she would support whatever decision I would make.

Reference 36 - 0.21% Coverage

he kept saying like, "just do it. I'll support you." I ended up quitting my job because I was sick because of the pregnancy and he said you don't need to work I'll support you. And I did, I quit my job and I had a really good job

Reference 37 - 0.29% Coverage

I think being on both sides of it, like, going through a pregnancy and terminating, um, it gave me a different outlook on it because I know what it's like in both instances, and, uh, yeah so when it came to that and not really knowing him well enough and us already having some pretty big problems, um, that made up my mind.

Reference 38 - 0.24% Coverage

I did make the wrong decision by having unprotected sex, but if I, you know, and I think too if I would have brought a baby into that equation that it would have been taken away from me, and I could have been just been damaging an innocent child's life by doing that.

Reference 39 - 0.80% Coverage

And then, um, I finally managed to get him out back of my building, and he was grabbing me out there, like really hard, grabbing me trying to get me to stay with him, and I was saying no. Then he shoved me again and a neighbour called the police and the police showed up. And, uh, he had taken off and when the cops were there the first thing they said to me was, "do you have any children here?" And I said, "I have a child but [s/he] doesn't live with me, and he does but [s/he] doesn't live here." And that's what changed my mind, because I was like this is my life, this is what, and I told the cop I was pregnant too, and he's like "oh, geez," you know. That made up my mind, 'cause I'm like this is the life that I'm going to have, and that's the first thing they said to me was. "do you have a child," you know, "do you have a child here?" That's when I had to change my mind (sighs).

Reference 40 - 0.26% Coverage

I saw the baby at the ultrasound, I heard its heartbeat, I had another appointment coming up for another ultrasound, I was excited. I even the song called song for baby and I'd listen to it walking down the street. Like, I was really excited. But I knew I couldn't do it. Not with him.

Reference 41 - 0.15% Coverage

"oh I love him. I want to have a baby with him." No, like, I have experienced that and reality is a lot different than your dreams, or your perception of what it could be.

Reference 42 - 0.31% Coverage

And it was really tough (sighs) to go through, and it was thrown in my face by people who were close to me, yeah.
I: That's hard.

P: It was crappy, yeah. I'm, I've let go of that stuff now, uh, I don't think I've dealt with the abortion itself enough. Like, I still need to deal with it some more. But I mean those are just words people said.

Reference 43 - 0.21% Coverage

Yeah, that was really tough because he, like, he wrote me a letter, like I called the clinic and I said could we come for a counselling, like before and I said can I bring my boyfriend because we're fighting a lot about this, you know,

Reference 44 - 0.37% Coverage

we were together for two years. We were engaged and, uh (sighs) it was just very toxic. Like, I was mean to him too. It was the both of us, but that was one thing he would always use against me throughout the end. It would be, we'd get into a fight about something that had nothing to do with that and he would bring up the abortion and how much I'd hurt him, and how could I do this to him, and I was a bad person

Reference 45 - 0.29% Coverage

while I was in it I felt like I was an awful horrible person because in his terms I was a murderer and I murdered his baby, like it was mine to, but it was his baby. But I mean when I talked to him I would try to get him to see it from my point of view, but inside I was starting to believe what he was saying was true, you know?

Reference 46 - 0.13% Coverage

P: So, yeah he never, he just held me to the fullest about that, just made me feel really awful. When I already felt awful about it, you know?

Reference 47 - 0.10% Coverage

and (sighs), you know, like I, um, I've heard and read a lot of stuff where people say it's a sin and you're wrong

Reference 48 - 0.15% Coverage

, it's really up and down, like, you're like "oh, I'm a bad person," but then if you look at it from in, like in actuality know you're not. You did make the right decision

Reference 49 - 0.31% Coverage

And it was really tough (sighs) to go through, and it was thrown in my face by people who were close to me, yeah.
I: That's hard.

P: It was crappy, yeah. I'm, I've let go of that stuff now, uh, I don't think I've dealt with the abortion itself enough. Like, I still need to deal with it some more. But I mean those are just words people said.

Reference 50 - 0.30% Coverage

I found the opposite in some people with the abortion when I was leaning towards that. My sister was like, "no you should keep it," and my brother was saying like "it's a gift from god," a baby is a gift from god and stuff. So, and it wasn't thrown in my face shortly after I got home, um, from my sibling about me having an abortion.

Reference 51 - 0.37% Coverage

I find there, a lot of people have a very negative look on abortion. And a lot of religious people do and I find there are a lot of religious people here, you know, like that day when they were holding the signs was really upsetting and

I hadn't gone through the experience of an abortion at that time, but it was upsetting for people to have such a strong opinion on something that maybe they haven't experienced.

Reference 52 - 0.31% Coverage

we'd get into a fight about something that had nothing to do with that and he would bring up the abortion and how much I'd hurt him, and how could I do this to him, and I was a bad person. So, you know, it was really damaging on me, and I, you know, was constantly feeling like I gotta make it up to him somehow because, you know, I did this to him.

Reference 53 - 0.29% Coverage

while I was in it I felt like I was an awful horrible person because in his terms I was a murderer and I murdered his baby, like it was mine to, but it was his baby. But I mean when I talked to him I would try to get him to see it from my point of view, but inside I was starting to believe what he was saying was true, you know?

Reference 54 - 0.54% Coverage

I've had arguments with people who didn't know my history but just on the topic of abortion, and I'd say like what if someone was raped? You think that they should have to keep that baby? Or what if they were raped by somebody in their family and that baby has a high chance of being born with disabilities or, um abnormalities," you know? But then I would think, when I would say that, then I would think about me, and I'm like well I wasn't raped. I had unprotected sex I knew the consequences and I still did it, and then I made that decision. So, that's what would make me bad, when I would think that way

Reference 55 - 0.55% Coverage

I've had arguments with people who didn't know my history but just on the topic of abortion, and I'd say like what if someone was raped? You think that they should have to keep that baby? Or what if they were raped by somebody in their family and that baby has a high chance of being born with disabilities or, um abnormalities," you know? But then I would think, when I would say that, then I would think about me, and I'm like well I wasn't raped. I had unprotected sex I knew the consequences and I still did it, and then I made that decision. So, that's what would make me bad, when I would think that way.

<Internals\\Thesis_Grace_Disaggregated> - § 68 references coded [16.85% Coverage]

Reference 1 - 0.13% Coverage

when I found out I didn't tell [John] right away. I didn't tell, like, any of my friends for like the longest time. I lived with five roommates, all which are really good friends, I didn't tell anyone.

Reference 2 - 0.16% Coverage

when I found out I was pregnant, like, being a mom was so incompatible with being successful, and I, I still don't know how I can make those two merge. And I think that primarily because I don't have any role models who are doing it successfully

Reference 3 - 0.26% Coverage

I told my mom and my sister next, and at that point I had already decided on my own to keep it, so when I told my par, my mom and my sister, they came to visit me and I told them. I told them (laughs), I told them in the car. As soon as we got in the car it just came blurting out. And at first they thought I was joking 'cause, again, no one ever thought that I would, you know, have a kid that young I guess.

Reference 4 - 0.44% Coverage

they were still on the abortion bandwagon and, like, Easter, or some holiday I don't know when that would have been, and despite knowing that I'm going to be the mother of his child they refused to have me at their house for this religious, it was a religious holiday so it must have been Easter. They refused to invite me over, and I think it was, that was like the major tipping point of like, jump out of this ship. Do this on your own, like, I was just like you gotta be kidding me. They want me to have an abortion, but, you know, I'm going through with it, and they knew it, and they just would not have me over to their house. Despite being, like, the future parent of their grandchild.

Reference 5 - 0.07% Coverage

now that [the child's] really here sure we'll be supportive, but along the way? Like, F you. It was terrible.

Reference 6 - 0.45% Coverage

I had a really good friend who had kind of gone through something similar. For her it was also an unexpected pregnancy, and her child actually has [a developmental disorder], and I was there for [the birth of her child]. We were really close, so once I found out I was pregnant, like, she's who I went to. And from the moment I moved home, like, she lives just outside of [town], we just spent all our time together. And she would take pictures of my belly 'cause, like, I didn't have anyone to do those things with. So, she was like, "oh I'll be your photographer," and we went to prenatal classes together and, so I had really strong friend support. Just great friends when I was living at home

Reference 7 - 0.40% Coverage

my mom was, like once I decided, my mom was skeptical for a bit, but I think once I moved back home and it was just her and I, and [John] was nowhere to be seen, she was just ecstatic. She came with me to every prenatal appointment, um, we had to drive to [nearby city] every month, and then after a while it was every week, and she came to everyone and she was so excited, and I was still working for a little bit, and she would take me to work and pick me up, and, like, whenever I had a weird craving it was always my mom. So I think as soon as I was living at home and, she never gave me a hard time about my decision,

Reference 8 - 0.36% Coverage

There was moments where you're like, you kind of wish you had, like, your partner to, you know, do those cute pictures with, but not like just the pictures, like, someone who would be lying in bed and feel the kicks, and (laughs) you could yell at when you're like totally emotional, but just like pieces like that, or someone to just equally love your child in the same parental capacity. I missed that, but like with my mom, and my friends, and my sisters I did feel like I made the right decision, and still those same people are close to me and my [child].

Reference 9 - 0.19% Coverage

when I first told my friends it was just, like, shock, like disbelief. Like, how are you going to going to be a parent, like you're twenty-two. And, like, looking back, I mean twenty-two is, you're not super young but you're still, it's just like being a teenager when you're twenty-two.

Reference 10 - 0.41% Coverage

as soon as I was pregnant (laughs), I guess it comes down to are you still able to drink any more with us? And as soon as that's crossed off the list, I was just like a stranger, 'cause, you know, when you're that young people want to go out to bars and people want to go to pubs, and you want to have parties. So, like (sighs), living with, there was six of us in this big house together, I immediately just didn't feel comfortable at any parties. Like, why aren't you drinking? Oh, I'm pregnant. Oh, okay, like, why are you pregnant, is (laughing) kind of what I expected the next question to be, like, why, why would you get pregnant.

Reference 11 - 0.13% Coverage

my friends, they're not like crazy partyers, like we were really good academic students, but people still like to party and to go places, and I just had, I felt so immediately disconnected from my friends.

Reference 12 - 0.09% Coverage

I know that's not, like, an overt form of discrimination, but it's, like, the inadvertently left me out because they knew I was pregnant.

Reference 13 - 0.42% Coverage

I planned a really awesome [event]. It was one of the best [events], apparently, ever. So, I went [to this event], and I was probably three months pregnant, no one really knew, but I was drinking water, I was still dating [John]. People put the pieces together. It was like, just people didn't care about me being there, whereas before, like, these were like good friends of mine, you would get, you would drink and you would feel silly, and have all this fun, but I felt like, it was like, maybe it was just 'cause I was sober and didn't enjoy it, but I felt like I was no longer a part of the group anymore despite me being there, [omitted], planning it.

Reference 14 - 0.12% Coverage

I felt like people could no longer relate to me. I was no longer a [student] at an [event], I was this (laughing) pregnant woman at a [student event]. Like, what are you going here?

Reference 15 - 0.28% Coverage

I was finally starting to show, and people would be asking me questions suddenly, and like, 'cause no one knew I was pregnant before then. Even employees didn't know I was pregnant, and then suddenly all the questions came up of, you know, how far along are you? Things like that aren't so bad, but it's like, who's the dad? When you're like oh it's this person, you know, some people felt bold enough to ask are you still together?

Reference 16 - 0.36% Coverage

people asked me if I was married. That was always awkward, like, 'cause I don't really think you have to be married to have kids anyway. So, they like, I would notice people looking at my hand to see if I was married.

I: How did you feel in those situations, like was it a,

P: I felt just like, 'cause at this point I was happily pregnant, like I said I was very supported through my pregnancy. At that point it's like, like how dare you judge me and say that I should be with someone, or that I should be married in order to fully enjoy this pregnancy?

Reference 17 - 0.47% Coverage

At that point it's like, like how dare you judge me and say that I should be with someone, or that I should be married in order to fully enjoy this pregnancy? Why don't you ask me how I'm feeling, or, you know, are you happy? Even say like, are you happy? Don't ask me where's my partner or if I'm married. I know asking someone are you happy about it, might be kind of personal, but I'd rather that than where's your partner or are you married. It just, I felt so, it was like this cognitive dissonance between, like, yes I feel quite happy now and I've felt quite okay being a single mom by this point, and then like this negative judgement, like, looking to see a ring on my finger and, like, "are you married, where's your partner,"

Reference 18 - 0.18% Coverage

at this point I'm like, I'm okay with this, but then they would be like "it's terrible you're going through this alone," I'm like, but I'm not really alone. Why don't you ask me who's helping me through this? I would tell you I have these great family members, these great friends.

Reference 19 - 0.17% Coverage

So, you get the “oh you don’t have a partner” and then after that you get the, “Oh no, you’re all by yourself, you’re doing this alone?” And I’m sure for some people the answer is “yeah, I’m doing this alone and it sucks,” but at that point I felt like I’m okay with this.

Reference 20 - 0.26% Coverage

I felt quite comfortable being pregnant and being by myself, and then to get everyone saying, like, kind of if you put it a different way, you should be with a someone, and you should, that should be your goal to have children with someone else. When if I asked them I’m sure they’re all single parents (laughs). Like, I knew several of them were single parents, but they still gave you that response.

Reference 21 - 0.06% Coverage

it was just the fact that it was with that partner , with [John]. I didn’t want a kid with [John],

Reference 22 - 0.06% Coverage

Um (sighs), at first I didn’t want to keep the child, um, [John] wanted to keep the child.

Reference 23 - 0.13% Coverage

[John] wanted to keep the child. Um, when we told his family they suggested abortion, um, they were not on board. I didn’t tell my family at all until much later, after I had decided to keep, um, the child.

Reference 24 - 0.19% Coverage

when we told his family they suggested abortion, um, they were not on board. I didn’t tell my family at all until much later, after I had decided to keep, um, the child. I didn’t want to say that I was expecting and then go through with an abortion, but it is something that I contemplated

Reference 25 - 0.28% Coverage

I: And then when you did start, um, sharing the news were you involving other people in the decision-making process, or were you?

P: Well, when I first found out I told [John] and him and I had several conversation about it, like whether to keep it or, um, to consider abortion. And, like, once he told his family they really pushed for abortion, and at this point I hadn’t told my family. So, at that point it was mostly just [John] and I.

Reference 26 - 0.47% Coverage

And like I truly listened to him, like, because at first I did want an abortion, and he was really really pro-keeping the child, and to him, I guess at first he really wanted to keep the baby and, like, there was some points where he cried about it, and like, ‘cause I guess with his family he had a bad childhood with his dad and he really wanted, like for him it was like he wanted to redeem himself with our unborn child so that he could prove that he would be a good dad. So, even then I was, I could sympathize with his feeling and like I always considered in and I always told him, like, technically this is our (emphasized) child and no matter what happens I’m always going to take into account your feelings and your thoughts,

Reference 27 - 0.66% Coverage

just from listening I found it wasn’t really him thinking can I support this child, and will we have a good family dynamic, will we be a strong family, and will this child be happy and healthy and fed and clothed? It was like, again his reason was I want to redeem myself and I want to be the good dad that I never had. So, I saw that just being so selfish, like, and it was an okay reason, but it was just, you know, we’re both, at this point he was working at [a department store] and so was I, and I was still, I was a student, so I mean, but he had no plans ever to ever get an

education. So, I'm like how can you say you're going to redeem, redeem this and say you'll be a good dad that, the dad you never had when you just work at a [department store]. So, I started really critically thinking about why I was taking this opinion into consideration, like, why should I value him saying that, that's not a good reason to keep a child, like I don't want to give you this child so you can be a good dad, that's not what I want.

Reference 28 - 0.24% Coverage

I think as soon as we found out we were pregnant or relationship just went downhill and at some point (sighs), um, he had started to agree with his parents on the abortion side, 'cause I think he started to feel me pull away, so our later conversations he would say maybe we really should consider abortion and he would say things like we, but he always brought his parents into it

Reference 29 - 0.17% Coverage

I didn't feel like I could securely and safely have a child with this person and it be happy and healthy, and fulfilled and supported, and I still, like I still really dislike him (laughs) and I think he's a terrible father, so like my views haven't changed,

Reference 30 - 0.18% Coverage

Not that people didn't think that I would have a kid, but at that point my mom and, my sister she was good with the idea she was going to support me with it, but my mom was still very skeptical about it because of who I was dating. [John] is almost two years younger than me

Reference 31 - 0.17% Coverage

she wasn't worried about me as a mother, she was worried about who I was having the child with, and I know when I told her she was really skeptical about [John] as a father as opposed to me as a mother. (sighs) So, again, but I had already decided that I wanted the child.

Reference 32 - 0.24% Coverage

I don't remember her exact words but it was just kind of like, with [John], was kind of her reaction, like, with him [emphasised]. I forget, like, her actual inflection there, but she was just shocked that it would be with him and that I would still want to keep it, sort of thing. And, like, I've never really forgotten that. And she's never warmed up to him even since then

Reference 33 - 0.14% Coverage

I had never seen him as a long term partner, and I don't think she ever saw that either, like she had met him once or twice, and he's a nice person but not a long term partner, and he still isn't that kind of person

Reference 34 - 0.18% Coverage

But I think that was her reaction, was just like with him, like, you want to have a kid with him, and I feel like, at this point we hadn't broken up but it was very close to when we were going to break up, and I was just kind of like don't worry about that. I'm okay with this.

Reference 35 - 0.09% Coverage

[John's] family knew much before mine.

I: Why the decision to tell his parents first?

P: He decided on his own, um, I told him not to and he did.

Reference 36 - 0.14% Coverage

I wanted time to talk to him about our options, like, I didn't want to really be, like I never liked his family, I didn't want to be influenced, and I knew they didn't like me and I knew what they're opinions would be.

Reference 37 - 0.33% Coverage

the best part was after all of this they were still on the abortion bandwagon and, like, Easter, or some holiday I don't know when that would have been, and despite knowing that I'm going to be the mother of his child they refused to have me at their house for this religious, it was a religious holiday so it must have been Easter. They refused to invite me over, and I think it was, that was like the major tipping point of like, jump out of this ship. Do this on your own, like, I was just like you gotta be kidding me.

Reference 38 - 0.16% Coverage

when I was pregnant, um, I had, like my mom and my two sisters were like my rocks, um, my brother was, like, kind of around. He was excited about me having a baby, but his life was off track. And then I had a really good friend support system.

Reference 39 - 0.41% Coverage

once I decided, my mom was skeptical for a bit, but I think once I moved back home and it was just her and I, and [John] was nowhere to be seen, she was just ecstatic. She came with me to every prenatal appointment, um, we had to drive to [nearby city] every month, and then after a while it was every week, and she came to everyone and she was so excited, and I was still working for a little bit, and she would take me to work and pick me up, and, like, whenever I had a weird craving it was always my mom. So I think as soon as I was living at home and, she never gave me a hard time about my decision, especially after [my child] was born

Reference 40 - 0.36% Coverage

There was moments where you're like, you kind of wish you had, like, your partner to, you know, do those cute pictures with, but not like just the pictures, like, someone who would be lying in bed and feel the kicks, and (laughs) you could yell at when you're like totally emotional, but just like pieces like that, or someone to just equally love your child in the same parental capacity. I missed that, but like with my mom, and my friends, and my sisters I did feel like I made the right decision, and still those same people are close to me and my [child].

Reference 41 - 0.25% Coverage

then after hearing the story them being like so "oh that's too bad," and, like, being really sad for me, when at this point I'm like, I'm okay with this, but then they would be like "it's terrible you're going through this alone," I'm like, but I'm not really alone. Why don't you ask me who's helping me through this? I would tell you I have these great family members, these great friends.

Reference 42 - 0.30% Coverage

it's hard to go back because it was such, like, a messy time in my life, but, like, not that I would have been go for the abortion, but I think, I think I would have said get rid of those extraneous people from your life. Like, get rid of [John's] parents, get rid of him, and then really make this decision for yourself. And, like, maybe back then I would have more considered abortion if I didn't have, like, people whispering in my ear their own ideas, (sighs)

Reference 43 - 0.15% Coverage

now facing the fact that I had to take maternity leave if I chose to go through with the pregnancy and have, have my child. So it, and then it was the fact that it was with someone who I didn't see myself being with for a long time.

Reference 44 - 0.05% Coverage

at first I didn't want to keep the child, um, [John] wanted to keep the child.

Reference 45 - 0.21% Coverage

when we told his family they suggested abortion, um, they were not on board. I didn't tell my family at all until much later, after I had decided to keep, um, the child. I didn't want to say that I was expecting and then go through with an abortion, but it is something that I contemplated for, it was several weeks at least.

Reference 46 - 0.20% Coverage

I contemplated it, mostly due to the fact that I was still a student, I had no income, you know? This wasn't with a partner that I really wanted to raise a child with, and even discussing, you know, living with that person and raising a child just like, I hated that idea (laughing), it was just the most terrible thing.

Reference 47 - 0.28% Coverage

I: And then when you did start, um, sharing the news were you involving other people in the decision-making process, or were you?

P: Well, when I first found out I told [John] and him and I had several conversation about it, like whether to keep it or, um, to consider abortion. And, like, once he told his family they really pushed for abortion, and at this point I hadn't told my family. So, at that point it was mostly just [John] and I.

Reference 48 - 0.46% Coverage

I truly listened to him, like, because at first I did want an abortion, and he was really really pro-keeping the child, and to him, I guess at first he really wanted to keep the baby and, like, there was some points where he cried about it, and like, 'cause I guess with his family he had a bad childhood with his dad and he really wanted, like for him it was like he wanted to redeem himself with our unborn child so that he could prove that he would be a good dad. So, even then I was, I could sympathize with his feeling and like I always considered in and I always told him, like, technically this is our (emphasized) child and no matter what happens I'm always going to take into account your feelings and your thoughts,

Reference 49 - 0.17% Coverage

I started really critically thinking about why I was taking this opinion into consideration, like, why should I value him saying that, that's not a good reason to keep a child, like I don't want to give you this child so you can be a good dad, that's not what I want.

Reference 50 - 0.25% Coverage

then I think as soon as we found out we were pregnant or relationship just went downhill and at some point (sighs), um, he had started to agree with his parents on the abortion side, 'cause I think he started to feel me pull away, so our later conversations he would say maybe we really should consider abortion and he would say things like we, but he always brought his parents into it,

Reference 51 - 0.16% Coverage

I didn't feel like I could securely and safely have a child with this person and it be happy and healthy, and fulfilled and supported, and I still, like I still really dislike him (laughs) and I think he's a terrible father, so like my views haven't changed

Reference 52 - 0.37% Coverage

this was just mostly talking to myself or like, like I kept a diary my whole life, like writing in my diary, a lot of that was just me talking to myself or like thinking to myself, like could you seriously abort a child when you are a good

person and you could raise the child well, and you're not, you don't have a career yet, you don't have a financial standing yet, but could you do a good job and would that child be happy
I untimely decided yes, regardless of who else was talking to me about it, like could I do it, 'cause I knew that people might not always be around

Reference 53 - 0.17% Coverage

she wasn't worried about me as a mother, she was worried about who I was having the child with, and I know when I told her she was really skeptical about [John] as a father as opposed to me as a mother. (sighs) So, again, but I had already decided that I wanted the child.

Reference 54 - 0.18% Coverage

I think that was her reaction, was just like with him, like, you want to have a kid with him, and I feel like, at this point we hadn't broken up but it was very close to when we were going to break up, and I was just kind of like don't worry about that. I'm okay with this.

Reference 55 - 0.37% Coverage

I wanted time to talk to him about our options, like, I didn't want to really be, like I never liked his family, I didn't want to be influenced, and I knew they didn't like me and I knew what they're opinions would be. So, when we first found out I was like just don't tell anyone, like, we need time, like as a couple to discuss if this is what we should be doing. And at first he agreed, but I think it might have been a week or two later he told his parents, and I started to get like phone calls from his mom, and whenever we were together like they would come visit and

Reference 56 - 0.24% Coverage

my first thought was abortion, and then like after that, like, if I'm not going to abort it, like, I guess naturally I'm going to keep it. I guess I saw those two things as, like, the black and white option. Adoption was kind of like this gray area of, like, I don't even know what that would mean, but abortion I know what that means and to keep a child I know what that means

Reference 57 - 0.30% Coverage

it's hard to go back because it was such, like, a messy time in my life, but, like, not that I would have been go for the abortion, but I think, I think I would have said get rid of those extraneous people from your life. Like, get rid of [John's] parents, get rid of him, and then really make this decision for yourself. And, like, maybe back then I would have more considered abortion if I didn't have, like, people whispering in my ear their own ideas, (sighs),

Reference 58 - 0.20% Coverage

I think age plays a role in mostly the financial aspect of it. Typically younger parents aren't as well established financially, so I find, like everyone says money isn't like the key to happiness, but money or having like a stable financially is the key to like (laughs) living better at least (emphasized).

Reference 59 - 0.26% Coverage

I told my mom and my sister next, and at that point I had already decided own my own to keep it, so when I told my par, my mom and my sister, they came to visit me and I told them. I told them (laughs), I told them in the car. As soon as we got in the car it just came blurting out. And at first they thought I was joking 'cause, again, no one ever thought that I would, you know, have a kid that young I guess.

Reference 60 - 0.18% Coverage

Not that people didn't think that I would have a kid, but at that point my mom and, my sister she was good with the idea she was going to support me with it, but my mom was still very skeptical about it because of who I was dating. [John] is almost two years younger than me

Reference 61 - 0.30% Coverage

could you really go through with an abortion, and this was just mostly talking to myself or like, like I kept a diary my whole life, like writing in my diary, a lot of that was just me talking to myself or like thinking to myself, like could you seriously abort a child when you are a good person and you could raise the child well, and you're not, you don't have a career yet, you don't have a financial standing yet, but could you do a good job and would that child be happy

Reference 62 - 0.14% Coverage

I wanted time to talk to him about our options, like, I didn't want to really be, like I never liked his family, I didn't want to be influenced, and I knew they didn't like me and I knew what they're opinions would be.

Reference 63 - 0.29% Coverage

I: Did you consider adoption at any point?

P: (sighs) I think it crossed my mind once, but I didn't know, I guess, I was thinking about this as a read through your questions, um, I didn't know what that would mean and I didn't think I could carry a baby to term and then give it up for adoption. I think my intention, like I might make that decision and then carry it, and then as soon as I had that child I don't think I could go through it at that point.

Reference 64 - 0.31% Coverage

how would you treat your body and, like, you know, your thoughts effect your body, and how would it effect the fetus, like, there was so much to it that I was like I don't think, even like mentally, how would you prepare yourself? So I thought about it, and I was like well if I could really detach I could, and I'm not against adoption, but I don't think I could personally detach for those almost ten months, and like stay detached the whole time, and then be detached afterwards.

Reference 65 - 0.36% Coverage

Adoption was kind of like this gray area of, like, I don't even know what that would mean, but abortion I know what that means and to keep a child I know what that means, but to adopt I don't know how you prepare yourself or how you go about it, what conversations to have, who would you speak to, but the other two options, despite abortion being, you know, ending a life, those two things, I had a pretty good sense of what that meant for myself, but adoption was just, I support it, but for me it was too gray. It was too much of a gray area. If that makes sense?

Reference 66 - 0.16% Coverage

I immediately just didn't feel comfortable at any parties. Like, why aren't you drinking? Oh, I'm pregnant. Oh, okay, like, why are you pregnant, is (laughing) kind of what I expected the next question to be, like, why, why would you get pregnant.

Reference 67 - 0.45% Coverage

So I had a really good friend who had kind of gone through something similar. For her it was also an unexpected pregnancy, and her child actually has [a developmental disorder], and I was there for [the birth of her child]. We were really close, so once I found out I was pregnant, like, she's who I went to. And from the moment I moved home, like, she lives just outside of [town], we just spent all our time together. And she would take pictures of my belly 'cause, like, I didn't have anyone to do those things with. So, she was like, "oh I'll be your photographer," and we went to prenatal classes together and, so I had really strong friend support. Just great friends when I was living at home

Reference 68 - 0.08% Coverage

people asked me if I was married. That was always awkward, like, 'cause I don't really think you have to be married to have kids

<Internals\\Thesis_Hayley_Disaggregated> - § 28 references coded [18.02% Coverage]

Reference 1 - 0.60% Coverage

they're just like "well, you're too young, like stop and having kids, and they'll look at you weird if you do have a child when you're young. I get a lot of weird and [inaudible] looks and everything. It was, it was hard but I mean I can understand that the older population is like that because they grew up a certain way.

Reference 2 - 0.09% Coverage

I had my mom for support, and she helped me a lot.

Reference 3 - 0.47% Coverage

I: Oh, okay. And did your [child] go with you or did he stay with your mom?

P: Both.

I: Both.

P: It started out that he was with me, but then mom found out how cold it was in the basement. So, she was like, no he's not going to be living there.

Reference 4 - 0.47% Coverage

So at the end of all of this I found out I was pregnant, and I told him and he was all excited and telling everyone, "yeah, I'm going to have a baby." And then he just kind of dumped me and went out with one of my friends. So, I'm like okay (laughs).

Reference 5 - 0.45% Coverage

So, she took my mother into the room, and mom just sat there and she cried, and we went for a drive for about an hour or whatever and she just kept crying. And then she said, "okay lets go shopping" (laughs). So, she took it pretty good.

Reference 6 - 0.75% Coverage

P: It was my dad that didn't take it well at all.

I: What was his reaction?

P: He's, he lives out in Alberta so he think that everything, like, I don't know. He thinks he was there from the beginning, that money can buy everything to make a person happy and everything, but I don't know. He told me that I was destroying my life, I'm taking a step backwards, I'm never going to make it or anything

Reference 7 - 0.57% Coverage

his initial reaction was sort of a positive –

P: Oh yeah. Like, he was telling everybody. And then after about a month or so he started denying that it was his, and saying oh I slept with a bunch of other guys, which wasn't true, but – yeah, that kind of turned around on me, but it was for the best.

Reference 8 - 0.67% Coverage

now that I have him as a support it helps out a lot. Um, I'm not able to do a whole lot of house cleaning a lot of times because I get into so much pain that I, I just can't move. So, it's been really great that I have him here and that he can help me and everything. I don't know what I'd do without him (laughs) honestly. I don't know how I did it before.

Reference 9 - 0.47% Coverage

So at the end of all of this I found out I was pregnant, and I told him and he was all excited and telling everyone, "yeah, I'm going to have a baby." And then he just kind of dumped me and went out with one of my friends. So, I'm like okay (laughs).

Reference 10 - 1.12% Coverage

they (sighs) sat me down, after I took the pregnancy test, and we were just talking waiting for the result, and they were like, "well, what are you going to do if you are pregnant?" And I'm just like, "well, I think I'd be really happy, but I think my mom's going to kill me" (laughing), and uh, and she's like, "okay, do you have any support?" And I'm like "yeah, my mom" and she said "well, how do you think you'll feel if you are pregnant?" And I said, "I think I'd be really happy," and she took out the pregnancy test and she's like "well you're pregnant." And I'm like, "oh my god" (laughing).

Reference 11 - 0.44% Coverage

So, she took my mother into the room, and mom just sat there and she cried, and we went for a drive for about an hour or whatever and she just kept crying. And then she said, "okay lets go shopping" (laughs). So, she took it pretty good.

Reference 12 - 0.57% Coverage

his initial reaction was sort of a positive –

P: Oh yeah. Like, he was telling everybody. And then after about a month or so he started denying that it was his, and saying oh I slept with a bunch of other guys, which wasn't true, but – yeah, that kind of turned around on me, but it was for the best.

Reference 13 - 0.79% Coverage

I: What was it like in those moments? Did you think you were going to have him with you to parent? And what was that like, letting that –

P: I thought so. Well, with his first initial reaction I thought he was going to stay with me, but then after, like he broke up with me over MSN with, and basically called me down to the lowest. He said I wasn't good for anything, and all of this, and um, it was really hard to hear.

Reference 14 - 0.45% Coverage

I think mom was just scared because I was so naive back then. Like, I didn't know anything and she didn't know how I was going to be as a parent because I was just so young in the mind and everything. Um, but she, we got through it together.

Reference 15 - 0.60% Coverage

they're just like "well, you're too young, like stop and having kids, and they'll look at you weird if you do have a child when you're young. I get a lot of weird and [inaudible] looks and everything. It was, it was hard but I mean I can understand that the older population is like that because they grew up a certain way

Reference 16 - 0.73% Coverage

I guess a lot of the older people think you got to be married, and you ought to be in your twenties somewhere, like, later down the road a bit before you start having kids, at the same time it's like, when your younger you have more energy, you have less health problems, and it's actually a little better now from when you're a little bit older, you know. It's just people's perspectives

Reference 17 - 1.12% Coverage

they (sighs) sat me down, after I took the pregnancy test, and we were just talking waiting for the result, and they were like, "well, what are you going to do if you are pregnant?" And I'm just like, "well, I think I'd be really happy, but I think my mom's going to kill me" (laughing), and uh, and she's like, "okay, do you have any support?" And I'm like "yeah, my mom" and she said "well, how do you think you'll feel if you are pregnant?" And I said, "I think I'd be really happy," and she took out the pregnancy test and she's like "well you're pregnant." And I'm like, "oh my god" (laughing).

Reference 18 - 0.51% Coverage

they have so (emphasised) many things there. Like, they have a whole basement full of, like, cloths and anything a baby would need. So, it's like incredible. They've helped me out so much and, like, they have so many different pamphlets, so many different support groups,

Reference 19 - 0.52% Coverage

I: So you immediately knew this was a pregnancy you intended to carry and parent?

P: Uh huh.

I: There was never any consideration of other options?

P: No, I didn't, I don't (emphasised) believe in abortion at all. And as for adoption, I just, I, there was no way (laughs).

Reference 20 - 1.16% Coverage

I: Yeah, could you maybe talk to me a little bit about your attitudes or perspective on abortion, just give me a sense of your opinions?

P: I guess, like, I'm not a hundred percent against it. I could understand if somebody wants to get an abortion because they were raped or something, because that would be, just being though that experience, like, I haven't had a baby with that guy, but it's just being through the experience of having that happen to me I couldn't imagine carrying a baby to term if something like that had of happened, and just, like if the person decided to raise the baby, like it would be so hard

Reference 21 - 0.99% Coverage

I: Okay, and maybe if you could just talk about your feelings about adoption, and just what comes to mind.

P: Well, my mom whenever she was younger, when she was having my nineteen year old sister she had placed her up for adoption because my grandmother was dying at the time and she didn't know if she could handle it. So she was going to have her adopted and everything, and she went home with these other people, but within that day she had to call them back and she said, "no I want my baby back. I'm sorry I can't do this."

Reference 22 - 0.31% Coverage

I: So it's something that you kind of, you would support someone in doing –

P: Oh yeah.

I: but it's not something that you would consider for yourself,

P: Yeah.

Reference 23 - 0.52% Coverage

I: So you immediately knew this was a pregnancy you intended to carry and parent?

P: Uh huh.

I: There was never any consideration of other options?

P: No, I didn't, I don't (emphasised) believe in abortion at all. And as for adoption, I just, I, there was no way (laughs).

Reference 24 - 0.52% Coverage

So just hearing that story a couple times (sighs) it just (voice cracks) I had thought of it, and I thought well maybe he'd be better off somewhere else, but as soon as I seen him, like, I knew (voice cracks), like, there was nowhere he was going anywhere (laughs). He was mine.

Reference 25 - 1.44% Coverage

I: What was, what was, how did you find the medical community when you were going through, maybe we can talk about the first experience first.

P: The first time I didn't like it at all. They weren't supportive in the least. Whenever I went in, like, I went in quite a few times because I didn't know what it was like to have my water break –

I: And were you interacting with your family doctor, or a gynecologist?

P: It was more the gynecologist, yeah. But he, um, whenever I went in the nurses were very, like, they'd say okay well your water didn't break it's just leakage (Phone Rings) and they were kind of getting annoyed with me coming in so much, so I was like, okay well these people are supposed to be nice (Phone Rings) and then I just refused to go back.

Reference 26 - 0.40% Coverage

And I'm like, "I'm not coming back here, you guys are mean." (Answering Machine Sounds) And (laughing), there like "no if anything changes you can come back." And I'm like "no you keep turning me away basically."

Reference 27 - 0.59% Coverage

I: So you just felt like they weren't taking your concerns seriously, or?

P: Yeah, completely. But, um, then this time around it was funny because I went in maybe three different times before I finally went into labour, but, um, every time I did go in this time they were so nice. They were all so really pleasant

Reference 28 - 0.71% Coverage

I: Where do you think those sort of negative feelings were coming from, or those negative assessments of your parenting?

P: I'm guessing it was just part of the pregnancy, but think it was also from just everyone who's ever said anything about me in my life. And I just, I started talking everything to heart, and thinking oh my gosh maybe they're right. What if they are right?

<Internals\\Thesis_Iris_Disaggregated> - § 65 references coded [19.68% Coverage]

Reference 1 - 0.20% Coverage

I didn't know who I was taking to, and kind of paranoid about that somehow this was some big bad person that was going to tell everybody in the world that I was sixteen and getting an abortion.

Reference 2 - 0.11% Coverage

You had to have a person there, which was really hard for me because I really didn't want to tell anybody.

Reference 3 - 0.32% Coverage

My boyfriend at the time, his mother—and she did not have much money, she was a single mom, worked really hard for her kids. She actually—we told her and she actually came up with the money. And we called it a loan, and the day I paid her back she was so happy. She never, ever thought I would I guess.

Reference 4 - 0.10% Coverage

She was the only one that knew, was actually her family. My family still, nobody knows at all

Reference 5 - 0.19% Coverage

So you get there, and there's all these people standing outside with all these signs, and telling you that you're a horrible person and everything. I'm like, "I don't understand,"

Reference 6 - 0.12% Coverage

I didn't understand the judgment or why they could be there, and I remember wanting to scream at them, but I didn't.

Reference 7 - 0.29% Coverage

It was so strange of an atmosphere and you get in there, and there's all these people outside calling you down, and you walk in, and it's just this small group of women, some of them with husbands, older, some of them really young, like me, and it's so silent in there. So silent

Reference 8 - 0.42% Coverage

you go in to this room with somebody who almost quizzes you [garbled]. It's counselling. Why are you here, are you sure you want to be here, da da da. So I really don't see any way I couldn't have been fully informed and aware of my decision. They make sure of it. A common misconception, it really bothers me when people think that you just, "Oh, they just walk in there and don't care at all,"

Reference 9 - 0.41% Coverage

And I live by the ocean, by the water, and it was summertime, and so my sister wanted to go swimming. And this was two days later. I was not allowed to go swimming in the salt water at all. And I remember trying to find every reason not to go, but it was completely like me to go, so I couldn't. And I ended up telling her. That's how—she's the only one in my family that ever knew.

Reference 10 - 0.23% Coverage

It's not about going: "Yeah, everybody go get abortions!" Or, like, "Yay, it's a fun thing to do!" Or, "It's no big deal." It is a big deal! You know? And there's no support to it, because there's a stigma around it

Reference 11 - 0.10% Coverage

I know it would really piss him off if he knew I didn't regret it. That would really bother him.

Reference 12 - 0.28% Coverage

So, women get quite a lot of messages about themselves, because of getting pregnant, and then because of deciding to have an abortion?

P: Oh, totally. You're told what you are, whether or not they even know that you're one of them. It's quite outspoken, definitely.

Reference 13 - 0.40% Coverage

There's no having your own feelings, you're told what to feel. You're an awful person. You're a murderer. You're a slut, you're a—oh, I mean, I could pretty well just read off from all those signs in front of the clinic. They tell you what you are, they tell you how you feel, they tell you how you're going to feel. You know? And they're wrong, every bit of it, they're wrong.

Reference 14 - 0.80% Coverage

do you think that those messages have had an impact, like, in terms of being internalised for yourself, or did they have any impact on your relationships?

P: I fight pretty hard against having things having an impact on me. I really do. It's—I mean, especially when I was younger, whenever I was sixteen, seventeen, right after it happened. And whenever I was still really young and trying to figure out myself and my place in the world, and everything. I wouldn't take it lightly. At that point it was really important to me to understand every point of view and everything, because I did not want to be as closed-off as how I saw those people that put up those signs and picket and everything. So I wanted to hear them. And it was very damaging in a way.

Reference 15 - 0.35% Coverage

these people, these things they'd say, that I was this awful person, and I started to, "Well, you know, maybe I'm an awful person. I am a bad—I'm selfish. I'm bad, I'm evil. I'm even worse, because I don't take it back. I don't want to regret it, I don't want to take it back, that's—and then that makes me so much worse, you know,

Reference 16 - 0.50% Coverage

I did for a while really get this plummet in self-esteem, because sometimes it feels like something happens in your life and that's a theme, you just see it everywhere. So suddenly I just saw it everywhere. And everywhere I saw it was the anti-abortion side of it, right, and it was just like everywhere, in my face, I couldn't—nobody knew. It was just so frustrating. Nobody knows, and they'd be talking about something right beside me, and I'm like, "yeah, those girls."

Reference 17 - 0.28% Coverage

So those evil girls in the big city, either, oh yeah, they're real slutty, and they're this and they're that, and they're—so then I'm thinking, "So I'm this and I'm that but I'm not," and I want to just say, like, "Hey, I'm not," but then you just can't let that out.

Reference 18 - 0.29% Coverage

and I was so happy to be their support, you know, because I didn't have peer support. You know, I just—my boyfriend and his mother, and I couldn't even, I couldn't talk to her, you know—it was super-awkward. And I couldn't really talk to him, because, like, how can you?

Reference 19 - 0.24% Coverage

it's funny though, whenever you think, like, I know you believe that abortion is awful, I know you believe that everybody who's had an abortion is awful, but you know, am I awful? Like, if I told you, would you think that?

Reference 20 - 0.35% Coverage

I should have been able to go to a hospital, where there wasn't spiders on the wall. It really—as soon as I walked in, the first thing I thought was, "How sanitary is this? It's just a house, redone, and there's creatures on the wall."

I: Yeah, not a reassuring feeling.

P: No, and I mean, it's totally that back-door feeling.

Reference 21 - 0.32% Coverage

I'm good with me. And there's nobody that could change my mind on that at this point. Which is wonderful to say that I got to that point, and I wouldn't have gotten there without this, you know, without going through that experience. It's a part of me, and it's become a positive influence in my life.

Reference 22 - 0.14% Coverage

It's like that idea that you just—you have to feel bad. If you don't feel bad, you're a horrible person, and this is imposed upon you.

Reference 23 - 0.13% Coverage

I struggle with believing whether adoption is really fair to anybody at any point, honestly. And that's my own personal thing,

Reference 24 - 0.24% Coverage

I see the pro-lifers as people who are morally opposed to something that they have a right to be morally opposed to. Sure, be morally opposed to it, that's just fine. Why you feel you should impose that belief on other people

Reference 25 - 0.18% Coverage

if you had an abortion, you're bad in some way, and you're slutty, you're irresponsible, reckless, whatever, you deserve it or you—oh, god, there's so much around it,

Reference 26 - 0.37% Coverage

that was kind of like how I felt about people I knew, it was like, well, I assume they're all pro-choice. They all respect women, and they trust them to make their own decisions whenever it comes to something so personal as that, and that was just that, they would leave it their distance, but I was wrong. One of my friends was very against it.

Reference 27 - 0.22% Coverage

They can have their moral beliefs. I'm not a religious person, but I respect anybody's religious beliefs as well. Like, you can have that. I don't respect you pushing it on me. I don't push anything on you

Reference 28 - 0.39% Coverage

whenever you're preaching respect, you really got to respect everybody. You can't say you've got to respect the women and trust them and then at the same time say, "I don't respect your beliefs," so I respect them. And that's something that I just work hard towards, I think. And I think I really have to work hard towards it, but I do respect their beliefs, I do.

Reference 29 - 0.37% Coverage

It's not a method of birth control! It's not, and it's not, there's nobody that I know that had an abortion ever said that it was an easy decision, but none of them ever said they regretted it. You know, and you just, God, you got to respect that. It's not. It's not a form of birth control! Oh, it's the worst thing around that people think that

Reference 30 - 0.25% Coverage

it's frustrating when people believe and then they rope them all—all the people who have an abortion all get roped together, and "They all just use this for birth control, oh yeah, they just get pregnant [garbled], get an abortion."

Reference 31 - 0.22% Coverage

it's a complicated issue, but I don't think people understand how uncomplicated some of the factors are around it. Getting information, being able to have civilised conversation. It's very simple. It's very easy.

Reference 32 - 0.20% Coverage

“You must feel bad. If you do not feel bad you are evil.” And I mean, most don't take it matter-of-factly, and I guess there's too much stigma. Stigma, it's always coming back to stigma

Reference 33 - 0.19% Coverage

So you get there, and there's all these people standing outside with all these signs, and telling you that you're a horrible person and everything. I'm like, “I don't understand,”

Reference 34 - 0.17% Coverage

So you get there, and there's all these people. I didn't understand the judgment or why they could be there, and I remember wanting to scream at them, but I didn't.

Reference 35 - 0.39% Coverage

after I got in there. And the first thing I saw was that spider, and it freaked me out. It was so strange of an atmosphere and you get in there, and there's all these people outside calling you down, and you walk in, and it's just this small group of women, some of them with husbands, older, some of them really young, like me, and it's so silent in there. So silent,

Reference 36 - 0.35% Coverage

They just kind of hear that little tidbit: “oh, you're pro-abortion.” Well, no, I mean, I'm pro-choice. Like, I love children. I'm presently in the process of looking at having children. Very eager about that, because I'm at a point in my life where that's something I really want. See, um, I don't know. It's so much stigma.

Reference 37 - 0.24% Coverage

I: Yeah, can you say more about this stigma that if you have had an abortion, or you're pro-choice—

P: Yeah, that pro-choice means pro-abortion, and that you don't like children, or you like the idea of terminating pregnancies.

Reference 38 - 0.17% Coverage

if you had an abortion, you're bad in some way, and you're slutty, you're irresponsible, reckless, whatever, you deserve it or you—oh, god, there's so much around it

Reference 39 - 0.42% Coverage

I recently talked to a good friend of mine. He does not know I've had an abortion. [laughs] He's one of those, so pro-life you hate to even call him pro-life, because you don't want to group them all in with him, because he's that bad. Like, and I never knew, but we got in this heated debate, and he literally said he would rather murder a woman who was pregnant than have her have an abortion.

Reference 40 - 0.63% Coverage

Yeah, because everybody wants to go through surgery. Everybody wants to have to go through the post-care, the pre-care, and the—nobody even likes going to get the pap test done! I don't! God, I don't. Nobody I know likes that. So who's there going, “Oh yeah, abortion, that'll be fun?” Well, no, it's not fun. And even just for the simplest terms of it, even just for [garbled]—not even the stigma around it, or anything, just plain going into an operating room.

Who chooses that? Nobody likes an operation! Nobody likes people's hands up there! [laughs] No. It's—nobody is going to do that.

Reference 41 - 0.21% Coverage

You're telling people how to feel—it's an awful thing to do to somebody. I mean, allow her to deal with it however she wants, you know? And don't pride yourself on the point, if she ever does feel bad.

Reference 42 - 0.18% Coverage

But you know that feeling of outsider, of you're—oh god, you can't tell anybody that you got pregnant. You're a teenager. Oh my god, you're an outsider, you're one of them,

Reference 43 - 0.22% Coverage

it doesn't matter, really, what support systems you get set up or anything, it comes down to that you really need a peer, a friend, somebody there with you. And it's hard for people, especially young women,

Reference 44 - 0.53% Coverage

But the money issue and the fact that we'd have to tell people was a pretty big one. So aside from taking the pills, there was moments where we decided we would get him to punch me as hard as he possibly could in my stomach about five or six times, until that was too much for either one of us to really go through anymore. I remember we'd nervously joke about how easy it is, and how common it is, "People have miscarriages all the time! But we're working so hard here! And it's just not happening."

Reference 45 - 0.38% Coverage

You can't say anything to anybody. You're—even the whole concept of having to go away, go off-Island to have an abortion, there's the whole idea, it's like, "That isn't done here. That's not for Island girls." I'm like, "I am an Island girl. I'm [garbled]. You're not going to find any more than me, but I am firmly pro-choice, and I never regret my decision.

Reference 46 - 0.48% Coverage

So much about it is just aggravating and frustrating, and there's nothing you can do. It's like you can just stand up and be like, "Oh, actually, you know, I'm an Islander, and I've done all these good things for the community, and I am this and this and that, whatever, and oh, and by the way, I had an abortion, and I do not regret it, and I support women's choice to do so." You can't just stand up and say that and have people go "Oh, rationally, okay,

Reference 47 - 0.22% Coverage

I mean, obviously there's a certain damaging factor for people who get an abortion, that they have to go across, and it's not done here, or whatever, whenever we have equipment, and we have doctors here.

Reference 48 - 0.42% Coverage

You're going out of your own province, into this little converted house that has no sign on it or anything, right, and [laughs] total backdoor feeling, it's definitely a big strong message that abortion is not allowed on Prince Edward Island. Whether or not that's the truth of it, that's the big loud message of it. It's not welcome, it's not allowed, people who do that are not welcome, not allowed.

Reference 49 - 0.53% Coverage

the money issue and the fact that we'd have to tell people was a pretty big one. So aside from taking the pills, there was moments where we decided we would get him to punch me as hard as he possibly could in my stomach about

five or six times, until that was too much for either one of us to really go through anymore. I remember we'd nervously joke about how easy it is, and how common it is, "People have miscarriages all the time! But we're working so hard here! And it's just not happening."

Reference 50 - 0.13% Coverage

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

P: [laughs] Yeah, anything, just anything,

Reference 51 - 0.17% Coverage

So sometimes it's not even about the choice. It's about the getting pregnant. And that you're getting judged on "How dare you get pregnant?" Well, it happens.

Reference 52 - 0.18% Coverage

But you know that feeling of outsider, of you're—oh god, you can't tell anybody that you got pregnant. You're a teenager. Oh my god, you're an outsider, you're one of them,

Reference 53 - 0.32% Coverage

My boyfriend at the time, his mother—and she did not have much money, she was a single mom, worked really hard for her kids. She actually—we told her and she actually came up with the money. And we called it a loan, and the day I paid her back she was so happy. She never, ever thought I would I guess.

Reference 54 - 0.39% Coverage

I ended up telling her. That's how—she's the only one in my family that ever knew.

I: Right. How did she respond when you told her?

P: Um, I can't really say negatively or positively. I think it's more shocked and just confused that something so big to me could happen without anybody noticing. She was very supportive. Like, she'd never judge me on it at all.

Reference 55 - 0.12% Coverage

I remember him, oh god, I had no issues telling him I was having an abortion, he had no issues accepting that.

Reference 56 - 0.53% Coverage

But the money issue and the fact that we'd have to tell people was a pretty big one. So aside from taking the pills, there was moments where we decided we would get him to punch me as hard as he possibly could in my stomach about five or six times, until that was too much for either one of us to really go through anymore. I remember we'd nervously joke about how easy it is, and how common it is, "People have miscarriages all the time! But we're working so hard here! And it's just not happening."

Reference 57 - 0.10% Coverage

if he were to find out that I'd had one—no, he would never talk to me again. We're very close.

Reference 58 - 0.28% Coverage

P: My mother, if she ever found out, I would be disowned, I think. It was pretty severe. Yeah. Yeah, and I mean I think that's a huge factor in me understanding the other side, is that that's my mother. You know, and for me to belittle her, no, that's just not cool.

Reference 59 - 0.20% Coverage

I was 16, and it was available to me. It was a choice that I had made with full conscious—it's not like I just woke up and said, "Oh, gee, I'm pregnant. I'm going to go get an abortion,"

Reference 60 - 0.20% Coverage

education was really important to me. And family was really important to me, still is. And it's really important to have that certain foundation, and I did not have that. I could not do that.

Reference 61 - 0.21% Coverage

Because you can really—if you can come to a point where you say, "This is what I'm doing, this is why I'm doing it, and I'm okay with that, and other people have issues with it, but that's okay—"

Reference 62 - 0.21% Coverage

A common misconception, it really bothers me when people think that you just, "Oh, they just walk in there and don't care at all," Like, you are counselled and there is a lot of thought that goes into it

Reference 63 - 0.27% Coverage

P: I remember having a care sheet [laughs] and I was supposed to go see—I think it was [doctor]. I'm not sure which doctor it was, but I was supposed to see a doctor for some check-up afterwards, but I didn't want to, and my god, [garbled], and so I didn't.

Reference 64 - 1.26% Coverage

when I went to the doctor, and this, oh crap, I can't believe I forgot that. I went to the doctor, because after I made the appointment, they said, "You had a home pregnancy test, we'd like you to get a blood one done before you go up here." And me thinking they would refuse me at the door if I don't, or something. I'm just a kid, I don't know anything. So I go to my doctor, and I tell him, you know, "I took the test," and he says, "Well, that's—those home tests, those are like 99% positive, you know, you're pregnant. I'll take your blood, but you're pregnant." I said okay. Then I told him, "I've already thought about this, and I'm very set, I'm going to get an abortion. And he was just basically like, "Okay." He did not give me any information. I was under the impression that he just didn't have any of that information. I really don't think he did. He didn't know where—like, doctors should know where I'm supposed to call in order to make an appointment, and whatever medical appointments should be set up afterwards—he should have made sure I had those, right? But it was just like, "Okay, you're tossed off, go do your own thing," like my own doctor wouldn't have a part of it.

Reference 65 - 0.38% Coverage

like my own doctor wouldn't have a part of it. Like, that's—it's damaging, in a way. That information should be out there. There's no reason, no matter how you feel about the issue, that women should not be able to access information on abortion: where they would have to go, what the procedure involves, and you do have to go to counselling to have an abortion.

<Internals\\Thesis_Jessica_Disaggregated> - § 49 references coded [30.35% Coverage]

Reference 1 - 0.32% Coverage

I called the Halifax Sexual Health Centre the following Monday, and they were really nice there but it was very ambiguous, whether or not—how long it would take to have this booked,

Reference 2 - 0.20% Coverage

I was treated fairly well. I felt like most of the people that I was in contact with were nice, generally nice.

Reference 3 - 0.54% Coverage

I: So did you see the doctor for very long?

P: No, we just talked for, like, two minutes. I think it was just a formality thing—he had to make sure that yes, I would like to go on with the abortion today—and then did the procedure, and then he was like, “Okay, you did great, see you later” and that was it.

Reference 4 - 0.77% Coverage

I went to the Sexual Health Centre to get an actual referral. I went to the Halifax Sexual Health Centre. They were really wonderful there, actually. They were really nice. I was talking to the nurse that I had been coordinating with the whole time, and she sat me down, and we talked about the procedure, what would happen, my plans for birth control later in the future, and she gave me all the directions to what to do the next morning.

Reference 5 - 0.39% Coverage

I seen the actual doctor that was going to give me the referral. She was nice as well. She was supportive, just made sure that this is what I wanted to do, and that I wasn’t having any second thoughts, or anything like that

Reference 6 - 0.74% Coverage

I went to—it almost seemed like we had to travel such a long distance, like, we had to go all the way up to the tenth floor. It seemed really secretive—to make sure that nobody could come into contact with us, like, I was thinking, “What if there’s these lobbyists there, or something like that? But it seemed like we were going through all these tunnels to get to this really secretive area, and this really crazy—you know?”

Reference 7 - 0.34% Coverage

And then the doctor would call us in individually and just give us a quick—like, I think I talked to him for a minute or less. He was just like, “So you’re this many weeks along, and da da da da.”

Reference 8 - 0.37% Coverage

So then the doctor just—you know, some doctors are nice and personable, but he was not, whatsoever. He was very like, “Dut, dut, this is this, this is this. Are you sure you want to do this, check, sign, whatever.”

Reference 9 - 0.48% Coverage

I: Did anyone hold your hand?

P: She did hold my hand, yes, she did, which was really nice, and she was just trying to—as the doctor was doing the procedure, she was talking to me, and just trying to talk about other things, like, she was asking me about school and stuff,

Reference 10 - 1.09% Coverage

I was like, “Why am I upset about this when I know that it’s the right choice for me, and when I know that I firmly believe that women should have this right, I firmly believe that this is right, and that this is the best choice for me. Why do I still feel upset about doing it?” And I think it’s just that the stigma’s so strong, and I was thinking about other stigmas, and relating it to other stigmas that exist, and I don’t think that other stigmas are as strong to the point where people who think that it’s okay, or that they should be able to choose, would still feel upset about doing it. Do you know what I mean?

Reference 11 - 0.40% Coverage

I don't know, I was just really confused about why I still felt upset about doing it, even though I was firm in my decision and I was confident that it was right. I think that's just because of all the negativity surrounding it.

Reference 12 - 1.05% Coverage

I think that feeling upset about the decision is partially caused by that former self, I think. And just having it in the back of my mind, and thinking about all my friends from high school, what they would think if they knew, and my parents, what they would think if they knew, my boyfriend's parents, my old teachers. Things like that, just thinking about that.

I: So the judgments of others you knew wouldn't be favorable.

P: Yes, definitely. And even though they didn't know, even though I didn't tell anybody about this, their possible judgments still affect me, because I did have an abortion.

Reference 13 - 0.69% Coverage

I didn't know what the goal of the support group was. I was scared that it might have been for women who had had abortions but regretted them and wanted support working through their regret, and I did not want to be made to feel like I should regret this, because I don't regret this. If I were to do it all over again, I would not change a thing, and I didn't want to be made to feel that way.

Reference 14 - 0.18% Coverage

So it only took five minutes, I think, for me and my boyfriend to decide this is what's going to happen,

Reference 15 - 1.53% Coverage

before I had the abortion—my best friend in the whole world is my sister. We've been through a lot together. She's ten years older than me, she's kind of like a mother figure in my life, because I didn't have a good mother figure in my life. So—and we've shared everything with each other, we don't keep anything from each other. She's my best friend, and I wanted to share it with her, but I didn't know her stance, I didn't know what she thought, so I kind of tested her on a phone call one day, and like I said before, she was always going on about how excited she was for me to get pregnant, and how she wanted me to have a baby right away, and she couldn't wait to have a niece or nephew, and all of those things, and I would always say to her, "Oh, you know [name], I'm not ready! Just give it some time!" So that was one reason that I didn't feel comfortable telling her.

Reference 16 - 1.01% Coverage

I said to her, "You know, [name], I really don't know what I would do if I became pregnant." And she said, "Well what do you mean?" And I said, "Well, I don't know what my decision would be." And she said, "Well, you would just give it to me!" And I said, "No, that's not what I would do." And that was hard, and she said, "Well, are you talking about an abortion?" And I said, "Maybe. I don't know. What do you think about that?" And she said she only thought that abortion was okay if a woman had been raped and became pregnant. That was the only circumstance that it was okay,

Reference 17 - 0.54% Coverage

she said "For someone like you or for a girl your age, if they willingly have sex with even the slightest chance that they could get pregnant, knowing there's a slim chance that they could get pregnant, then they don't have the right to have an abortion." And I was like, "All right, well, that's your view."

Reference 18 - 0.66% Coverage

But I think—and there's a line there, because what about women who become pregnant when they are on birth control? Because that happens. Women who are very strict with the Pill, or using condoms, they can become pregnant too. So what about them?" And she didn't really address that when I said it, and she was just like, "Well, I don't think they have a right, blah blah blah."

Reference 19 - 0.70% Coverage

also it made it hard because my boyfriend's family is just crazy about us having kids, and when we're going to have kids. They have some other grandchildren, so they just want grandchildren, that's what they want! And his dad will always look at me and go like this, when no one's looking, and I'm like, "Oh my gosh."

I: Rocking his hands back and forth.

P: Yeah, rocking like he's holding a baby!

Reference 20 - 0.42% Coverage

my boyfriend had said to me "If my parents ever found out, they would disown you." And I was like, "Yep, you're right, they would." So all of these messages that I was getting just made it impossible for me to feel comfortable telling anybody.

Reference 21 - 0.85% Coverage

P: I really wish that I could tell my sister. And I still think about how bad that I wish I could tell her, and especially because she has done things in her life that have been very stigmatized—very stigmatized, things that she's done in her life that she's shared with me, and I haven't judged her for it, and I still love her, and I supported her through all the mistakes that she had made, all the decisions that she had made, and I still don't feel like I can ever tell her, ever.

Reference 22 - 0.28% Coverage

I feel like, "Oh, maybe I'm just going to tell her," but then I have to hold myself back because we have such a good relationship and I don't want to ruin it.

Reference 23 - 0.29% Coverage

I don't want her to see me in a different way, and I think she would maybe—because all of these times that she has talked about, you know, waiting for me to get pregnant

Reference 24 - 0.80% Coverage

it's really been about her. Like, it's been about, "I can't wait to love that child, I'm going to love it so much because I love you so much, and I can't wait to spoil it, and, oh, it's going to be a little miniature version of you," and all of these things, like, we're really really close, so I feel like she would maybe make it about her, a little bit, like, "Oh, that was my little niece or nephew," and things like that. I feel like that's a possibility

Reference 25 - 0.52% Coverage

externally I think she would support me, but internally, I really think that it would change how she thinks of me, and I just—I'll never tell her. And she's the one person that I would want to tell. And I hold many secrets of hers that nobody else knows, but I just still never, I'll never tell her.

Reference 26 - 0.34% Coverage

we're such important people in each other's lives, and I don't want our relationship to change at all, and even if our relationship were to change, I don't want her view of me to change at all.

Reference 27 - 0.42% Coverage

his parents especially are always talking to him about—they just want grandkids, you know, that's what they want. They already have two, and his sister had children when she was my age—she has two boys now—so he's definitely impacted by that,

Reference 28 - 0.50% Coverage

I'd just like to be able to tell—just my sister, especially, just one person that's close to me, like—I can go without ever telling my parents about it, I can go without ever telling my best friends about it, but my sister is one person that I would love to be able to tell without fear.

Reference 29 - 0.56% Coverage

I felt judgment from a couple of the staff members. The doctor was a little cold, and some of the other people, like receptionists and porters and things like that, but I don't know, maybe that was just in my head. Maybe they're just cranky people and I was just attributing it to the stigma, or the judgment. I don't know.

Reference 30 - 1.21% Coverage

when I asked her, it was easy to bring it up in conversation because the baby conversation always comes up, and I said to her, "You know, [name], I really don't know what I would do if I became pregnant." And she said, "Well what do you mean?" And I said, "Well, I don't know what my decision would be." And she said, "Well, you would just give it to me!" And I said, "No, that's not what I would do." And that was hard, and she said, "Well, are you talking about an abortion?" And I said, "Maybe. I don't know. What do you think about that?" And she said she only thought that abortion was okay if a woman had been raped and became pregnant. That was the only circumstance that it was okay,

Reference 31 - 0.35% Coverage

but—" it just seemed like everybody that I came into contact with that had something to say about it was just "no, no, no, it's bad, it's bad, it's bad." Didn't matter if they were religious, or not.

Reference 32 - 0.42% Coverage

my boyfriend had said to me "If my parents ever found out, they would disown you." And I was like, "Yep, you're right, they would." So all of these messages that I was getting jut made it impossible for me to feel comfortable telling anybody.

Reference 33 - 1.08% Coverage

I was like, "Why am I upset about this when I know that it's the right choice for me, and when I know that I firmly believe that women should have this right, I firmly believe that this is right, and that this is the best choice for me. Why do I still feel upset about doing it?" And I think it's just that the stigma's so strong, and I was thinking about other stigmas, and relating it to other stigmas that exist, and I don't think that other stigmas are as strong to the point where people who think that it's okay, or that they should be able to choose, would still feel upset about doing it. Do you know what I mean?

Reference 34 - 0.40% Coverage

I don't know, I was just really confused about why I still felt upset about doing it, even though I was firm in my decision and I was confident that it was right. I think that's just because of all the negativity surrounding it.

Reference 35 - 0.30% Coverage

I don't want her to see me in a different way, and I think she would maybe—because all of these times that she has talked about, you know, waiting for me to get pregnant,

Reference 36 - 0.46% Coverage

P: Yeah, and it's a circle, because I don't have strength to tell my sister because of the stigma, but telling my sister could go towards, you know, erasing that stigma, or adapting or changing that stigma. So it's a circle, you know, it's not clear-cut at all.

Reference 37 - 0.54% Coverage

all my friends would be asking me, "Oh, let's go out this weekend!" And then I would have to lie and say that I had school, or something. I couldn't tell them why, and even if I did tell them why, then they'd be like, "Well, why do you care about drinking?" You know? So, just a lot of confusing things. Yeah.

Reference 38 - 0.55% Coverage

I kind of—for me, personally, I would have rathered do it all in Halifax, reducing the risk of seeing anybody that I know in the hospital. I was just petrified of anybody that even knows me in passing being like, "Oh, what are you doing at the hospital?" or "What are you doing at the doctor's office," or whatever.

Reference 39 - 0.30% Coverage

I knew right away—I never even considered for a second having the baby or giving it up for adoption or anything like that. I knew that abortion was the right thing for me.

Reference 40 - 0.18% Coverage

So it only took five minutes, I think, for me and my boyfriend to decide this is what's going to happen,

Reference 41 - 0.68% Coverage

I said, "Well, I would kind of view it like, this is a mistake, I'm responsible for this mistake, but I'm in control of my own life so I can either suffer because of this mistake my whole life with a child I didn't want, or I can take control of it and make a decision, and learn from the experience, and have my reproduction be on my own terms, and be in control of my own reproduction."

Reference 42 - 0.75% Coverage

Like, I've felt, "Maybe you are selfish. Maybe you shouldn't be doing this!" Like, just very briefly, obviously. Regardless of how firm I am in my decision, I'm going to have those thoughts because of how strong the stigma is. But it always goes back to "No, this is my life, and I'm in control of my life, and I want to reproduce on my own terms and when it's right for me, and my boyfriend's supportive, and this is my decision."

Reference 43 - 0.66% Coverage

I'm very confident that it was the right decision. I don't think I need to increase my confidence, or increase that. Um, just being able to trust my boyfriend more, that he really feels how he says he's feeling, and that he isn't feeling any regrets. I don't think he is, but I just need to trust him and I need to trust that our relationship will continue okay through this.

Reference 44 - 1.58% Coverage

you talked to me a bit about wanting to go to post-abortion counselling. Can we talk a little bit about the phone calls you made, or the email and stuff like that?

P: Sure, well, after I had come back to PEI and I was just looking for something, and that's when I found the post-abortion support group online, at the Island Pregnancy Centre here in Charlottetown, and I looked at—I seen it right away—I found the email right away and sent the email. Very simple email. I just said, "Hello, I'm looking into joining the post-abortion support group. Please tell me what steps I need to take in order to join. Thank you." That was it. And then I was looking on their website a little bit more, and realized that they were—they had Christian

affiliation. All their counsellors had done mission work, they were rooted in spreading the message of Jesus, and they did all of their work with a Christian outlook.

Reference 45 - 1.02% Coverage

I wondered, “Why do they even have a post-abortion support group?” And they said, “We are Christians, we do spread the message of Jesus, but we don’t judge, we’re not biased, we don’t recommend abortion, but we don’t judge and we’re not biased.” But that’s impossible. That is impossible. I’m sorry, if you hold a pro-life position and you have a post-abortion support group, you are going to be judging the hell out of every single woman that is there. And they never got back to me, and I’m happy that they never got back to me, because I would not have attended that support group.

Reference 46 - 0.69% Coverage

I didn’t know what the goal of the support group was. I was scared that it might have been for women who had had abortions but regretted them and wanted support working through their regret, and I did not want to be made to feel like I should regret this, because I don’t regret this. If I were to do it all over again, I would not change a thing, and I didn’t want to be made to feel that way.

Reference 47 - 0.46% Coverage

And if a woman did have an abortion and she feels that she regrets it, then that’s how she feels and she should have support for that, but that’s not what I’m looking for. I just want to tell somebody my experience. So, never heard back from them, but that’s fine.

Reference 48 - 0.91% Coverage

And then sat in the waiting room with other women that were having abortion on the same day, and I was really happy that they were there, because I didn’t feel so alone. And it was kind of awkward at first. I think there was about eight of us sitting there, but then we started to chat a little bit, and that was really helpful, just being able to talk to the other women that were going through the exact same thing that I was, on the exact same day, and hear about their fears, and their concerns, and things like that.

Reference 49 - 0.85% Coverage

And some of my friends—it came up in conversation with some of my friends, too, and one of my friends said, “Well, I definitely don’t want a baby, but I know that if I were to get pregnant and abortion—I wouldn’t have an abortion. It wouldn’t be right for me.” And then I just said to her, without making it obvious that I was in that situation, I was like, “Well, you can say that, but until you get that stick back, you really don’t know.” And she was like, “Yeah, that’s true, I guess

<Internals\\Thesis_Kaci_Disaggregated> - § 61 references coded [19.02% Coverage]

Reference 1 - 0.35% Coverage

I: And because of, sort of the culture of around here and the stigma that surrounds abortion, there isn’t really a place to take those feelings into conversation –

P: Yeah. No.

I: So what’s that been like?

P: It’s been okay. I would like if there was more, but I’m fortunate enough to have very, a very caring guy and a very caring set of friends. Who, if I’m having one of those days, which luckily don’t happen very often, but I can go to them and say this is how I’m feeling,

Reference 2 - 0.09% Coverage

I: Yeah. What, what was your perception of the treatment that you got at the clinic?

P: Pretty good. Pretty damn good.

Reference 3 - 0.35% Coverage

there was just a very, but I must say the health care that I got there was the best I've ever gotten. Not even a shred of judgement, nothing. Totally accepting, explained everything, if you had any questions, I, I had no questions because they explained everything. I didn't leave there, like, wondering, or like questioning, or concerned with anything 'cause they just answered everything. Very comforting atmosphere too, so it, they made a traumatic experience untraumatic.

Reference 4 - 0.83% Coverage

even in New Brunswick it's still terrible, I mean I had people coming up to me with signs that said baby killer and let your child live, and all this other stuff. And they actually had people that work at the Morgentaler that escort you inside because people have been attacked.

I: So how close do protestors get?

P: Five feet.

I: Really.

P: If that.

I: So what was that like? Did you expect that before you got there?

P: They warned me. I didn't think it would be that bad though, there was about fifteen of them with signs, just surrounding the clinic, like right up to your car. And it can do that legally, 'cause it's not on the property.

I: That's not –

P: I can only imagine what it would be like here. Terrible.

I: So what, what, were, what was going through your head when you're encountering these people?

P: I want to go home (laughs), I want to go home (emphasized) is what I wanted to do. Just sick to your stomach really.

I: Did they say, like, did they verbally communicate with you or?

P: They just stare at you. They just stand there and stare at you, looking very sad. They look really sad (scoffs).

Reference 5 - 0.55% Coverage

I: And then an escort comes out?

P: Two of them, big vests on and they say, like, Morgentaler staff and a big pin. So, it's quite visible, like, they just come literally up to your door and they get on either side of you and they take you in. So.

I: Did they talk to you when you're going in, like –

P: Oh yeah, hi, how's your day, pretty cold out, their just, they just treat it like it's, and I don't mean this in a derogatory way, but they just treat it like it's an everyday thing. They don't see it as anything out of the ordinary, or they don't put a label on it or anything, they just make it seem like it's an everyday procedure, and carry on. Almost normalizes it a little bit.

I: Yeah.

P: De-stigmatizes it, which is kind of nice,

Reference 6 - 0.17% Coverage

P: I, I met with this doctor before I went over, and she was very very accepting and supporting of my decision. She said, okay well here's the number to the Morgentaler clinic, like, let me know how it goes, I'll see you after.

Reference 7 - 0.18% Coverage

I went to her after and just very (waves hand to indicate mediocre/ dismissive) –

I: Really

P: Yeah. Total –

I: So, just like a, hand waved you away?

P: Kind of, maybe she was just having a bad day, I don't know. Everyone has bad days,

Reference 8 - 0.48% Coverage

that was kind of nice it was a little, like, therapeutic session. ‘Cause I’m sitting there, like, just, like, cold, have like a bathrobe on I’m just, like, uncomfortable. Nauseous as anything (laughs), was awful. Going to clinical and bending over I was like (pretends to gag), please don’t barf. And no one knew, my instructor had no idea. So, um, so the girls kind of, actually it was the one who was there for her third time, she sort of started it, ‘cause she knew exactly what was going to happen and how it felt and everything. And this other started like, “oh, you’ve been here before, like, does it hurt?” So everyone started kind of talking,

Reference 9 - 0.27% Coverage

I: So what was the drive over, like – sorry who was with you, your friend and him?

P: Just him.

I: Just him. Were you guys talking on the way over, or was it kind of a –

P: Yeah, didn’t talk too much about that. We talked about normal things.

I: Okay.

P: We tried to keep it kind of that way.

I: Yeah.

P: So –

I: And was that helpful for you, or –

P: Yeah.

Reference 10 - 0.43% Coverage

there are days when I’m like (vocal sound meaning like aw-shucks), that sucks but it doesn’t last long.

I: And what’s the suckyness?

P: The suckyness? Oh, seeing people with babies.

I: Yeah.

P: Or seeing, like, new pregnancy posting on Facebook or whatever, like, people like surprise having a baby. I’m like, aw crap.

I: Yeah.

P: That’s so nice for them, and I kind of wish I could have that. I kind of wish I could have people be like, congratulations that’s so exciting, and to have that, like – but that’ll come. That’s me just trying to push time, like, that’ll be someday

Reference 11 - 0.53% Coverage

P: But I called and she, the nurse was like, she was kind, like, she was very professional and whatever, but just sort of was like, well is there any further bleeding? I said, like, no it stopped, but, like, I don’t know, like, should I and she was like no, you don’t really need to (laughs).

I: Really, that surprises me that they wouldn’t suggest –

P: No, she was like if it continues to bleed I would go to emerg, but if it’s not I wouldn’t bother.

I: Yeah.

P: Yep.

I: Wow.

P: And maybe that is the right answer. I don’t know ‘cause I –

I: Yeah (laughs) could be, I just would, it surprises me.

P: I don’t know, there was just, it was kind of like, “that sucks. Go to a check-up” My check-up was eight weeks later

Reference 12 - 0.45% Coverage

So, you know, like I don’t know what’s going on with my bod – it’s my body but I can’t see what’s going on, or what’s happening, or –

I: And did you have that conversation with the doctor when you did see her?

P: Yep.

I: And it was, like, oh that's no problem.

P: Nope, yeah. And if it is normal, tell me.

I: Right.

P: But I wasn't even told that. She was very, yep, yep, okay. I'll call is anything's wrong.

I: Huh.

P: Yeah. So yeah, if it is normal confirm it with me by like a head nod or like a yes, that's normal – right? Or something.

I: Yeah (laughing).

P: But there was none of that.

Reference 13 - 0.31% Coverage

They were acting as though they were at their job, loved their job, loved their patients, supportive, whatever it is, complete autonomy for their patients is what it was. But –

I: Yeah.

P: And that's the atmosphere that was there, it was great. Jokes, laughter –

I: And you felt that was positive?

P: Yeah, oh yeah. If anything, it sounds awful, but it was a pleasant experience 'cause it was just, yeah it was nice.

Reference 14 - 0.33% Coverage

I have no good justification for it, I guess. But at the end of the day that's what I decided, and there was nothing.

I: What would be a good justification?

P: What would? If I literally I had nowhere else to go, or nothing to do.

I: It's, I'm just asking this because it's, um, like, is just being pregnant and not wanting to be a parent, is that a good enough reason?

P: It should be, but it's not.

I: Why isn't it?

P: People have social stigmas.

Reference 15 - 0.24% Coverage

but at the end of the day I just didn't want to be a parent. I want to, I'm too selfish. I want to finish my degree and enjoy it, and have just my school to think about and be just me for a few years before I welcome another individual into my life. 'Cause it's a full time commitment.

I: Full time and lifelong.

P: Yeah,

Reference 16 - 0.49% Coverage

even in school, like, I'm learning about the benefits of breast feeding. I want to do that, but I don't know if I'd have time if I'm at the hospital seven days a week. And parents do it when they're at work, but I would have work and school. Like it just, I don't see there being a balance, like a healthy balance, where I would be able to be there for my child as much as I would want to be. Like, I wouldn't have maternity leave. I'd have to keep working. And I don't live with my boyfriend, so I wouldn't want that to be, I wouldn't want to do that just because we're going to be parents. I'd want to it because we're ready to.

I: Uh huh.

P: So, a whole slew of things.

Reference 17 - 0.52% Coverage

I: Um, you described your decision as selfish earlier, can define selfish for me?

P: Um, on a personal level I guess selfish is me, I want. I want to finish my degree, I want to go on a trip when I finish my degree, I want my weekends to myself, I want my sleep, I want those things right now because I know

when I want them. And I don't want to share my life with an infant yet. And because of the household I grew up in that's selfish, that's considered selfish.

I: So, it sounds like putting yourself first is selfish.

P: Yeah. I know, I know, that's exactly what it is, but I was raised to think that way, and I know it's wrong. I don't put that on others, like I'm, it's more of a, I'm harder on myself –

Reference 18 - 0.63% Coverage

I was thinking, oh, like, that's so cool, and, like, it's going to be so cute, and it's going to look like me, and it's going to be so fun, but then I thought but that's not all that it is. It's late nights, it's diaper changes, it's a lot of money that I'm a student and I don't have, um, it's a lot of patients which (laughing) I have little of as it is, it's a lot of things that I wasn't sure that I had emotionally and financially, so, and I felt like I would be doing a disservice to myself and the child if I had kept it 'cause I wouldn't have had supports at all, I'm not married, my parents would have been like see 'ya later have fun, literally, and my friends would have been great, when they could, but my friends are also, you know, figuring out their life, and being people my age and having fun, they don't want to stay home and watch my kid. So, yeah.

Reference 19 - 0.34% Coverage

So the whole point of my life goals would be postponed for god knows how long. So, it just sort of offset it, 'cause I mean part of it is I want to be a nurse, but the other part of having that profession is to have a stable life and to have, you know, financial stability to have a family and to have those things. So, it was almost like jumping the gun, like sort of, things should play out in such a way not because they should but because it just makes more sense.

Reference 20 - 0.18% Coverage

Like, why would I bring a child into a life where I work two part-time jobs, and I'm not married, don't live with the father, and I'm young. Like, I just don't have the nether capabilities to give everything that I know I would want to give a child.

Reference 21 - 0.18% Coverage

A lot of back and forth. Even on the way to the clinic I was like I can't do this, I can't do this, and then I got up on the table and I was like I can't do this, and I did. 'Cause I just kept saying to myself if I don't do it, I'm going to regret it.

Reference 22 - 0.32% Coverage

P: The whole thing would have been just tough, parents and school and everything. I would have been due September thirteenth of my fourth year of nursing. I wouldn't have -

I: Not what you wanted in your fourth year.

P: Wouldn't have been doing fourth year. I just wouldn't have, there wouldn't have been a way. I mean yes, like, my boyfriend would have, I can't ask someone to do that, like, to take care of, I want to do that stuff.

Reference 23 - 0.39% Coverage

don't have a baby just because you feel like you have to. So, I know a lot of people who have but, just because they, you know, they're young and they're caught up in the feelings and emotions, and whatever, but. And I know a lot of them struggle. Big time. And I don't want that. I have friends who struggle a lot (emphasized) just to make ends meet to put food on their table and heat the house for their kids, and I don't want that 'cause I know that'd be me (emphasized). I just don't have the education to have a good job, not yet.

Reference 24 - 0.14% Coverage

I'm just geared that way I love babies, I love birth, I love little infants, I just like that stuff. I want to be a mom someday, but I looked and said is this really the best thing right now?

Reference 25 - 0.45% Coverage

I: And then did you say abortion or did he say abortion?

P: I did.

I: And what was his reaction to that?

P: He said whatever I want to do.

I: And you felt good, how'd you feel about that?

P: Yeah. Yep, if I would have wanted to keep it he would have supported me, if I didn't want to keep it he would support me. He was, he was agreeable to the facts that it wasn't a good time, but he said despite all that if that's what you want to do, like, despite all of those things then so be it, but –

I: So if you could map that against, like, the ideal reaction from a partner –

P: Pretty much that, yeah.

Reference 26 - 0.15% Coverage

I expected a very scared young man who was kind of, yeah he kind of met me half way, like, we were kind of on the same – excited but, like, oh crap, like, this is not a good time, like, we're so new.

I: Uh huh.

Reference 27 - 0.27% Coverage

I couldn't afford a baby, 'cause I (vocalizes humming and hawing) well this is cheaper than a baby. And that wasn't, that wasn't a thing, well it kind of was, 'cause you gotta think how long, like oh my god, I'll be a nurse for, like, less than a year and I'll have daycare. Daycare is expensive (emphasized), I can't afford daycare. So, I was thinking of those things

Reference 28 - 0.20% Coverage

P: My own family doctor, he's wonderful, but he is very old school and he, like, he gave birth to me. He was there for the whole thing.

I: Yeah.

P: And I just feel he's like an uncle to me, and I just feel as though I would be judged for the decision that I did make.

Reference 29 - 0.18% Coverage

took three tests, and then the next days started making a few calls, and was just hitting road blocks, like every called I made. I must have called, I called my doctor's office - no you can't get in until this date. Called prenatal places

Reference 30 - 0.17% Coverage

even when you're talking to them on the phone, like the people that I, like, I forget the doctor's office names, but I literally called pretty near everyone in [my area], and just very blunt and yeah we'll get, we're kind of booked.

Reference 31 - 0.10% Coverage

with me as soon as I had mentioned that I kind of was thinking kind of more along the lines of termination it was just cold dead stop.

Reference 32 - 0.34% Coverage

there is medication that you can be prescribed, um, I believe it is called misoprostol.

I: Uh huh.

P: And if you are under eight weeks of pregnancy it will actually cause your uterus to go into contractions and evacuate it, uh, I couldn't get it.

I: You were asking for it?

P: Yeah, 'cause I knew about it.

I: Okay, and what were the responses you were getting when –

P: They just don't do that. They don't do it, it's not medically necessary. I'm healthy.

Reference 33 - 0.38% Coverage

I, another option as well is that, you can get an abortion at the QEII in Halifax for free, covered under Medicare, if it is deemed medically necessary by two or more physicians.

I: Where are you getting, where did you get that information?

P: Both from the doctors and online. I looked it up online as well, but I called just to confirm what I read 'cause I couldn't really believe what I read, like, what do they mean by medically necessary? And basically if my life or the infant's life is in danger they'll do it.

Reference 34 - 0.37% Coverage

P: I, I met with this doctor before I went over, and she was very very accepting and supporting of my decision. She said, okay well here's the number to the Morgentaler clinic, like, let me know how it goes, I'll see you after. And –

I: Uh sorry, so just, so you called the Morgentaler clinic, they told you to go to this person first, or you found that person and then they sent you to the Morgentaler clinic?

P: I went to the Morgentaler first, and I called them and they said well, like, just make sure.

Reference 35 - 0.18% Coverage

I went to her after and just very (waves hand to indicate mediocre/ dismissive) –

I: Really

P: Yeah. Total –

I: So, just like a, hand waved you away?

P: Kind of, maybe she was just having a bad day, I don't know. Everyone has bad days,

Reference 36 - 0.54% Coverage

P: But I called and she, the nurse was like, she was kind, like, she was very professional and whatever, but just sort of was like, well is there any further bleeding? I said, like, no it stopped, but, like, I don't know, like, should I and she was like no, you don't really need to (laughs).

I: Really, that surprises me that they wouldn't suggest –

P: No, she was like if it continues to bleed I would go to emerg, but if it's not I wouldn't bother.

I: Yeah.

P: Yep.

I: Wow.

P: And maybe that is the right answer. I don't know 'cause I –

I: Yeah (laughs) could be, I just would, it surprises me.

P: I don't know, there was just, it was kind of like, "that sucks. Go to a check-up" My check-up was eight weeks later.

Reference 37 - 0.29% Coverage

I: Was the girl friend with you when you were taking the pregnancy tests?

P: Yeah.

I: Was she a source of support for you?

P: Oh yeah, big time, yeah. And I'm lucky enough too, like, most of the girl friends I have, I think only three of them know, um, my best friends know, and they're all pro-choice. They all support whatever is best for the person. So, I'm lucky in that way.

Reference 38 - 0.35% Coverage

What were the conversations that you and your girl friend were having? Like, do you remember that at all?

P: She said right of the bat, if you want to keep it I will help you and support you and be there for you, and if you don't the same. She said, before I even said a word, she said whatever your decision is, like, I'll be there for you whatever you decide. So, that was nice. I kind of had to slow my breathing, I couldn't really talk for a few hours (laughs).

I: Right.

Reference 39 - 0.13% Coverage

I: Yeah, were you raised that way?

P: No

I: Like was, do your parents –

P: No. No, my parents are very, very (emphasised), if (laughing) it happens too bad. So, they don't know.

Reference 40 - 0.08% Coverage

I: Okay.

P: They have no idea. Um, I think I would be disowned to be honest. Big time.

I: Really.

P: Oh yeah.

Reference 41 - 0.12% Coverage

I: So, your boyfriend thinks you're pregnant?

P: Yep.

I: You guys have been together for?

P: Nine months.

I: Nine months –

P: Not long, at all. Another factor.

Reference 42 - 0.09% Coverage

I wasn't really judged or stigmatized by close people to myself, that know, my parents are a different story but (laughs)

Reference 43 - 0.35% Coverage

I: And because of, sort of the culture of around here and the stigma that surrounds abortion, there isn't really a place to take those feelings into conversation –

P: Yeah. No.

I: So what's that been like?

P: It's been okay. I would like if there was more, but I'm fortunate enough to have very, a very caring guy and a very caring set of friends. Who, if I'm having one of those days, which luckily don't happen very often, but I can go to them and say this is how I'm feeling,

Reference 44 - 0.14% Coverage

And I'm lucky enough that he is very understanding, he sort of shares my emotions too 'cause he's got guilt and regret and sadness, and sort of the what if's, 'cause he was excited too,

Reference 45 - 0.22% Coverage

My parents are, like, I don't live at home because, like, at my house if its Sunday they don't care that I just did a twelve hour night shift. I work at, like, a long term care, we do a twelve hour nights sometimes – they don't care that I just did a twelve hour night, I'm going to go to church at eight am.

Reference 46 - 0.62% Coverage

I: Yeah. So, how did you meet his excitement, like, when you're –

P: I was shocked he was.

I: Okay.

P: Yeah.

I: So, can you just unpack that process? Like, what, how you approached that conversation and then sort of his reactions, and then how you guys handled the situation as a –

P: Well, I was just thinking, like, oh my god what's he going to say, like, what's he going to think, what's going to happen, am I going to have to go by myself? So, yeah, but I told him and he was excited and I was shocked, and I was like really (laughs).

I: And did you [inaudible] in a way that you were not excited?

P: I think he could just tell.

I: Yeah.

P: 'Cause I, my thinking, what I first said was what are we gonna do? What do we do? I had no idea, just started my second semester of third year, and I'm like what the hell do we do?

I: Yeah.

Reference 47 - 0.45% Coverage

I: And then did you say abortion or did he say abortion?

P: I did.

I: And what was his reaction to that?

P: He said whatever I want to do.

I: And you felt good, how'd you feel about that?

P: Yeah. Yep, if I would have wanted to keep it he would have supported me, if I didn't want to keep it he would support me. He was, he was agreeable to the facts that it wasn't a good time, but he said despite all that if that's what you want to do, like, despite all of those things then so be it, but –

I: So if you could map that against, like, the ideal reaction from a partner -

P: Pretty much that, yeah.

Reference 48 - 0.16% Coverage

I expected a very scared young man who was kind of, yeah he kind of met me half way, like, we were kind of on the same – excited but, like, oh crap, like, this is not a good time, like, we're so new.

I: Uh huh.

Reference 49 - 0.41% Coverage

Totally open. He's my best friend he really is. He is a great guy. I'm lucky that I, I wish I hadn't gone through this experience at all, but I'm very happy that I went through it with him. It couldn't have gone any better.

I: That's good. So you haven't felt any shifts in your guy's relationship.

P: None, absolutely none. Just literally held each other up and carried on together, which was really nice. So, plans for the future and, like, happy with things and moving on, and goals and whatever.

I: Nice.

P: Yeah, very supportive. He's great.

Reference 50 - 0.23% Coverage

So, um, so the girls kind of, actually it was the one who was there for her third time, she sort of started it, 'cause she knew exactly what was going to happen and how it felt and everything. And this other started like, "oh, you've been here before, like, does it hurt?" So everyone started kind of talking,

Reference 51 - 0.18% Coverage

Like, why would I bring a child into a life where I work two part-time jobs, and I'm not married, don't live with the father, and I'm young. Like, I just don't have the nether capabilities to give everything that I know I would want to give a child.

Reference 52 - 0.58% Coverage

I: What do you think the differences are?

P: Uh, people, if people looked at me they'd be like, "oh, she looks kind of young, but that's nice," like, even if they didn't know who was at all, you know? Like, she looks kind of young but too young. I think I look my age and people, and people associate my age typically with someone who's got a little more knowledge behind them, a little more life experience.

I: Uh huh.

P: I find people looked at sixteen year olds and go, "oh shit," like, "that sucks."

I: Right.

P: People just automatically go, no one, um, some people are like, "oh congrats," but most people are like, "oh that's so nice, when is the baby due?" (voice change/ insincere or exaggerated). People aren't excited for a sixteen year old 'cause they're worried about them.

Reference 53 - 0.20% Coverage

P: My own family doctor, he's wonderful, but he is very old school and he, like, he gave birth to me. He was there for the whole thing.

I: Yeah.

P: And I just feel he's like an uncle to me, and I just feel as though I would be judged for the decision that I did make.

Reference 54 - 0.33% Coverage

I have no good justification for it, I guess. But at the end of the day that's what I decided, and there was nothing.

I: What would be a good justification?

P: What would? If I literally I had nowhere else to go, or nothing to do.

I: It's, I'm just asking this because it's, um, like, is just being pregnant and not wanting to be a parent, is that a good enough reason?

P: It should be, but it's not.

I: Why isn't it?

P: People have social stigmas.

Reference 55 - 0.83% Coverage

even in New Brunswick it's still terrible, I mean I had people coming up to me with signs that said baby killer and let your child live, and all this other stuff. And they actually had people that work at the Morgentaler that escort you inside because people have been attacked.

I: So how close do protestors get?

P: Five feet.

I: Really.

P: If that.

I: So what was that like? Did you expect that before you got there?

P: They warned me. I didn't think it would be that bad though, there was about fifteen of them with signs, just surrounding the clinic, like right up to your car. And it can do that legally, 'cause it's not on the property.

I: That's not –

P: I can only imagine what it would be like here. Terrible.

I: So what, what, were, what was going through your head when you're encountering these people?

P: I want to go home (laughs), I want to go home (emphasized) is what I wanted to do. Just sick to your stomach really.

I: Did they say, like, did they verbally communicate with you or?

P: They just stare at you. They just stand there and stare at you, looking very sad. They look really sad (scoffs).

Reference 56 - 0.15% Coverage

I: Where is the judgment coming from?

P: My own family life, the, the cultural kind of beliefs that the Island has as a whole. And not everybody shares them, but everybody sort of, that's the standard

Reference 57 - 0.32% Coverage

I: Is there a perception of a type of girl that gets an abortion?

P: Uh huh.

I: And who is she?

P: Young, sleeps around, does drugs, parties a lot, doesn't do well in school. Pardon my phrasing, but a stupid girl. Is what I'm, is what I've been told before is stupid girls get pregnant by accident and get abortions. I'm not a stupid girl, pretty smart (laughs), and I'm pretty lucky, and I have it pretty good, but it happens.

Reference 58 - 0.14% Coverage

but I never thought I would have to make the choice myself. I sort of thought, you know, when it happens I'll be old enough to, and I am, but at the end of the day I just didn't want to be a parent.

Reference 59 - 0.12% Coverage

I: So, your boyfriend thinks you're pregnant?

P: Yep.

I: You guys have been together for?

P: Nine months.

I: Nine months –

P: Not long, at all. Another factor.

Reference 60 - 0.16% Coverage

P: A lot of people my age are very, like, whatever you think's best. You do what you want to do, whatever you think is going to be the best prognoses. Don't, don't have a baby just because you feel like you have to.

Reference 61 - 0.28% Coverage

P: Nobody's there for fun.

I: Yeah.

P: It's not like people are gonna all of a sudden (slaps leg), "well, mine as well stop, you know, taking all precautions, I mean the clinic is two blocks away." No one is going to do that. No (voice loud anger/frustration).

I: Most of my friends don't even want to go to their pap test right? Like, I mean it's not –

P: Yeah.

I: Crazy.

Gender as Category

<Internals\\Thesis_Alex_Disaggregated> - § 23 references coded [9.38% Coverage]

Reference 1 - 0.22% Coverage

So yep, Halifax definitely kind of, definitely up-stepped PEI on yet another, um, women's rights issue. If you wanna, yeah I think you could call it that.

Reference 2 - 0.73% Coverage

I mean I don't know, thinking if I hadn't have had, if I didn't have a supportive partner, or I hadn't had anyone that I was close to that would've have drove me. All these well if I didn't, if I didn't, if I didn't, then, and if I didn't have, you know, eight hundred dollars disposable income, and no family, which I'm sure I'm naming of situations where women definitely would fit into,

I: [yeah]

P25: then it's almost, you would be stuck. You would just be stuck. Yeah, no things, things have to change.

Reference 3 - 0.33% Coverage

Women just have to be made more aware that they have a right to this. I mean, I didn't know, and I'm sure there are hundreds, if not thousands of women, that are in the exact same boat that don't know that they are entitled to this.

Reference 4 - 0.28% Coverage

No one has the right to tell someone else what they can and cannot do with their own body. I mean, no one should have that option, or that ability, or power over another person, it's just disgusting.

Reference 5 - 0.28% Coverage

And, I don't know, I think women just. I'm just fucking sick of it. Men don't have rights or claims to any female body, and even if the attitude when you go in to get, like, the morning after pill.

Reference 6 - 0.58% Coverage

there's so many women that are getting sick and tired of how the status quo is, and the double standards that people say no they're not there. Hey you can vote now so everything must be fine. Well it's not, because doctors aren't giving the referrals that they're supposed to, and women don't have complete control over their own decisions because they're not being given the access that's theirs to begin with.

Reference 7 - 0.82% Coverage

I just want other women to be aware, and to know, and to demand that they have full rights to their own body. And if someone it is not allowing that to happen then, well, something has to be done about that. I think there should be repercussions. I think refusing to give a referral, they're not asking their physician to perform the abortion, you just, it's just a fucking referral. Just do it, because that person has a right to it. (sighs) I'm getting angry. Um, you just, I don't know, if you're not going to be given what's yours then you have to demand it. It's your right to.

Reference 8 - 0.44% Coverage

I think that's something that we really need to talk about, and really put it to the education system. Because it doesn't matter how old you are, like, you still have the right to know and make that decision for yourself. Fifteen, sixteen, seventeen, it should be, they should know. Absolutely, they should know.

Reference 9 - 0.16% Coverage

if you're going to be a doctor you have to be willing to give your patient every available option that is for them

Reference 10 - 0.19% Coverage

there's a very calm kind of atmosphere when you're just sitting there waiting knowing that everyone's in there for the same purpose.

Reference 11 - 0.21% Coverage

It's just frustrating really. To think about, and to think about how much easier it could have been, and can be for Island women who just don't know.

Reference 12 - 0.72% Coverage

I mean I don't know, thinking if I hadn't have had, if I didn't have a supportive partner, or I hadn't had anyone that I was close to that would've have drove me. All these well if I didn't, if I didn't, if I didn't, then, and if I didn't have, you know, eight hundred dollars disposable income, and no family, which I'm sure I'm naming of situations where women definitely would fit into,

I: [yeah]

P25: then it's almost, you would be stuck. You would just be stuck. Yeah, no things, things have to change.

Reference 13 - 0.33% Coverage

Women just have to be made more aware that they have a right to this. I mean, I didn't know, and I'm sure there are hundreds, if not thousands of women, that are in the exact same boat that don't know that they are entitled to this.

Reference 14 - 0.23% Coverage

abortion access on PEI is nonexistent. And it's just been a very passionate issue for, I don't know, pretty much as soon as I realized that women had to go off PEI.

Reference 15 - 0.17% Coverage

I think it kind of ties in to the, to really the whole Island birthing and everything kind of connected to women on PEI.

Reference 16 - 0.22% Coverage

So yep, Halifax definitely kind of, definitely up-stepped PEI on yet another, um, women's rights issue. If you wanna, yeah I think you could call it that.

Reference 17 - 0.28% Coverage

No one has the right to tell someone else what they can and cannot do with their own body. I mean, no one should have that option, or that ability, or power over another person, it's just disgusting.

Reference 18 - 0.44% Coverage

No questions. Not one. No, oh sure young gentlemen, you need the morning after pill, let me, I'll give a quick rundown and try to be as helpful as. No, he said they were helpful and courteous, and delightful. Yeah, and I was like so there was no kind of, like, questioning attitude and he was like no not at all.

Reference 19 - 0.28% Coverage

And, I don't know, I think women just. I'm just fucking sick of it. Men don't have rights or claims to any female body, and even if the attitude when you go in to get, like, the morning after pill.

Reference 20 - 0.57% Coverage

I mean, it's like that in every way, like, parenting and everything, and being told oh isn't it so nice that your sons father picks him up from daycare in the afternoon, and I'm like well isn't it so nice that I take him there every morning. (laughing) And again, their just kind of like, well no your expected to do that because you're the mother. I just, you have double standards like that all the time.

Reference 21 - 0.58% Coverage

there's so many women that are getting sick and tired of how the status quo is, and the double standards that people say no they're not there. Hey you can vote now so everything must be fine. Well it's not, because doctors aren't giving the referrals that they're supposed to, and women don't have complete control over their own decisions because they're not being given the access that's theirs to begin with.

Reference 22 - 0.71% Coverage

abortion was never discussed in my sex ed. I don't know if that's changed since I've been in high school. But...I don't know, why isn't it part of the curriculum? Like, why isn't it discussed? I think that's something that we really need to talk about, and really put it to the education system. Because it doesn't matter how old you are, like, you still have the right to know and make that decision for yourself. Fifteen, sixteen, seventeen, it should be, they should know. Absolutely, they should know.

Reference 23 - 0.57% Coverage

I mean, it's like that in every way, like, parenting and everything, and being told oh isn't it so nice that your sons father picks him up from daycare in the afternoon, and I'm like well isn't it so nice that I take him there every morning. (laughing) And again, their just kind of like, well no your expected to do that because you're the mother. I just, you have double standards like that all the time.

<Internals\\Thesis_Bev_Disaggregated> - § 14 references coded [12.27% Coverage]

Reference 1 - 0.90% Coverage

I saw it on a friend's facebook actually, and I wanted to participate because it's something that, you know, I myself has found it to be an issue and it's something that, you know, close friends and family members have had to deal with.

I: [um hum]

P: So it's pretty important to me

Reference 2 - 0.76% Coverage

I'm glad like on PEI that we at least have access to that.

I: [um hum]

P: 'Cause I mean I'm sure there are still some places, hopefully not too many, but I'm sure there are some places where, you know, I mean you don't have access to that.

Reference 3 - 0.30% Coverage

I respect someone who's, you know, pro-life just as much as I respect someone who's pro-choice.

Reference 4 - 0.78% Coverage

P: [I] just respect everyone's right to have their own opinion.

I: Oh okay, I got 'ya yeah.

P: 'Cause I don't, I don't like when people come up to me and go what you believe is wrong, so I feel like it's wrong to go and do that to other people.

Reference 5 - 0.42% Coverage

I: And what does pro-choice mean to you?

P: Well, you know, it's a woman's right to do what she wants, and what's right for her body

Reference 6 - 1.47% Coverage

when you're teaching sex ed. in school that this stuff should be taught, because sex just isn't all ooo we're all in love and we're going to have a baby, which is kind of what they teach you in school, like, the books are so outdated, you know, sometimes you have sex and, you know, it's just not realistic or, you know, right for you to bring a kid into the world and, you know, you should have access to abortion, and its, they would never teach that in school.

Reference 7 - 1.27% Coverage

I didn't ask to be raped, I was raped [...] like,

I: [um hum]

P: and so many people, like, even police officers, like, I know girls who have gone in and they were like so anyways what were you wearing, and it's like why don't you ask what my rapist was wearing?

I: Yeah.

P: Or how much he was drinking, like. (scoffs)

I: Yeah, I know, yeah.

P: We have such victim blaming society it's horrible.

Reference 8 - 0.96% Coverage

if I'm open talking about sex they're like oh well she's a slut, like, and it's just like, you could ask ten different people and they would give you ten different definitions of what a slut is.

I: Right.

P: There isn't really a definition of the word slut, and I don't think it should even be used.

Reference 9 - 0.68% Coverage

to even discuss sexuality, like, people would either think I was weird, or slutty, or even a lesbian, I've gotten that a lot, and it's like just 'cause I talk open mindedly about sex doesn't mean any of those things.

Reference 10 - 0.89% Coverage

but no one, not a lot of people I feel want to hear these women's stories, like, it's just like they have their view that's wrong, and it's just like "do you know why I have to do this? Do you really want to hear my life story," and it's just like "oh no (laughs) I didn't think so."

Reference 11 - 0.59% Coverage

why don't you ask what my rapist was wearing?

I: Yeah.

P: Or how much he was drinking, like. (scoffs)

I: Yeah, I know, yeah.

P: We have such victim blaming society it's horrible.

Reference 12 - 1.87% Coverage

I was always pro-choice but, I never really kind of, I was just like yeah people can do what they want, whatever I don't care. And now I'm kind of at the point where it's like we need so much help here, like, when it comes to this stuff. We need so much more information and stuff and, you know,

it's a pressing issue, and that, you know, women need this, like, I know a lot of girls, young girls, can't even, you know, doesn't matter what age you are, but specifically young women who can't afford to, you know, make it to Halifax and don't have anyone to go with them to support them.

Reference 13 - 0.49% Coverage

I'm so happy that I can, you know, share my experiences if it can potentially help another girl, or help us get a clinic here, 'cause we need one, badly.

Reference 14 - 0.89% Coverage

but no one, not a lot of people I feel want to hear these women's stories, like, it's just like they have their view that's wrong, and it's just like "do you know why I have to do this? Do you really want to hear my life story," and it's just like "oh no (laughs) I didn't think so."

<Internals\\Thesis_Claire_Disaggregated> - § 14 references coded [7.52% Coverage]

Reference 1 - 0.62% Coverage

when you saw this advertisement for the research project what went through your mind, what were you thinking about, and?

P: Um, I've just seen like a lot of stuff like, especially on Facebook, like you know, people posting like pro or con or, like, pro-life or pro-choice or whatever, and I've always felt really strongly about the fact that it's available everywhere else in Canada (laughing) except here

Reference 2 - 0.70% Coverage

I: Yeah, and so the harder you make it for women to make early decisions?

P: The, yeah, the more likely you make it, I guess, that it's going to be later term abortion. Which probably has really horrible, not horrible, but could probably have much worse repercussions for her

I: [could be more]

P: afterwards because it would be really traumatic, I would think, to have an abortion at that point.

I: Especially if you've been wanting to have it all along.

Reference 3 - 0.55% Coverage

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

Reference 4 - 0.25% Coverage

And a lot of people would reference playing god, and stuff like that because it's not your decision to, but really it is your decision, (laughs) like, it just is.

Reference 5 - 0.48% Coverage

if I didn't have the amount of support I have from my family then, like, I would be insane, like, I would go nuts.

I: Yeah, raising kids is, as you know.

P: Yeah. Like the only way that I have to go out once and awhile is that my parents will babysit for me because I don't have spare money to hire a babysitter

Reference 6 - 0.31% Coverage

there's maybe two of you and at least one income, or your parents are helpful, or something like that, that's good 'cause you have something to fall back on, but some people have nothing to fall back on.

Reference 7 - 0.91% Coverage

I mean it ends up, I'm sure in different situations, and like I can see a lot of thirteen year olds if they, I mean any thirteen year old, who got pregnant if your parents, you know, rule your life at that point, you're only thirteen, so if your parents weren't didn't agree with it I can't really see much of a way where you'd get around that.

I: Yeah, especially in our current system.

P: [but] Yeah, and I, depending on your situation, like, you know, if your parents are willing to parent your child then I could see it working, but I'm sure it could turn into a disaster for a lot of people.

Reference 8 - 0.43% Coverage

I've never, prior to having an abortion I never, I always felt pro-choice, like, I never, it wasn't an issue that I thought about very much 'cause I was, like, you know, younger than nineteen so it didn't really occur to me all that often but, um, it didn't bother me at all, for sure.

Reference 9 - 0.62% Coverage

sessions where they, like, basically try to tell you that it's not a good idea, and at the end of that you are still are like decided that you still want to do it then then you can do it.

I: What do you think of that kind of stuff?

P: Um, it's kind of humiliating. Like

I [...?]

P: (laughing) Yeah, like

I: [yeah]

P: that would be pretty awful. I feel bad for anyone who would have to go through that.

Reference 10 - 0.55% Coverage

don't understand everything, you know, like all of the intricacies of why we don't have access here, but it's pretty like, I don't know, it really makes it difficult for I think a lot of women. I don't know, people don't talk about it very much, but like,

I: [yeah]

P: but I think there's probably a lot of women who have had a lot of problems because of it.

Reference 11 - 0.59% Coverage

don't really understand how like, you know, if it's your right as a woman then why don't we have access to it, like, that's my question really I guess.

I: [yeah]

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

Reference 12 - 0.43% Coverage

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

Reference 13 - 0.66% Coverage

I went to my, um, representative, Mike Currie someone Currie, Dug Currie maybe, and raised the issue because I was like I can understand if I chose a home daycare, and now that I'm in one I'm really happy with it and I don't want to move her a public one, but that's not really the issue.

I: [plus your daughters happy there too.]

P: Yeah, but that's not really the issue. My point at the time was there are no spots for infants,

Reference 14 - 0.43% Coverage

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

<Internals\\Thesis_Dawn_Disaggregated> - § 7 references coded [2.13% Coverage]

Reference 1 - 0.37% Coverage

Something along the lines that they would never fill those two prescriptions together because everybody knows, you know what I mean? They don't condone that kind of - I don't see why they get the right to do that they're not a doctor so. (laughter) They're just there to fill it.

Reference 2 - 0.30% Coverage

There's doctors who can perform it so they should. Like, it doesn't matter, like people don't like having like those obesity surgeries done but they're still offered by, like they're done, like, they're done here so why, but like.

Reference 3 - 0.33% Coverage

- it's just wrong that people can't have the right to do what they want, and it should be no one else's business but you're own. It's just your, it's your body you know what I mean? It's- we live in Canada not like- (laughs) we should get the choice

Reference 4 - 0.22% Coverage

she knew about the situation, and I was just telling her how pathetic it is on PEI for women not to be able to have the right to be at home and have their abortion.

Reference 5 - 0.46% Coverage

And I'm trying to get like, I want to get my tubes tied 'cause I just, I don't want any more kids. I want the two I have and that's it. And, no one, I can't even have that done until I'm twenty five or have three kids. So it's like-
I: Who's making up the rules?
P: I know! It's like who gets to make the choice about what I want to do with my body.

Reference 6 - 0.13% Coverage

I wouldn't wish it upon anybody, but if you have to do it, you should have that option to do it

Reference 7 - 0.33% Coverage

P: Yeah, well I'm glad that someone hears it 'cause I don't think anyone should have to go through, like someone like, like me I don't really care I just kind of go with it, cause what can you do? Like there's- but it shouldn't have to be that way.

<Internals\\Thesis_Ella_Disaggregated> - § 14 references coded [5.68% Coverage]

Reference 1 - 0.12% Coverage

But I remember like me and my mom had many conversations like if I hadn't had my parents how would I have paid for this?

Reference 2 - 0.75% Coverage

P: So, like, if I had not had my parents, I mean, which I am sure a lot of girls don't because either A are too afraid to tell mom and dad or B, like, don't have that support system. I mean I don't know what you would do, like, and that's why I wonder because I do know that there is so many, like, teenage pregnancies in PEI I wonder if that's the reason, is because they're really are no options for women with a PEI health-card. Like, you're literally bound by what some office jurisdiction law says. Like, I mean, they were basically trying to make my decision for me. That

one woman saying I needed a medically relevant reason from a doctor, which turned out not to be true, but still, like that was still a Health PEI office clerk saying that, you know?

Reference 3 - 0.33% Coverage

if I had used tuition money to pay for this, like, let's say I got my, you know, PEI student loan and I used it thinking I was getting it back in a timely manner, like, that wouldn't have happened either. So like, unless you have this thirteen hundred dollars just lying around, like, I don't know how you'd go about doing this procedure.

Reference 4 - 0.11% Coverage

they really make it impossible for people who don't have money, or don't have access to someone who has money.

Reference 5 - 0.31% Coverage

this is what I don't understand about PEI is they act like it's a choice. Like they act like, oh well you're choosing to do this so you deal with the consequences. Okay, but you know what, that is my choice and if you don't help me do something about it quickly I'm going to end up with another life in my hands.

Reference 6 - 0.68% Coverage

I mean it's like, if you, if you have cancer they're not going to, and I'm not trying to compare pregnancy to cancer 'cause that's not what it is, but I'm just saying, like, it's a rapid growing thing. It's a timely matter thing, and the process that I had to go through took like six weeks (laughs) like, just to find an answer and I mean, in the end like my parents said never mind what those people say, like, do the procedure regardless of whether you're getting the money back or not because we don't, you know, we don't care if we don't get it back, but what if you were in a position where you couldn't do that?

I: Yeah.

P: It's just, like, they didn't make it easy that's for sure.

Reference 7 - 0.76% Coverage

I just remember thinking like it's hard to access on PEI, but it's not impossible to access so I don't know why more people don't go do it. But at the same time, like, I also realized like I've traveled the world, I've been a lot of place I've lived a lot of places, but I also find there's a mentality in PEI, and I feel like that kind of old school mentality is pulled through into their like, their laws and their healthcare, which it's kind of sad because you're like PEI catch-up with the times, like, get ahead with the world, like, you can't, your legally not even allowed to make that - those decisions for people, like, it's like written in the Canadian health code so, like, how are they kind of getting away with, like, pushing it around so much, you know?

Reference 8 - 0.44% Coverage

the system doesn't work for girls in my situation at all. Like, it does not benefit us and its made, the way that the system is made right now, it's made to like twist your choice because if it's that much work to go through, like some girls can't go through that, some girls can't afford it, you know whatever reason. Like, it's made to bend your choice and it's to made like, it shouldn't be that hard. It just really really shouldn't be so hard.

Reference 9 - 0.24% Coverage

P: They need to be because this is like, it's, it interferes with our rights as women, like

I: [absolutely]

P: which I don't know who, what man in a chair in PEI is sitting there making these rules up, but they're not thinking properly of us.

Reference 10 - 1.07% Coverage

to be able to speak to someone [pause 1:19:30 – 1:19:32] complexly unbiased, completely unrelated to the situation, ‘cause that was hard to find. Like, other than the health care professionals that you’re dealing with who really don’t care about what you’re doing,

I: [um hum]

P: like it would have been nice to, like, have had an appointment to just talk to someone outside of my family, outside of my friend circle.

I: Right.

P: Um, not to make sure you’re making the right decision, but just to make sure that you’ve thought of everything, because a lot of people are throwing like well have you thought of this have you thought of that, but like sometimes you forget oh I didn’t think about this, or I didn’t think about that, or I didn’t think about the health risks, or I didn’t think about, you know what I mean? Like, not a lot of people focus on every aspect of the pregnancy. Sometimes they just focus on like the finances or something and they are missing another aspect that a social worker or someone could maybe just point out before they make that big decision.

Reference 11 - 0.24% Coverage

I mean this research can somehow make it to a point where it can help someone else to not have to go through what I went through, or I’m sure other girls in my situation went through then that’s, like that’s the reason why I wanted to participate.

Reference 12 - 0.12% Coverage

I mean this was awful. No girl should go through this. It’s scary enough you should not have to deal with that part of it.

Reference 13 - 0.27% Coverage

I hope people are listening.

P: They need to be because this is like, it’s, it interferes with our rights as women, like

I: [absolutely]

P: which I don’t know who, what man in a chair in PEI is sitting there making these rules up, but they’re not thinking properly of us.

Reference 14 - 0.24% Coverage

P: They need to be because this is like, it’s, it interferes with our rights as women, like

I: [absolutely]

P: which I don’t know who, what man in a chair in PEI is sitting there making these rules up, but they’re not thinking properly of us

<Internals\\Thesis_Fiona_Disaggregated> - § 10 references coded [3.18% Coverage]

Reference 1 - 0.27% Coverage

And I think the younger you get this through to girls, ‘cause it took me like, you know, I’m getting up there a little bit and I’m just learning all of this stuff, you know. If you can get this in at a younger age it could avoid, like, a lot of, um, hurt and sadness, and traumatic events. So, yeah.

Reference 2 - 0.45% Coverage

I don’t think being promiscuous is wrong, like if you are self-confident, and that’s really what you want go for it, there’s nothing wrong with that. But I don’t think a fourteen, or fifteen, or sixteen year old is, or even a little older, is matured enough to be able to make that type of decision, to be like, “oh, I want to have sex with several people and I’m okay with it.” I used to say that, I said it’s nothing, I don’t even like him or whatever, but I know later on that I was hurting inside

Reference 3 - 0.20% Coverage

So, I mean, I'm not against, you want to go out there and get some and you're okay with that, nothing wrong with it. But if you, these young girls (tone change/ anguish or worry) I don't think would feel okay with it.

Reference 4 - 0.20% Coverage

I think that's, it's really important to get to them at that age I think, because I think that's, like I started turning at age thirteen. That's when I started being promiscuous and really craving that attention and stuff.

Reference 5 - 0.75% Coverage

I think that they need knowledge, knowledge about sex, like I was saying before, um, STI's, the value of sex, you know, just to know all of that stuff, and how a woman should be treated 'cause they are young women and they need to know how they should be treated, and that they don't owe it to anybody. Like, that's something really big because I know (sighs) it's weird, and sometimes I thought owed it to them. Like if I laughed with them, or flirted with them, like okay I kind of, "well I kind of have to do this," in some weird way I felt that, but to know they own their sex and you don't have to give that away to anyone. Even if you get naked with them in bed you can say no, and you have every right to. So, for them to know that and also they're self-esteem. Like, I think there should be some self-esteem classes for young girls,

Reference 6 - 0.18% Coverage

I see young girls exactly how I was now a days too, if not, I think it's worse too with the technology. I never had a cell phone in high school, you know? You can send pictures and do all this stuff, right?

Reference 7 - 0.26% Coverage

And I think the younger you get this through to girls, 'cause it took me like, you know, I'm getting up there a little bit and I'm just learning all of this stuff, you know. If you can get this in at a younger age it could avoid, like, a lot of, um, hurt and sadness, and traumatic events.

Reference 8 - 0.18% Coverage

my mom, you know, always raised me pro-choice. That's what she always said, you know, it's a very tough position to be in and she's always said that she believes that a woman should have that right.

Reference 9 - 0.53% Coverage

because with the way society is, you know, PEI is behind the times but we have the internet here and we see all of the music videos and sex is very much promoted now a days, and to be promiscuous, you know? So, I think self-esteem classes for girls, or just self-esteem awareness for girls would I think help them for sure. 'Cause I know I was lacking in it, and I see it in young girls, I see young girls exactly how I was now a days too, if not, I think it's worse too with the technology. I never had a cell phone in high school, you know? You can send pictures and do all this stuff, right?

Reference 10 - 0.16% Coverage

I just gave them a dirty look 'cause I'm like don't look me 'cause I have a baby and think that I'm, you know, I'm great when you don't know what these other people have gone through.

<Internals\\Thesis_Grace_Disaggregated> - § 46 references coded [10.00% Coverage]

Reference 1 - 0.14% Coverage

no one's even told them how to use a condom, or what birth control is, or what a morning after pill is, or any of those things of like how to protect yourself whether or not from getting pregnant or STI's, or anything.

Reference 2 - 0.31% Coverage

there's no place you can even go to get brochures, or like handouts, like the internet is one thing but it's, there's so much unreliability on the internet, and, like, just I find, like, very bias informations on the internet. But even as a young girl like where could I go and pick up some brochures or flyers about, like anything, like even if it was how to use a condom, or, and I mean, like you could say let's do workshops but what young kids going to willingly go to that?

Reference 3 - 0.43% Coverage

I know birth control and condoms, and whatever other methods they're not cheap, but to have some sort of program so that women who might be from a lower economic bracket will have those options, and don't have to feel like, 'cause romantic relationships are going to happen regardless, and I feel like methods that are used maybe with people who can't afford birth control would be like, for example, just pulling out, which is not all that effective, it's not effective really at all so it's like you're just perpetuating young parenthood in this bracket of people without giving them, like freedom to make better choices and giving them the information to make better choices.

Reference 4 - 0.27% Coverage

what's happening in schools? We're missing that, it's like this golden time period. It's like you gotta catch them, inform them, and they might be grossed out and act all like they don't care, but they're listening.

I: uh huh.

P: Like, there's a reason I can remember those sex ed. classes so vividly. It's 'cause this is totally brand new to you, and of course it's called sex ed. so everyone is really excited about it.

Reference 5 - 0.14% Coverage

I feel like kids they're not as stupid as people think they are, like, and I think a lot of teen pregnancies happen because we're not talking about it, and they don't know where to go, so they're making bad decisions.

Reference 6 - 0.19% Coverage

If you have more control, 'cause I don't think that woman wants to have four kids. Like, she's probably twenty-one or something. I don't think that was her goal to have four kids right in a row. I think if you were to give someone options and enable them to take control of their lives in that way,

Reference 7 - 0.15% Coverage

we tell them very limited things and then expect them to make good decisions in all scenarios. Based on, like, very limited information. Um, and that's likely what happened with me in life. I had no one who talked to me about all situations

Reference 8 - 0.16% Coverage

my niece who had the pregnancy scare. She is obviously engaging and she's way too young for that, but maybe no one's even talked to her about that decision, like, how to know when to make that decision. Anyway, it just gets, it gets really messy.

Reference 9 - 0.13% Coverage

I think about for a woman, I guess as a mom, no matter what age, I think you need to have access to the choice to take birth control, and the choice of pregnancies even if you've already become a mother

Reference 10 - 0.19% Coverage

P: If you have more control, 'cause I don't think that woman wants to have four kids. Like, she's probably twenty-one or something. I don't think that was her goal to have four kids right in a row. I think if you were to give someone options and enable them to take control of their lives in that way

Reference 11 - 0.12% Coverage

I want to be a professor, but even like doing my research I see that it's so hard for women as mothers to attain, like, full professorship because of all the hardships along the way,

Reference 12 - 0.12% Coverage

I feel like the pressures and the expectations placed on students don't account for those who are parents, and especially mom's because they're supposed to be, like, the main caregiver.

Reference 13 - 0.13% Coverage

P: Yeah, and I feel that's an expectation put on mother's is everything else comes first, and then your, your personal needs are last.

I: How do you feel about that expectation?

P: It's so unreasonable,

Reference 14 - 0.36% Coverage

it's like how does a woman fit that idea of what ideal employee is, or an ideal parent is, when it's based on these really old idea about the man in the work place where likely his wife was at home, you know, taking care of the kids and baking and cleaning and doing laundry, and how he was able to function in that role. And then women today, we can't truly compare ourselves to that ideal because it doesn't fit us, we can't be this power worker like a man is and then come home and do all the same things we were supposed to do, like, eight to five like before.

Reference 15 - 0.53% Coverage

if I looked at my partner, like [my child] calls him daddy, and like we've been living together for two years as a family, but even with him, I don't think he even fully understands [pauses] the duties of being a mother, like, not because he's not [my child's] real father, just 'cause all the cleaning and the laundry, and the grocery shopping and the cooking still falls to me, and I'm still working over fulltime hours, and it's like, so he understands the stress of having to work and be a parent, but there's so many other factors that he doesn't consider or understands fully, like what it means to be a fulltime employee and a fulltime student, and then a fulltime mom, and then you know, all (laughs) all the household duties. I feel like I'm working like twenty jobs, and its, um, father's I don't think fully understand that.

Reference 16 - 0.13% Coverage

I think about for a woman, I guess as a mom, no matter what age, I think you need to have access to the choice to take birth control, and the choice of pregnancies even if you've already become a mother.

Reference 17 - 0.20% Coverage

I think that we have to stop looking at women can have it all and be happy. Like, to say we can have it all and be happy is just, it's too, too optimistic, like, it's not realistic. We can, women can be happy and have some of the things we want, it's going to take a lot of hard work, and sacrifice and dedication.

Reference 18 - 0.18% Coverage

Same thing for mothers, we're told you should have it all, so when we're striving for it, and it's like really hard, and they're like yeah we told you it was really hard, but you should still want it. It's like, let's just reconceive what it means to have it all as a woman –

Reference 19 - 0.30% Coverage

There's these huge gabs that exist that are supposedly addressed in policy, and that can't even fix it. So what else can, especially, like, what else can women do? Like, and that's why there's such, like, strong feminist groups, like, they're still fighting so hard, and everyone is all against feminism, but they're fighting hard for a reason. You make tiny little steps forward and, but there's, everything is still the same, and we're being fooled to think it's different.

Reference 20 - 0.18% Coverage

P: And how can one woman make a difference, like really? Like, I know it's like an additive effect. Like, if a lot of us are doing something then that's going to add up to a whole lot more, but, um, I don't know. I just don't, I guess now (laughs) my pessimistic side comes out.

Reference 21 - 0.53% Coverage

we want equality so we, you know, you want the same opportunities in work and at home, but then we, like a man – okay I have to phrase this the right way. It's hard. It's almost like we're striving for equality with a man or, you know, whatever gender, then we still have these whole, this whole raising children, cleaning, the cooking, like all the house hold duties, those still only rest with us. There is no man fighting for equality to part take in that aspect of life. There's no man that's like I feel like women get all of the household duties and it's unfair, like, no man cares about that, or no partner cares about that. That is still a woman's duty, when they're a mom especially, it really is, and there's no one fighting for half of that. Women have all of that, plus fighting for equal rights in the work place.

Reference 22 - 0.17% Coverage

P: Like, maybe in one arena we're getting a little more equal, but women still have all of those duties. And maybe it's a little stereotypical, but I think we could survey, like, all moms and the moms (laughing) are the ones cleaning, cooking, and doing the laundry.

Reference 23 - 0.13% Coverage

So, it's like, I feel like the pressures and the expectations placed on students don't account for those who are parents, and especially mom's because they're supposed to be, like, the main caregiver

Reference 24 - 0.08% Coverage

if I was a single mom I would not be able to do this. There are no supports available. So there's all these just, just expectations

Reference 25 - 0.24% Coverage

regardless of whether or not the person works at a grocery store or as a professor, there's still, there's an expectation that that women, as a mother, has to balance those roles whether or not she has a partner or not. So there's that external expectation of you can be a mom and you can be an employee, and both of those worlds can co-exist, but no one ever tells you how.

Reference 26 - 0.31% Coverage

obviously if women have children men have children, so a man traditionally is seen as, you know, a fully functioning employee and then a dad, and that's totally fine, like that identity is, that doesn't make you seem, you would never think twice about a man's performance at his, at work if he's a dad. You would never think that would

be affected. You would never think that his relationship with his kids would be affected by his employment, like that would never cross your mind.

Reference 27 - 0.35% Coverage

how does a women fit that idea of what ideal employee is, or an ideal parent is, when it's based on these really old idea about the man in the work place where likely his wife was at home, you know, taking care of the kids and baking and cleaning and doing laundry, and how he was able to function in that role. And then women today, we can't truly compare ourselves to that ideal because it doesn't fit us, we can't be this power worker like a man is and then come home and do all the same things we were supposed to do , like, eight to five before.

Reference 28 - 0.42% Coverage

I know women are making really good strides in the work place and, you know, it's changing a little bit, but it's still really not, like, I remember in a lot of my jobs when I would try and make accommodations for having children it was like "well we hired you, like, based on, like, anyone else and we want you to work these hours. If you can't we'll fill it. Someone else will fill this position." And you try and like, "well I can work these hours but I can't work other hours 'cause I, you know, gotta pick up my kid." But it's like based on this idea that anyone can work anytime, regardless of if they have kids or not, and they're not going to accommodate.

Reference 29 - 0.29% Coverage

romantic relationships are going to happen regardless, and I feel like methods that are used maybe with people who can't afford birth control would be like, for example, just pulling out, which is not all that effective, it's not effective really at all so it's like you're just perpetuating young parenthood in this bracket of people without giving them, like freedom to make better choices and giving them the information to make better choices.

Reference 30 - 0.18% Coverage

P: It needs to come top down from, like, the institution. And policy has to exist for that, and I know, like, once you get into policy it's just a mess. Like, how would you ever enact that? Once it's written that doesn't change anything. There is a ton of policy about gender equality

Reference 31 - 0.10% Coverage

you still have to act on policy and this policy for fair wages when women should be paid the same for the same job, and they're not. We're still not paid equality.

Reference 32 - 0.30% Coverage

There's these huge gabs that exist that are supposedly addressed in policy, and that can't even fix it. So what else can, especially, like, what else can women do? Like, and that's why there's such, like, strong feminist groups, like, they're still fighting so hard, and everyone is all against feminism, but they're fighting hard for a reason. You make tiny little steps forward and, but there's, everything is still the same, and we're being fooled to think it's different.

Reference 33 - 0.14% Coverage

So it's just like, we might be getting a little bit ahead in the work place, but we still this, like, huge baggage that we have to deal with at home and with the kids and everything. So, is that really equality?

Reference 34 - 0.34% Coverage

it stems from probably an older idea of, like, the male in the work place, like most men, obviously if women have children men have children, so a man traditionally is seen as, you know, a fully functioning employee and then a dad, and that's totally fine, like that identity is, that doesn't make you seem, you would never think twice about a

man's performance at his, at work if he's a dad. You would never think that would be affected. You would never think that his relationship with his kids would be affected by his employment

Reference 35 - 0.19% Coverage

As soon as you think, well for me at least, you think of a mother working fulltime with children at home, or wherever they might be, I feel like you automatically think, or I do, is that one of those roles is being strained, like, whether or not she's going to be less of a mother or less of an employee.

Reference 36 - 0.14% Coverage

just a place you can go to and ask, like a nurse or, um, some sort of practitioner questions. And be like, you know, as a young person I'm starting to have sex, like, what does that mean, and how do I not get pregnant

Reference 37 - 0.08% Coverage

like what decisions to be making in that relationship and, like, what conversations should you be having with that person.

Reference 38 - 0.08% Coverage

Well there is a huge culture right now around promiscuity and sex, like, um, in the media and especially for, like, young women

Reference 39 - 0.09% Coverage

For young women, like, there's certain ways that they should be dressing, and then just for like clothing, the clothing companies cater to that

Reference 40 - 0.22% Coverage

there's all these expectations, and I don't know whether or not it was placed on them, but like kids with cell phones and, like, the sexting, and images being sent. I think the internet, it's not helping our younger, um, younger people in the world. Like, they're being given access to this stuff that they don't even know how to handle at this point

Reference 41 - 0.31% Coverage

I read somewhere that the internet consists of one third, uh, pornographic material. I read this I think yesterday. And that just totally shocked me. And, like, everyone has a phone, everyone has a computer, everyone has access to the internet. And that is changing what young boys expect from relationships, and expect from women in their lives. Or men in their lives, whether or not they're straight or homosexual. And that changes, then, how women act to fulfill those expectations.

Reference 42 - 0.17% Coverage

I never had a problem with, um, a woman's decision to abort, or any reproductive decision really, if you took the morning after pill, or if you chose to abort or adopt, like, give your child up for adoption. I would never judge 'cause I don't know your life.

Reference 43 - 0.42% Coverage

I had a really good friend who had kind of gone through something similar. For her it was also an unexpected pregnancy, and her child actually has [a developmental disorder], and I was there for [the birth of her child]. We were really close, so once I found out I was pregnant, like, she's who I went to. And from the moment I moved home, like, she lives just outside of [town], we just spent all our time together. And she would take pictures of my

belly ‘cause, like, I didn’t have anyone to do those things with. So, she was like, “oh I’ll be your photographer,” and we went to prenatal classes together and, so I had really strong friend support.

Reference 44 - 0.06% Coverage

give the woman the control over her life and whether or not she will or will not get pregnant

Reference 45 - 0.21% Coverage

I: Did you identify as pro-choice before becoming pregnant.

P: Yeah, I never had a problem with, um, a woman’s decision to abort, or any reproductive decision really, if you took the morning after pill, or if you chose to abort or adopt, like, give your child up for adoption. I would never judge ‘cause I don’t know your life.

Reference 46 - 0.06% Coverage

just to give the woman the control over her life and whether or not she will or will not get pregnant

<Internals\\Thesis_Hayley_Disaggregated> - § 3 references coded [1.14% Coverage]

Reference 1 - 0.34% Coverage

it give the guys the idea oh well this is how the women is supposed to look and act, and all that, and I, I must be a pimp kind of thing. So, I think that has a lot to do with it to.

Reference 2 - 0.34% Coverage

it give the guys the idea oh well this is how the women is supposed to look and act, and all that, and I, I must be a pimp kind of thing. So, I think that has a lot to do with it to

Reference 3 - 0.46% Coverage

I can understand that the older population is like that because they grew up a certain way. But then you know, to get thinking, these people were having kids when they were like fourteen (laughs). So, it’s like, well it’s not that much different.

<Internals\\Thesis_Iris_Disaggregated> - § 32 references coded [10.03% Coverage]

Reference 1 - 0.30% Coverage

it’s really hard for people to just have that support and understanding and trust. Another big thing about it is trust, and just trusting that that woman is doing the best thing, and trusting her to make her own decision.

I: Trusting her to make her own decision.

P: Exactly.

Reference 2 - 1.33% Coverage

it’s really hard but it’s really important to be able to have coherent, calm, conversations between people who believe in a woman’s choice and people who don’t like—don’t believe in abortions. Because I mean, that’s really what it’s about. It’s not that they’re anti-choice, they’re anti-abortion. I’m sure most of them believe in adoption. [laughs] Giving birth is fine, it’s just they don’t like the third option there. It’s really important, I think—it’s not important to sit people down and change their beliefs, it’s important to sit people down and let them understand where you come from, so they don’t see red. So they don’t go out and murder a doctor who performs abortions. Who has also performed many deliveries, who has also saved lives, who has also—you know, like, that rationality can just go out the window so fast whenever you let your emotions take over. Whenever you believe in something so strongly that you’re not willing to ever understand the other side. And it’s really—you have to understand it. You don’t just have

to hear it, you don't have to believe it, either. But you really have to understand it. You have to understand exactly where they're coming from. To respect it. And if both sides can just respect each other, we'd be okay.

Reference 3 - 0.19% Coverage

if you believe that abortion is a valid choice that a woman can make when she's pregnant, if you believe in that, which is the law, you know, it should be a fairly common belief.

Reference 4 - 0.33% Coverage

for a society that pushes sexy so much, and sex, they really really shouldn't be so judgmental whenever somebody gets pregnant when they're so young.

I: That leaves young girls feeling like they're outsiders. That somehow they're alone.

P: Oh, totally.

I: And they can't say anything.

P: No, you can't.

Reference 5 - 0.31% Coverage

You're telling people how to feel—it's an awful thing to do to somebody. I mean, allow her to deal with it however she wants, you know? And don't pride yourself on the point, if she ever does feel bad. "Oh, good! Good, we've done enough in this world to make somebody feel bad about themselves.

Reference 6 - 0.31% Coverage

So let's say two out of the ten actually get pregnant. Well then, those two are sluts. The other eight are just fine. They're sweetheart girls. But those two, because they got pregnant, now you can see it, now the whole world can see it, they're sluts. [laughs] There's something wrong with them.

Reference 7 - 0.19% Coverage

especially around here, that attitude that good girls don't get pregnant. Good girls can have sex, though. You know that, good girls can have sex, but they can't get pregnant.

Reference 8 - 0.22% Coverage

it doesn't matter, really, what support systems you get set up or anything, it comes down to that you really need a peer, a friend, somebody there with you. And it's hard for people, especially young women

Reference 9 - 0.30% Coverage

it's really hard for people to just have that support and understanding and trust. Another big thing about it is trust, and just trusting that that woman is doing the best thing, and trusting her to make her own decision.

I: Trusting her to make her own decision.

P: Exactly.

Reference 10 - 0.28% Coverage

I know who I am and what I believe in. So it's just a matter in this situation of action, of helping people. And those two women, I did help them, and I did support them, and I feel really good about that, because that is a part of me that I'm really proud of.

Reference 11 - 0.15% Coverage

P: It's sad though, the women here, they just don't have the information, and they have that stigma that's just like—you're not welcome here.

Reference 12 - 0.47% Coverage

that's just me that it was a young woman, and those other two women, that was women that already had families and had too much, and couldn't do any more, and getting out of abusive relationships. I mean, there's so many circumstances, and whenever I think about them, and I can feel their story, and I feel for them so strongly, and think, "You did the right thing, and I support you, and I'm so glad that I was able to be your shoulder," you know?

Reference 13 - 0.09% Coverage

You have to be sexy really young now. There's five year olds that try to look sexy now.

Reference 14 - 0.16% Coverage

for a society that pushes sexy so much, and sex, they really really shouldn't be so judgmental whenever somebody gets pregnant when they're so young.

Reference 15 - 0.43% Coverage

she's not good enough to take care of her kid, like this weird stigma, like, "Oh, she thinks she can just get pregnant and just give it away [garbled] fine." I'm like, "Excuse me? What would you say if she had the kid?" Be like, "Oh, well, then I'd say she couldn't take care of it, and she was irresponsible." "Okay, what if she had an abortion?" "Well, you know, she was irresponsible to get pregnant."

Reference 16 - 0.75% Coverage

whether or not there was birth control that didn't work properly, maybe a teenage boy, and I know this story, a teenage boy decided that he was going to get the biggest condoms in existence, because he had a huge dick—well, no, he didn't, and it slipped off during sex. You know. The birth control pill, little-known fact, some women it just doesn't work well for. There's different kinds, and that's why. I know somebody that was just starting a birth control, and got pregnant two months later. Apparently that did not work at all. There was—I guess there's not a lot of ways to get pregnant, so it's really just the one—it's sex. [laughs] But there's a lot of circumstances that can lead to pregnancy, yeah.

Reference 17 - 0.32% Coverage

"Well, you know, she was irresponsible to get pregnant." "Okay, and at what point in here does the man get the blame? Because she was actually in an abusive relationship, and" -ugh, it's frustrating, because it doesn't matter which choice you make, you're going to be judged on getting pregnant. You know?

Reference 18 - 0.28% Coverage

How do you think those messages impact women and girls in PEI?

P: Oh, god, it takes something away from you that I don't think men ever get taken away. A certain sense of I am my own person, I can do as I choose, as who I am, express myself fully, and everything.

Reference 19 - 0.20% Coverage

it's not restrictions upon that for men. There's not these restrictions that women have. I don't know how to describe it. There's so many things about this world that are just awful for women.

Reference 20 - 0.18% Coverage

Men don't have to look sexy. Men don't wear artificial things on their face and call them make-up to alter their appearance to be more pleasing for the opposite sex.

Reference 21 - 0.14% Coverage

I don't understand the messages that women and young girls get—and [sighs] good girls don't get pregnant, and that's pretty well it

Reference 22 - 0.40% Coverage

You know, a girl gets pregnant, and it's just [sighs]. She, whatever choices—if people found out she had an abortion, or if she gave the kid for adoption, or if she had it, it doesn't matter what choice she makes, she'll always be that one that “Oh, she got pregnant whenever she was only 14,” or 16 or whatever, and everybody knows forever, and that's [garbled], because that's bad.

Reference 23 - 0.29% Coverage

you go into the boys section, and it's all creating and building. These trucks and blocks and things that are good for your developing, and you're free to do more with it than what you just see. It's not just a car, that car has wheels. What do the wheels do? How do they turn?

Reference 24 - 0.25% Coverage

What is the girl looking at? This doll. Well, what's this doll do? She looks good. And what do we do with it? We put on nice clothes, we do up her makeup. There's nothing else you gain from that except for that image of how you must be.

Reference 25 - 0.31% Coverage

maybe you should focus your efforts on teaching birth control to young people, helping women in abusive relationships, fostering children, you know? There's Big Brothers, Big Sisters. There's so many things you can do to help in this world rather than just criticize and fight against something.

Reference 26 - 0.29% Coverage

how many people don't have sex, ever? It's pretty rare. So what are you really criticising them on? You're criticising them on, let's say, luck. Bad luck. Good luck, if you're looking to get pregnant. But really, you can't judge someone for having sex. That's just ridiculous.

Reference 27 - 0.16% Coverage

for a society that pushes sexy so much, and sex, they really really shouldn't be so judgmental whenever somebody gets pregnant when they're so young.

Reference 28 - 0.17% Coverage

I really think there's better things that could be done with their time. To help rather than to blame, criticise, judge, and condemn a whole group of people.

Reference 29 - 0.25% Coverage

to go somewhere and sit down and talk to somebody about the choices she's facing, and the fact that a lot of the times, your mind's made up before you ever walk in anywhere, right, and just to talk to somebody, and to get the information.

Reference 30 - 0.45% Coverage

I mean, even just the magazines and the images, and the TV shows and everything. Just the general image that we get, of course you have to be super thin and you have to be pretty and, oh god, you do have to have sex though. That

is a message that's out everywhere. You have to be sexy. You have to be sexy really young now. There's five year olds that try to look sexy now. It sickens me , really, but that's just how it is.

Reference 31 - 0.10% Coverage

we demean ourselves by having to look a certain way, and be a certain way, to appeal to the men.

Reference 32 - 0.42% Coverage

It's really frustrating, and that's not around the guys. It's not, "He's the guy that got four girls pregnant," because there is lots of guys that have got four girls pregnant. And the only people that care about it are the women that had children with them. They're the only ones that are really upset about it. Nobody else seems to find much flaw in it. You can be so carefree, as a guy growing up.

<Internals\\Thesis_Jessica_Disaggregated> - § 6 references coded [4.50% Coverage]

Reference 1 - 0.50% Coverage

I was thinking about other stigmas, and relating it to other stigmas that exist, and I don't think that other stigmas are as strong to the point where people who think that it's okay, or that they should be able to choose, would still feel upset about doing it. Do you know what I mean?

Reference 2 - 0.53% Coverage

That was definitely good. I didn't feel so alone at that time, but it wasn't enough, you know? I can't share my whole story with them. I don't know these women. They're all from different backgrounds, and it's different for me because I don't live in Halifax, and I live in PEI, and I can't get one here.

Reference 3 - 0.65% Coverage

I think—and there's a line there, because what about women who become pregnant when they are on birth control? Because that happens. Women who are very strict with the Pill, or using condoms, they can become pregnant too. So what about them?" And she didn't really address that when I said it, and she was just like, "Well, I don't think they have a right, blah blah blah."

Reference 4 - 0.91% Coverage

And then sat in the waiting room with other women that were having abortion on the same day, and I was really happy that they were there, because I didn't feel so alone. And it was kind of awkward at first. I think there was about eight of us sitting there, but then we started to chat a little bit, and that was really helpful, just being able to talk to the other women that were going through the exact same thing that I was, on the exact same day, and hear about their fears, and their concerns, and things like that.

Reference 5 - 0.84% Coverage

I feel like a fortunate case because I was able to access it fairly readily even though I did have to leave the province. But other women, they don't have supporting boyfriends, they don't have money, they have other children, so for them—for those women especially, and like I was thinking before, those are the women who may be most likely to become pregnant and not, you know, and not want to have the child. Especially for those women, the change should be made. Definitely.

Reference 6 - 1.07% Coverage

I would just like to feel—I don't know, like, I would like to be able to stay in my own province. And have this done. And I think it's especially—I feel like a fortunate case because I was able to access it fairly readily even though I did have to leave the province. But other women, they don't have supporting boyfriends, they don't have

money, they have other children, so for them—for those women especially, and like I was thinking before, those are the women who may be most likely to become pregnant and not, you know, and not want to have the child. Especially for those women, the change should be made.

<Internals\\Thesis_Kaci_Disaggregated> - § 26 references coded [6.56% Coverage]

Reference 1 - 0.22% Coverage

I give her the information she needs, all of it whether it's pretty or not. And she makes her own decisions. And more often than not she makes good ones, which is nice to see. But I feel like that could certainly be used on a grander scale. If you just laid it all out there, gave them the facts

Reference 2 - 0.38% Coverage

Called prenatal places to get in and they just, they don't even say, you know, what's your action plan. They just want to get you in for a prenatal appointment, they don't even think for a second that, they don't consider that it might be a woman who, and I'm not abused or anything, but they don't consider that it could be a twenty-year old girl who's into whatever and whose beaten up, and who has no intention of keeping the pregnancy. They just want to get you into an appointment to check the health of the baby.

Reference 3 - 0.12% Coverage

P: Yeah, so I mean what happens when people can't afford it?

I: I guess they have a baby that they probably can't afford.

P: Exactly, so what's the sense in that?

Reference 4 - 0.44% Coverage

I suppose that's the big picture, right? Because we seem to set up a lot of barriers for Island women who'd like to access abortion, but at the same time we're not really offering a whole lot of support to people who choose to carry their pregnancies to term.

P: Yeah, like, that's what strikes me as odd. And that's why, like, I'm seeing such a huge gap, like, you don't allow abortions and you expect women to either pay thousands (emphasized) to go to Ontario, or just suck it up and have it, but they're providing no means of support whenever women are forced to have children. Like, what do you do?

Reference 5 - 0.11% Coverage

10.26 minimum goes up, like, give me a break (voice conveys anger/frustration), that's nothing for families who can barely even afford gas to get to work.

Reference 6 - 0.22% Coverage

There's just that one choice and if you're not choosing that, well that's too bad.

I: So what does that do to you when you're trying to make that choice?

P: Pretty hard.

I: Yeah.

P: Yeah, 'cause you're looking for information and really and truly the only information you can find is online.

Reference 7 - 0.22% Coverage

people aren't going to start doing things because they know more about it, or because it's more accessible, people are going to start making wiser decisions, and more informed decisions is what it's going to be. Which would be nice to see. It's just to provide a little more education, you know?

I: Yeah.

Reference 8 - 0.13% Coverage

People just do without thinking.

I: Yeah.

P: They do things without thinking about it, which is the issue. They implement policies without thinking about who it affects.

Reference 9 - 0.19% Coverage

include everything, like, people who trade sex for drugs, people who are, like, really really young and are having sex, people who, I don't know. There's a whole slew of people who experience different things in regards to their reproductive health, so.

Reference 10 - 0.22% Coverage

I give her the information she needs, all of it whether it's pretty or not. And she makes her own decisions. And more often than not she makes good ones, which is nice to see. But I feel like that could certainly be used on a grander scale. If you just laid it all out there, gave them the facts,

Reference 11 - 0.13% Coverage

after my personal experience with health care, um, there really was nothing to even so much as give it a voice. Not even to, not even for my own personal sake, but for anybody,

Reference 12 - 0.30% Coverage

when I began, when I learned that I was pregnant in [month], my first step (clears throat) was, and honestly I knew this because I was a nursing student, for no other reason did I know who to call, which if I wasn't what would I do?

I: Yeah.

P: Um, you know, if I was a twenty year old single uneducated woman who had no supports or nothing, what would you do? Who do you call?

I: Yeah.

P: Nothing.

Reference 13 - 0.25% Coverage

the clinic that I went to, the Morgentaler in Fredericton, is closing in July because of lack of funding.

I: How do you feel about that?

P: (sighs) Kind of sad for other people who need to access it. The day that I was there I counted fourteen women. Fourteen (emphasized), in one day. So, it's obviously a needed health care procedure

Reference 14 - 0.19% Coverage

It would be nice if there was because again, remind myself that not everybody is as fortunate as I am. I'm lucky, I'm lucky to be stable in my own life and to have friends and family, not family (laughs) but, boyfriend, and to know what I know in my program –

Reference 15 - 0.28% Coverage

P: 'cause I couldn't imagine anybody else, like, who didn't know the things, and to have the fortune that I have, 'cause, like I said, what if I was a twenty year old who was single uneducated and had nothing? What would she, like what would she do?

I: Not a good situation.

P: No, it would be nice if there was more, because I'm lucky enough, but other people are not so lucky.

Reference 16 - 0.38% Coverage

I: Wow, I don't, like, for me, as someone who doesn't know a whole about biology –

P: Exactly.

I: I would, like, that's kind of –

P: Traumatic?

I: Yeah, I don't, did you, was that your reaction?

P: No. No, 'cause I knew what it was.

I: Yeah, okay. So you had that knowledge base.

P: But not everyone does.

I: Right.

P: Yeah, so that's my fear. That's why, like, why I ultimately contacted you because, like, I know that, but do you think somebody who's in the business program knows that? Probably not.

Reference 17 - 0.14% Coverage

we split it. Um, cost between a thousand and eleven hundred. Yeah, again, I'm lucky (emphasized), a lot of people can't afford it. I'm lucky that I have a job and I have a student loan.

Reference 18 - 0.41% Coverage

P: So, how many girls are gonna be at their wits end? How many girls on the Island go to the Morgentaler that we're not aware of? At least a hundred, that's documented.

I: Yep.

P: And how many of those girls literally (emphasized) would be at their wits end? Who would choose death over a child?

I: Ugh, it makes me not feel very good.

P: Kind of sad, kind of scary.

I: Yeah.

P: But another one of those things, people don't want to say it. It swept under the rug, it's just a, it's a touchy situation and they say, oh no that wouldn't, uh you wait and see.

Reference 19 - 0.15% Coverage

there are people who, I shouldn't say need it more than I do, but they need it more than I do. I wanted it, some people are literally on the verge of, like, they really do need it. Just (sighs) –

I: Yeah.

Reference 20 - 0.16% Coverage

even women who merely seek reproductive services, like, even younger women who, you know, look for condoms or safer sex birth methods. Well, they look at you and "oh, you're too young." Well it's not your decision.

Reference 21 - 0.33% Coverage

it happens young now, like, even, not even sex but sexual things happen, like, so young. They wouldn't even know what they are doing. And they think they do, 'cause I've been there and thought "oh, I know what that is. No big deal, but it, so if anything – I think where it should start this whole, like, sexual education and reproductive rights and access to services as a whole, it needs to start in the schools because the curriculum is so old.

Reference 22 - 0.32% Coverage

P: It can happen to anybody who has sex (voice high/spoken loudly). Every, you know, it can happen to anybody who has sex. It's not just these marginalized people. People think that, you know, if you're smart and you study hard in school and you get good grades, and you have a great boyfriend and you have good friends, and you don't party it won't happen to you. Even though you're having sex, it won't happen to you because you're good.

Reference 23 - 0.26% Coverage

I don't think by any means were being private when Miley Cyrus is in her underwear humping a big finger on, in front of thirteen year olds. The only issue I have with that, you know what she can do whatever she wants, that's great, but, like, kids look at that and they don't, they're like oh cool, I'm going to do that. But they're not, they're not educated

Reference 24 - 0.36% Coverage

health care access surrounding women's, um, reproductive rights really, anything to do with women – women have come a long way over the years, we have, but I still find that people find it awkward, they don't want to talk about it. They find it, you know, if you speak out well you're too opinionated, and you're too (laughs), you know? You're labeled as, like, the obnoxious opinionated woman (clears throat). So there is a danger in that too, 'cause then they don't want to listen to you.

Reference 25 - 0.44% Coverage

I suppose that's the big picture, right? Because we seem to set up a lot of barriers for Island women who'd like to access abortion, but at the same time we're not really offering a whole lot of support to people who choose to carry their pregnancies to term.

P: Yeah, like, that's what strikes me as odd. And that's why, like, I'm seeing such a huge gap, like, you don't allow abortions and you expect women to either pay thousands (emphasized) to go to Ontario, or just suck it up and have it, but they're providing no means of support whenever women are forced to have children. Like, what do you do?

Reference 26 - 0.21% Coverage

this fifteen year old was like, "my boyfriend peed." She's like, "he just left, like, he wants nothing to do with me. He doesn't care what I do." Like, he basically told her, like, get rid of it, or like I'm going to hurt you. And I'm like, again, how lucky am I, that I didn't have that?

Gender as Experience

<Internals\\Thesis_Alex_Disaggregated> - § 5 references coded [2.67% Coverage]

Reference 1 - 0.47% Coverage

not that I don't agree with, like, birth control and everything, it should be available and free for whomever at anytime, but anything that I put into my body that changes that natural balance I'm just not okay with. I'm big into condoms, but anything else I'm not really, I'm not okay with putting anything in, inserting anything.

Reference 2 - 0.57% Coverage

I mean, it's like that in every way, like, parenting and everything, and being told oh isn't it so nice that your sons father picks him up from daycare in the afternoon, and I'm like well isn't it so nice that I take him there every morning. (laughing) And again, their just kind of like, well no your expected to do that because you're the mother. I just, you have double standards like that all the time.

Reference 3 - 0.99% Coverage

I went to go get it, I've always been told I look much younger than I am, it's a family thing, and I would have been twenty-one, I think. Yeah, we'll say twenty-one when I went into get it. So she's, we're sitting down and she's like going over, um, the pharmacist was going over, like, all the possible side effects, and when to take it, and all of that. And when, like, call your doctor in case anything happens, and blah blah blah. But before she started going over that she looked at me for a second, and she was like how old are you. And I'm like twenty-one and she's like oh okay good. And I was like what, and she was like oh well I just thought you were a lot younger. And then she kept going,

Reference 4 - 0.12% Coverage

a ten week embryo that's growing , parasitic, (laughing) whatever you want to call it.

Reference 5 - 0.52% Coverage

was in the hospital for I think three days. He had bronchitis, so they kept him in so they could keep him on the respirator, and he was fine after that. But, I would have, was twenty, and probably looked like I was seventeen. The nurse, very short, very direct, like, not very friendly. And again, do you mind if I ask you how old you are. Twenty. Attitude changed.

<Internals\\Thesis_Bev_Disaggregated> - § 18 references coded [17.19% Coverage]

Reference 1 - 0.79% Coverage

a couple years before that I, uh, I [...] had unwanted sexual experiences with a guy, and he wasn't wearing a condom. So, I didn't end up being pregnant, but I was, you know, I was definitely not going to have the baby if that's what happened (scoffs).

Reference 2 - 1.26% Coverage

[It was] my nineteenth birthday. So, you know, I was under the influence, and a lot of people think that's, you know, it's okay to have sex with someone when they're that drunk, but it's definitely not. (laughs) And for a long time I was just like, uh, oh well like, I wasn't kicking and screaming so it wasn't rape, but, you know as the years have passed I'm like no that that was definitely rape.

Reference 3 - 0.33% Coverage

He violated my trust, and, like, he tried things that I told him specifically that I didn't want to try.

Reference 4 - 1.25% Coverage

after the experience I had on my nineteenth birthday I told one of my best friend's, and she told me, like, oh you're not turning into one of those girls are you?

I: Oh. (sighs)

P: And it's just like that's ridiculous, like, there's so much such naming and victim blaming going on. It's just like oh what were you wearing, how much were you drinking, were you, like, leading him on or anything

Reference 5 - 0.27% Coverage

when it comes to sexual stuff me and my mother have a pretty closed off relationship.

Reference 6 - 1.10% Coverage

I: Um, you sound really frustrated with all that?

P: Yeah, well the entire school system really I think is horse shit. (laughs) Well I don't know too much about university here and stuff because I haven't reached that point yet, but high school here, what they teach you [...] I didn't learn anything.

I: About healthy sexuality?

P: No.

I: Yeah

Reference 7 - 1.13% Coverage

I: What, if anything, would you change in how you were able to access that resource, that service, anything?

P: If I could wear a bag over my head or something.

I: (laughing) Oh god love 'ya. Why would you want to do that?

P: Well, you know, some people would frown upon it, like, seeing someone they know getting the morning after pill, sadly enough.

Reference 8 - 0.69% Coverage

I find a of, like, there's like a lot of like slut shaming and

I: Tell me more about that.

P: Well my experience is if, you know, if you're a virgin you're a prude, and if you even sleep with one guy you're a slut,

Reference 9 - 1.06% Coverage

P: And most people, you know, like if I'm open talking about sex they're like oh well she's a slut, like, and it's just like, you could ask ten different people and they would give you ten different definitions of what a slut is.

I: Right.

P: There isn't really a definition of the word slut, and I don't think it should even be used.

Reference 10 - 2.61% Coverage

P: Like I, after the experience I had on my nineteenth birthday I told one of my best friend's, and she told me, like, oh you're not turning into one of those girls are you?

I: Oh. (sighs)

P: And it's just like that's ridiculous, like, there's so much such naming and victim blaming going on. It's just like oh what were you wearing, how much were you drinking, were you, like, leading him on or anything, and it's like I didn't ask to be raped, I was raped [...] like,

I: [um hum]

P: and so many people, like, even police officers, like, I know girls who have gone in and they were like so anyways what were you wearing, and it's like why don't you ask what my rapist was wearing?

I: Yeah.

P: Or how much he was drinking, like. (scoffs)

I: Yeah, I know, yeah.

P: We have such victim blaming society it's horrible.

Reference 11 - 1.10% Coverage

P: And I might be just me, but it's like I felt like the people, the other people who were, like, waiting for stuff were like looking at me being like mmm.

I: But that's how you felt and that's very legitimate.

P: [yeah]

I: Like, you just didn't need that -

P: [yeah]

I: you were dealing with enough other stuff.

P: [yeah]

I: I get 'ya.

Reference 12 - 1.28% Coverage

I: Yeah. Yeah, so, um, you were sexually assaulted?

P: Yeah.

I: And, you know, how, did you ever, um, talked to anybody about that experience before now?

P: I've told ah, a couple of friends, and I've told my counsellor, but I haven't told anyone in my family or anything.

I: Okay. So you then didn't have any support,

P: [no]

I: around the assault nor around the pregnancy potential scare?

P: No.

Reference 13 - 0.74% Coverage

you knew about the morning after pill?

P: I knew it existed, but [...] I think, I was too, you know, embarrassed. I was, you know, just a kid. I was just kind of too embarrassed, and too ashamed to kind of ask someone about it.

Reference 14 - 0.95% Coverage

pretty much if you get an abortion you're a bad person.

I: Bad in what way?

P: You're killing a baby, and, I don't know.

I: So how do you think those messages make us feel?

P: Well I know

I: [how] do they make you feel?

P: Ashamed to be a woman (laughs) sometimes when I hear things like that,

Reference 15 - 0.76% Coverage

if I ever got the chance to even discuss sexuality, like, people would either think I was weird, or slutty, or even a lesbian, I've gotten that a lot, and it's like just 'cause I talk open mindedly about sex doesn't mean any of those things.

Reference 16 - 0.85% Coverage

not a lot of people I feel want to hear these women's stories, like, it's just like they have their view that's wrong, and it's just like "do you know why I have to do this? Do you really want to hear my life story," and it's just like "oh no (laughs) I didn't think so."

Reference 17 - 0.39% Coverage

P: No, we weren't even really together it was just kind of a casual kind

I: 'kay

P: of [...] I just wanted to have sex.

Reference 18 - 0.64% Coverage

it's just like they have their view that's wrong, and it's just like "do you know why I have to do this? Do you really want to hear my life story," and it's just like "oh no (laughs) I didn't think so."

<Internals\\Thesis_Claire_Disaggregated> - § 13 references coded [5.29% Coverage]

Reference 1 - 0.11% Coverage

the money I get from his parents doesn't quite pay for the formula monthly.

Reference 2 - 0.70% Coverage

I: Yeah, and so the harder you make it for women to make early decisions?

P: The, yeah, the more likely you make it, I guess, that it's going to be later term abortion. Which probably has really horrible, not horrible, but could probably have much worse repercussions for her

I: [could be more]

P: afterwards because it would be really traumatic, I would think, to have an abortion at that point.

I: Especially if you've been wanting to have it all along.

Reference 3 - 0.82% Coverage

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

make you feel about abortion, then having the child (laughing) is just not, it could be huge disaster, and it could make you feel like, you know, you ruined your life or something like that because maybe it's not right for you to maybe you're not meant to have children or you're not meant to have children right now.

Reference 4 - 0.65% Coverage

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

Reference 5 - 0.24% Coverage

a lot of people would reference playing god, and stuff like that because it's not your decision to, but really it is your decision, (laughs) like, it just is.

Reference 6 - 0.43% Coverage

I've never, prior to having an abortion I never, I always felt pro-choice, like, I never, it wasn't an issue that I thought about very much 'cause I was, like, you know, younger than nineteen so it didn't really occur to me all that often but, um, it didn't bother me at all, for sure.

Reference 7 - 0.40% Coverage

when I was pregnant the second time, this makes me sound awful (laughing), but, like, um

I: [why?]

P: Well, I don't know. It's just like I got pregnant twice without meaning to get pregnant. I'm just very fertile clearly 'cause I was on birth control both times

Reference 8 - 0.66% Coverage

I went to my, um, representative, Mike Currie someone Currie, Dug Currie maybe, and raised the issue because I was like I can understand if I chose a home daycare, and now that I'm in one I'm really happy with it and I don't want to move her a public one, but that's not really the issue.

I: [plus your daughters happy there too.]

P: Yeah, but that's not really the issue. My point at the time was there are no spots for infants,

Reference 9 - 0.12% Coverage

my daughter now is his child

I: [um hum]

P: but, um, but he's not involved.

Reference 10 - 0.14% Coverage

I don't have any real support from the father and his family, like I get a little bit of money

Reference 11 - 0.47% Coverage

he lives in an expensive midtown apartment, he goes shopping, he goes out to bars and restaurants daily, but, so he has all this money, but technically he doesn't owe me anything 'cause he's not employed and making money. They don't recognise that he has a visa that the bill goes to his parents, and he uses.

Reference 12 - 0.11% Coverage

when I talk about it I don't talk about it from my personal experience

Reference 13 - 0.43% Coverage

when I was pregnant, when I was pregnant the second time, this makes me sound awful (laughing), but, like, um

I: [why?]

P: Well, I don't know. It's just like I got pregnant twice without meaning to get pregnant. I'm just very fertile clearly 'cause I was on birth control both times

<Internals\\Thesis_Dawn_Disaggregated> - § 11 references coded [6.79% Coverage]

Reference 1 - 1.49% Coverage

I had to get, Friday talk to my worker and it took me 'till lunchtime to even get a hold of him. And I had to explain to my male worker that I'm going to Halifax. And he's why? So I explain to him, and then everyone has their opinions on abortion as it is, so I'm trying to explain to him, well have to, the only day I can go is Monday. And he's gotta talk to his supervisor to see if it can be, so it's just like, I'm like panicking. And it's like fuck (laughs) is this gonna happen? Or am I gonna be like, yeah. But we got it done (laughs) And it's just like so stressful, like.

I: I hear it.

P: Yeah.

P: Yeah. And then he's gotta talk to, so it's not just him I'm talking to him about-

I: [right]

P: it's going to the supervisor. So it's just like, and I'm not embarrassed by it because I don't really care what people think because I know the reason why I'm getting it done, but it's just like nobody should have to, with such a dark cloud over the topic you shouldn't have to explain to so many people. It should just be, I had a medical note from a doctor saying I had to go to Halifax. Do you know what I mean?

Reference 2 - 0.37% Coverage

Something along the lines that they would never fill those two prescriptions together because everybody knows, you know what I mean? They don't condone that kind of - I don't see why they get the right to do that they're not a doctor so. (laughter) They're just there to fill it.

Reference 3 - 0.51% Coverage

It should just be, I had a medical note from a doctor saying I had to go to Halifax. Do you know what I mean?

I: [Yeah]

P: That was, that should be enough. Like, and, he's just nosy so, I think it's, I don't know. Yeah.

I: So way too many people wondering about your personal details.

P: That's what I mean. Yeah so, yeah. It just kind of, I don't know. A little touchy (laughs) Yeah.

Reference 4 - 1.10% Coverage

I: And there's just so much that I hear unfair that happened to you. But also, I'm wondering what you, um, think in terms of the medical care?

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

Reference 5 - 0.41% Coverage

P: Yeah, and I even think like the pharmacist, I don't know what right they have to become a doctor. Like, they're there to fill a prescription. They're not there to give me advice on, or tell me that they won't do it.

I: [yeah].

P: Like that's, or give me attitude behind it either. Like it's, it's wrong.

Reference 6 - 0.42% Coverage

You can't always go to full term and have the baby away for adoption because then I probably would have ended up keeping it and then I'd be in a shittier position than I'm in now, you know what I mean? Like I can't afford another baby. Even seeing the baby in the ultrasound made me feel bad so. Do you know what I mean?

Reference 7 - 0.49% Coverage

I have two kids and their dad just got out of jail for beating the shit out of me. And I was pregnant 'cause I was stupid to go back. So I knew this is- I don't want any more kids. And, 'ya so, and I had taken- I was on the birth control pill and I had gotten pregnant. So it's not like I was being careless with, you know, I had gotten pregnant unwilling- unwantedly.

Reference 8 - 0.46% Coverage

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

I: Who's making up the rules?

P: I know! It's like who gets to make the choice about what I want to do with my body.

Reference 9 - 0.49% Coverage

I have two kids and their dad just got out of jail for beating the shit out of me. And I was pregnant 'cause I was stupid to go back. So I knew this is- I don't want any more kids. And, 'ya so, and I had taken- I was on the birth control pill and I had gotten pregnant. So it's not like I was being careless with, you know, I had gotten pregnant unwilling- unwantedly.

Reference 10 - 0.54% Coverage

P: I've had a few- three miscarriages. Yeah. And two kids and two abortions.

I: Wow.

P: Yeah. (laughter) That sounds pretty bad but-

I: No, why do you think it sounds bad?

P: It's just because people, it sounds like I'm just producing kids. Just it doesn't sound good I don't think to be pregnant that many times at twenty four.

I: You're judging yourself.

P: Yeah, I am. Big time. It just sounds wrong.

Reference 11 - 0.51% Coverage

I was wearing black sweatpants so it kind of covered a little bit but you'd see like, you know what I mean like-

I: I do.

P: Yeah, so it's just, it's so pathetic. We get out at the McDonald's parking lot and, yeah. So and then you're sore and it's just, I don't know. Kind of degrading a little bit (laughing) I guess you could say. Instead of just going a couple miles and going home.

<Internals\\Thesis_Ella_Disaggregated> - § 24 references coded [7.42% Coverage]

Reference 1 - 0.51% Coverage

the next day I physically felt so much better (emphasised). Like, because I was like deathly sick, like I was, like I was throwing up all the time, like I had headaches and migraines, like I was asleep if I wasn't throwing up for about six full weeks. So, like, the day after my abortion, like I did feel a lot better so I kind of like finally like (sighs with emphasis) uh finally I can get out of bed, like that was sort of like ah that feels good to like you know have a shower and you know not be throwing up (laughs).

Reference 2 - 0.60% Coverage

I didn't, I wasn't even thinking about, like, having a baby it was more like the shock of having something in my body. Like, I was more shocked about the physical concept, like the physical aspect of being pregnant than the actual having a child, raising a baby,

I: uh huh

P: like, I wasn't really thinking that far ahead for a really long time, like, the first few weeks after I found out it was more just oh my god I'm pregnant I'm going to start getting sick, my boobs are gonna start hurting, my stomachs getting bigger, like it was more of all the physical stuff that I was having a hard time with.

Reference 3 - 0.34% Coverage

I was also very very sick, like through my whole pregnancy, like pretty much from about a week or two after I found out I was pregnant I ended getting like crazy twenty-four hour nausea.

I: Wow.

P: So I was also like exhausted all the time, like, I was tired 'cause I was so sick, like, all the time. So that definitely took a toll (laughs).

Reference 4 - 0.19% Coverage

even I was not thinking about this before I was in the situation, but like, people don't realize, like, even though your early in your pregnancy you might feel more symptoms than you do later on.

Reference 5 - 0.16% Coverage

my hormones or my sex drive, like they're not at the level that they were before I got pregnant so I don't know if that takes a long time, to you know ease itself out

Reference 6 - 0.30% Coverage

I've talked to a lot of girls since this has happened just about their experiences with pregnancy, and they basically all told me the same thing it was kind of like, well it wasn't even, I wasn't trying to get pregnant but I wasn't trying not to obviously 'cause (laughing) I wasn't taking any precautions.

Reference 7 - 0.19% Coverage

I wasn't even kind of using my birth control properly. And like I was using the excuse of because I was using Yasmin, and I had just found out that it was causing blood clots and I was like oh well

Reference 8 - 0.23% Coverage

like if we are looking at all of the list unfair with, you know, reproduction there's a longer list than like having to take a pill, like we have to carry the baby (laughs)

I: [This is true.]

P: So we're already in the unfair category,

Reference 9 - 0.35% Coverage

And then the idea, I think every woman you'll talk to will say that, the idea of is this the only baby that I can ever have? Like, that idea comes up every time 'cause that idea comes up every time 'cause you're like what if this is the only kid I have ever have and I get rid of it? And, yes that's true, but like – I didn't let that question bother me

Reference 10 - 0.26% Coverage

some women experience variations in their sex life after because it is, it's emotionally tolling and to be honest I'm, like, I'm still in that scared mode. Like, I'm still like in that oh my god am I going to get pregnant again mode. So, like that kind of changes

Reference 11 - 1.00% Coverage

P: I was really bad at using birth control, like I, the pill was just not, it didn't work for me. Like, the idea of taking something every day, like I forgot all the time and half the time I didn't even start them on time, and didn't, I never took them at the same time every day. I was not good with birth control. Um, I don't think that society, uh, dismisses birth control, like I don't think it's as bad as it used to be where people are like oh you're on birth control

(tone change/ disapproving or condescending). Like, no. I think a lot of girls these days are on birth control. I don't know if everyone is taking it properly, probably not. I mean I'm sure some girls take it religiously and at the same time and the right way, but I know that a lot of my friends were like oh I forgot like six pills in a row, and you're like yeah whatever. You kind of just don't, you're like I on it so I'm not going to get pregnant even though they're not thinking you're not taking it right so you probably will (laughs)

Reference 12 - 0.48% Coverage

it's not so much birth control that's an issue I think it's condoms. Um, I know that, um, all of the girls I know that have gotten pregnant were not using condoms with their partners. Um, and it wasn't even a thought to use condoms. Like, oh that one time when didn't use it, it was like oh we never use them. And that was kind of my situation, like we never did an it's because when you're kind of having a one night stand and stuff you're using a condom because you're scared of STI's,

Reference 13 - 0.20% Coverage

when you're in a committed relationship and you know oh he's not cheating on me, I don't need to worry about STD's. You're kind of like well we can remove the condom 'cause I'm on birth control don't worry.

Reference 14 - 0.22% Coverage

I can't deny that I like sex better without a condom just because it, um, like never mind if it feels better for him, it just feels better for me (laughing)

I: (laughs)

P: So, I was never a pusher of those to begin with.

Reference 15 - 0.19% Coverage

P: Well I think like to lead like a happy sexual life you have to feel safe. Um, you have to feel safe with your partner, with your health care, and I mean this is all coming from a post pregnancy

Reference 16 - 0.15% Coverage

there's not any resources to even teach about protected sex. Like, I mean those stupid classes that they make you do in grade nine are completely useless

Reference 17 - 0.35% Coverage

was it was just like people were talking about it like oh well it's your choice that you know, this is an elective surgery or an elective procedure and am like yeah but it's not like I'm trying to get my boobs done, like

I: [uh huh]

P: this is something that will detrimentally affect two people at least if not more, like and they don't look at it that way.

Reference 18 - 0.33% Coverage

I: Okay, and, sort of was that period of time stressful when you're waiting, or was it just something in the back of your mind?

P: It was kind of scary, but at the same time I'd had pregnancy scares before so I was kind of just like thinking that maybe I was making up in my mind a little bit. So, I wasn't, I really wasn't prepared

Reference 19 - 0.11% Coverage

I was just so upset all the time, like when I would think about my situation I would just breakdown in tears

Reference 20 - 0.04% Coverage

after the decision was made I felt at ease,

Reference 21 - 0.37% Coverage

'cause you're going to notice a lot of women are maybe not thinking the way they were thinking before they were pregnant, because no one tells you how much the hormones effect you're decision making, like, that was probably, like the hardest thing just because you're like why I am I crying I don't even know, at this point, like

I: [uh huh]

P: my hormone levels were crazy.

Reference 22 - 0.43% Coverage

initially I felt really good about it and then as time passed I would see kids, that was one thing I was really afraid that once I would start seeing children after my abortion that I would break down in tears, like I was really scared that that was going to happen but I would see kids in the stores and stuff and I would just be like you know what, ugh I'm so glad that's not me (laughs).

I: Right

P: Like, I know that sounds awful

Reference 23 - 0.27% Coverage

I was terrified to disappoint my dad. Like only because my dad has always been, like, you know go [Ella], go [Ella], and like he's always supported me, and I was terrified that he was going to be, you know, shattered and disappointed that I got pregnant because it is a taboo

Reference 24 - 0.13% Coverage

but I kind of feel like there is this massive society stigma of getting married, or getting pregnant sorry when you're not married

<Internals\\Thesis_Fiona_Disaggregated> - § 44 references coded [10.44% Coverage]

Reference 1 - 0.18% Coverage

was taken advantage of a few times when I was younger, which wasn't right, like it's the same as rape. Um, but even the times when I was consensual it wasn't, like I, it just meant nothing to me.

Reference 2 - 0.20% Coverage

I wouldn't look back and think, "wow that was a great experience." I look back and it's like why did I do that, you know? And I know now because it was lack of knowledge and I didn't, I was doing it for the wrong reasons.

Reference 3 - 0.37% Coverage

P: I think it was for the attention, like, it was to do with the attention. And sometimes I just felt pressured into it, and I would give in. Like a guy “oh come on, come on come on, let’s do this,” and I’d be like “no” and then I’d be like, “okay fine” and I think it was partly I wanted him to like me. So, if I give him what he wants he’ll like me, right?

I: uh huh.

P: So, and I think it happens a lot.

Reference 4 - 0.27% Coverage

I did have an abortion, and it was the most, that was another, like very traumatic experience to go through. So, um, but I do know, I know now, it still hurts me when I think about it, it still hurts me ‘cause you think of the what if’s, but I know it was the right decision for me and my [child].

Reference 5 - 0.47% Coverage

I: What is it do you think that, um, that made me feel awful about it?

P: I think because I had a baby and I know it would develop into even though, you know, they say that it’s not a baby at that stage, like I had my abortion pretty early on, um, but what it has the potential to turn into, that’s what killed me, you know? ‘Cause I would think about the day my baby was born and then that I let go of what, you know, it could have been that, and I decided to not have it be that. But I tried to, like that really hurts me

Reference 6 - 0.10% Coverage

that happened probably like four or five time where I left and then I would come back, ‘cause out of guilt.

Reference 7 - 0.22% Coverage

I felt really guilty. Like, I knew [my child] was safe. Like, my mom doesn’t drink, or she hasn’t drank in over thirty some years, and um, I knew [my child] was safe, but I felt guilty for me not being there. I always was consistently living in guilt

Reference 8 - 0.57% Coverage

I think about it when I decide to date somebody, like, I like being completely open with someone, like am I going to have to tell them that, if I tell them that are they going to look at me differently, so it’s, or like my [child] I just feel like I could never tell [my child] that, those things. And it’s something that I’m not proud of, like I’m not proud to say “oh, yeah I had sex with several different guys at a young age, or guys that were a lot older,” you know? That’s not something I’m proud of. It’s something that makes me feel not good about me. Now I know why I did it, but for a long time a felt really ashamed of that.

Reference 9 - 0.04% Coverage

I didn’t want to tell anyone how I really felt,

Reference 10 - 0.15% Coverage

I, I was just about to go on the pill. I actually had a conversation with my mother, I said, um, mom I’m going on the pill next month, you know, like I’m young and whatever

Reference 11 - 0.23% Coverage

we slept together only twice, and we didn't use protection, and I became pregnant. Um, it was really awful (stressed) awful, awful, awful. Because I hadn't had sex for a year and then I do and I'm pregnant. And, you know, I never thought that would happen,

Reference 12 - 0.14% Coverage

I found myself drawn to these guys who treated me badly. I think because of how I felt about me, and um, and, you know, giving them more than what I wanted to,

Reference 13 - 0.08% Coverage

I do believe that I was stupid in not being on birth control. I should have been on something

Reference 14 - 0.13% Coverage

I didn't get the knowledge when it comes to sex. When I told my mother I lost my virginity it was, "well I'm disappointed." and that was it

Reference 15 - 0.21% Coverage

that's something really big because I know (sighs) it's weird, and sometimes I thought owed it to them. Like if I laughed with them, or flirted with them, like okay I kind of, "well I kind of have to do this," in some weird way I felt that

Reference 16 - 0.17% Coverage

he could just take off 'cause that's what happened with my, the father of my [child]. And I mean he had a kid, this guy I was with had a kid and he wasn't a constant in [the child's] life.

Reference 17 - 0.19% Coverage

I do believe that I was stupid in not being on birth control. I should have been on something because I learned my less – like I had already that, but, um, yeah so it was, like those are, yeah it was really tough

Reference 18 - 0.07% Coverage

I felt like he would use that to his advantage that I'm always going to be there

Reference 19 - 0.15% Coverage

I just felt at that time in my life I wasn't strong enough to get out of that relationship, but I was strong enough to not being an innocent baby into that relationship.

Reference 20 - 0.45% Coverage

now that she's older she asks me questions about him and that's really hard. That's really hard. Because I'm not going to say to a little kid your father doesn't care about you, like that's not fair. But to come up with these answers and to see how it hurts [the child] not to have him, or see her friends who have their father in their life, you know, and where this is, and I lost my father at a young age because of something he did that was really awful. So, you know, I wanted to stop this cycle

Reference 21 - 0.22% Coverage

might feel weaker, I mean I thought of all that, I might feel weaker if I'm pregnant, like okay I'll stay with him because I want him here, and whatever. Then for those instants to happen, like, and risk losing our baby. That's what I was thinking.

Reference 22 - 0.16% Coverage

So with my other experiences I was really scared because of what I had gone through before, and I didn't want to be left, like, a single mother of two kids, and, um, with no help

Reference 23 - 0.11% Coverage

he just held me to the fullest about that, just made me feel really awful. When I already felt awful about it, you know?

Reference 24 - 0.33% Coverage

in the end I was thinking of the baby, like, what is this baby going to go through if I do decided to keep it. Where, you know, this is such a toxic relationship, and what is this baby going to see? I just felt at that time in my life I wasn't strong enough to get out of that relationship, but I was strong enough to not being an innocent baby into that relationship

Reference 25 - 0.09% Coverage

I was taken advantage of a few times when I was younger, which wasn't right, like it's the same as rape

Reference 26 - 0.27% Coverage

he could just take off 'cause that's what happened with my, the father of my [child]. And I mean he had a kid, this guy I was with had a kid and he wasn't a constant in [the child's] life. He would all the time miss his appointments to go see [the child] and stuff. So, you know, I thought about all of that

Reference 27 - 0.28% Coverage

if I decided okay I'm going to have this baby that I felt like I'd lose my mind and be depressed because I felt like he would use that to his advantage that I'm always going to be there and he's gonna go out and party and come home when he wants and leave me and I can't just up and leave the baby by itself.

Reference 28 - 0.45% Coverage

now that she's older she asks me questions about him and that's really hard. That's really hard. Because I'm not going to say to a little kid your father doesn't care about you, like that's not fair. But to come up with these answers and to see how it hurts [the child] not to have him, or see her friends who have their father in their life, you know, and where this is, and I lost my father at a young age because of something he did that was really awful. So, you know, I wanted to stop this cycle.

Reference 29 - 0.27% Coverage

I didn't want to be left, like, a single mother of two kids, and, um, with no help from, like I mean if my ex would have been a good father figure even if we weren't together that's fine, you know? But not, um, I didn't want that. I didn't want that. Like, another kid to have no father in their life.

Reference 30 - 0.19% Coverage

I'm doing a good job with my [child] now, and I'm doing the father and mother role, but even though I'm that, and I think I'm doing really well there, she still asks about dad, you know? So, I just didn't want to that.

Reference 31 - 0.37% Coverage

when I first had [the baby] that was a huge thing. And it was, that was part of the reason I felt like I was losing my mind was because my ex would, could come and go as he pleased or if we got into a fight and I told him, "you have to leave," and then I'd hear all of these stories like, "oh I seen him here and he was with this girl," or whatever, and it would drive me crazy because I couldn't just pick up and go.

Reference 32 - 0.22% Coverage

My sister was like, "no you should keep it," and my brother was saying like "it's a gift from god," a baby is a gift from god and stuff. So, and it wasn't thrown in my face shortly after I got home, um, from my sibling about me having an abortion.

Reference 33 - 0.13% Coverage

I felt like I was an awful horrible person because in his terms I was a murder and I murdered his baby, like it was mine to, but it was his baby.

Reference 34 - 0.21% Coverage

my dad was a huge impact because that's what I had learned from him, and the fact that, you know, I was the pretty one and he was nicer to me, or treated me better, or showed me off to his friends I took that as, well if you're pretty.

Reference 35 - 0.75% Coverage

P: I think that they need knowledge, knowledge about sex, like I was saying before, um, STI's, the value of sex, you know, just to know all of that stuff, and how a woman should be treated 'cause they are young women and they need to know how they should be treated, and that they don't owe it to anybody. Like, that's something really big because I know (sighs) it's weird, and sometimes I thought owed it to them. Like if I laughed with them, or flirted with them, like okay I kind of, "well I kind of have to do this," in some weird way I felt that, but to know they own their sex and you don't have to give that away to anyone. Even if you get naked with them in bed you can say no, and you have every right to. So, for them to know that and also they're self-esteem. Like, I think there should be some self-esteem classes for young girls,

Reference 36 - 0.51% Coverage

my dad wasn't a constant in my life, he, we would see him maybe once a month maybe a little bit more, but when we were younger, like there's two years between me and my sister, I was the pretty one and the smart one. My sister was, she didn't get good marks and school and, um, she like had weight issues and stuff. And, um, that not how I see it, but that's how they saw it and people would say those things. Anyway, my dad favored me and would show me off to his friends, as young as I can remember, and I think I took that as if you look this way they're gonna like you.

Reference 37 - 0.18% Coverage

He was really much about how you look and you have to look a certain way, and stuff. So, I think that I took that in at a young age, that I have to look good, and I started becoming obsessed with my looks

Reference 38 - 0.15% Coverage

I think that I took that in at a young age, that I have to look good, and I started becoming obsessed with my looks. And no matter how good I looked it wasn't enough

Reference 39 - 0.20% Coverage

no matter how good I looked it wasn't enough, and I thrived on attention from men. I thrived on that, it was, like that was a drug in itself to me. Like, I just, I needed it all the time from as young as I can remember too.

Reference 40 - 0.21% Coverage

my dad was a huge impact because that's what I had learned from him, and the fact that, you know, I was the pretty one and he was nicer to me, or treated me better, or showed me off to his friends I took that as, well if you're pretty.

Reference 41 - 0.04% Coverage

being promiscuous, um, is normal now it seems.

Reference 42 - 0.20% Coverage

we see all of the music videos and sex is very much promoted now a days, and to be promiscuous, you know? So, I think self-esteem classes for girls, or just self-esteem awareness for girls would I think help them for sure.

Reference 43 - 0.16% Coverage

It was very emotional for me, and he was just out doing his thing, like partying and doing crime, and I was working at this fast-food place trying to get a future going for the baby.

Reference 44 - 0.33% Coverage

But in the end I was thinking of the baby, like, what is this baby going to go through if I do decided to keep it. Where, you know, this is such a toxic relationship, and what is this baby going to see? I just felt at that time in my life I wasn't strong enough to get out of that relationship, but I was strong enough to not being an innocent baby into that relationship.

[<Internals\\Thesis_Grace_Disaggregated>](#) - § 38 references coded [9.41% Coverage]

Reference 1 - 0.47% Coverage

the best part was after all of this they were still on the abortion bandwagon and, like, Easter, or some holiday I don't know when that would have been, and despite knowing that I'm going to be the mother of his child they refused to have me at their house for this religious, it was a religious holiday so it must have been Easter. They refused to invite me over, and I think it was, that was like the major tipping point of like, jump out of this ship. Do this on your own, like, I was just like you gotta be kidding me. They want me to have an abortion, but, you know, I'm going through with it, and they knew it, and they just would not have me over to their house. Despite being, like, the future parent of their grandchild.

Reference 2 - 0.48% Coverage

I felt that, like, when I told my friends, they're obviously not going to openly judge me or say negative things, but as soon as I was pregnant (laughs), I guess it comes down to are you still able to drink any more with us? And as soon as that's crossed off the list, I was just like a stranger, 'cause, you know, when you're that young people want to go out to bars and people want to go to pubs, and you want to have parties. So, like (sighs), living with, there was six of

us in this big house together, I immediately just didn't feel comfortable at any parties. Like, why aren't you drinking? Oh, I'm pregnant. Oh, okay, like, why are you pregnant, is (laughing) kind of what I expected the next question to be, like, why, why would you get pregnant.

Reference 3 - 0.15% Coverage

So, like, I just felt like all my friends, they're not like crazy partyers, like we were really good academic students, but people still like to party and to go places, and I just had, I felt so immediately disconnected from my friends.

Reference 4 - 0.15% Coverage

the condom fell off, and, I can still like remember the fear and at that point, like I had taken the morning-after pill before, like in previous relationships, I think mostly because I was, um, really naive about what sex was.

Reference 5 - 0.10% Coverage

he had ejaculated and then he was pulling out and the condom came out. So, like I, we removed it, and like in my mind, like, everything would, that was fine

Reference 6 - 0.22% Coverage

I don't know why I didn't go get a morning after pill that time, because I had used them, but I think when I had used them before it was I was being over cautious and nothing ever came of it anyway. So, I think in my mind I'm like don't be over cautious, there's no need to go buy this pill, it's expensive, you know, you're probably fine.

Reference 7 - 0.04% Coverage

Like, right now I'm on birth control and we use condoms every time

Reference 8 - 0.27% Coverage

. They don't cover anything like this. It's just kind of like this is what your body looks like on the inside, like the very biological perspective, like if you were to slice someone's body here's your uterus, and your fallopian tubes, and your ovaries, and they don't get into, like, pregnancy, what condoms are, what birth control is. I didn't get any of that, um, even as an adult, um, no one really talked to me about it.

Reference 9 - 0.14% Coverage

I don't even think I really knew the benefits of birth control pills at twenty-two. I knew condoms, because everyone talks about condoms.

I: Uh huh.

P: But I didn't even know that I could ask for birth control pills

Reference 10 - 0.15% Coverage

I wish someone just would have told me, like, as detailed as possible, I don't care how embarrassing or whatever it was, just tell me like everything that I need to know so that I can make a good decision in my own life when it comes time.

Reference 11 - 0.25% Coverage

I had taken the morning-after pill before, like in previous relationships, I think mostly because I was, um, really naive about what sex was. Even when a condom was used, I remember my first couple of times I always went out

and got the morning-after pill, because I was so (emphasized) nervous about getting pregnant. I did not want to get pregnant. So, I think I was extra cautious.

Reference 12 - 0.21% Coverage

P: Hum, (breathes in deeply) before I told anyone (breathes out) I was, I was mad. Um, (voice breaks), sorry I get really emotional.

I: No, no it's okay.

P: Um, I was mad.

I: Have a tissue.

P: (laughs) it's okay (crying), um, I was upset with myself 'cause I had such high hopes for myself (sniffles and clears throat).

Reference 13 - 0.12% Coverage

I'm not sure I know any man who naturally picks up that slack without being asked, or nagged, and then you don't want that kind of relationship where you're the nagging wife figure either

Reference 14 - 0.15% Coverage

I: Yeah, in any way that you think about wellness, or anything that comes to your mind when you think of young moms and wellness.

P: Well I think of a couple of things, for young moms, like, the risk of getting pregnant again.

Reference 15 - 0.23% Coverage

[John] was my first, like, true relationship at that point, that I had, you know, actually had intercourse with, other than one other person, like, talk to someone about this. Talk to someone about first real intimate relationship, and like what decisions to be making in that relationship and, like, what conversations should you be having with that person.

Reference 16 - 0.12% Coverage

I feel like the pressures and the expectations placed on students don't account for those who are parents, and especially mom's because they're supposed to be, like, the main caregiver.

Reference 17 - 0.66% Coverage

They have, generally, more flexibility and freedom there. And I know some people might still be with their partner, or the father of their child and that might be a different situation, but I guess if I looked at my partner, like [my child] calls him daddy, and like we've been living together for two years as a family, but even with him, I don't think he even fully understands [pauses] the duties of being a mother, like, not because he's not [my child's] real father, just 'cause all the cleaning and the laundry, and the grocery shopping and the cooking still falls to me, and I'm still working over fulltime hours, and it's like, so he understands the stress of having to work and be a parent, but there's so many other factors that he doesn't consider or understands fully, like what it means to be a fulltime employee and a fulltime student, and then a fulltime mom, and then you know, all (laughs) all the household duties. I feel like I'm working like twenty jobs, and its, um, father's I don't think fully understand that.

Reference 18 - 0.77% Coverage

I: So the idea of, of this gender equality playing out in family life doesn't ring true for you?

P: No. And, I mean, I don't want to diss [my partner], I don't want to, like, minimize his contributions 'cause he does contribute a lot. Where he doesn't have to, he's not [my child's] real father but, like, he gladly accepts [my

child] into his life, like, we are a true family unit and when he can he certainly helps out, but I find whereas I just naturally clean and do the dishes and shop for groceries, if I needed him to do those things I would have to ask, and then I feel like it's nagging, and he's always like "if you need help just ask," but when I ask I feel like he does not want to be doing those things because I'm just naturally doing them because I feel like I'm, like I just have to, and if I didn't do them he wouldn't do them. So, I don't know if it's this natural inclination, for me at least, just to pick up the slack because I have to, because no one else is going to do it. And I don't think, I'm not sure I know any man who naturally picks up that slack without being asked, or nagged, and then you don't want that kind of relationship where you're the nagging wife figure either.

Reference 19 - 0.09% Coverage

I think you need to have access to the choice to take birth control, and the choice of pregnancies even if you've already become a mother.

Reference 20 - 0.33% Coverage

And just don't think you can do it all because you can't, you really can't do it all. For me, I'm doing a lot of things but I'm not doing all of those things well. If I had, you know, if I could cut out a couple things from my life, and be better at the things that I'm doing instead of trying to do everything kind of like half assed – I don't want to say half assed because I'm still doing okay, but I don't want to just do okay. I want to do really well, but to do really well at a lot of things is actually impossible.

Reference 21 - 0.08% Coverage

if I was a single mom I would not be able to do this. There are no supports available. So there's all these just, just expectations

Reference 22 - 0.03% Coverage

romantic relationships are going to happen regardless

Reference 23 - 0.13% Coverage

It was more, I would say it was more of a casual partner. Like, we were boyfriend girlfriend, we had the titles but it wasn't someone I saw myself settling down with, or moving in with or anything.

Reference 24 - 0.27% Coverage

my partner lived on the Island, but I've known him for like six years now, so we started dating, like, we dated while I was in [another Maritime province], this was before everything, this was before I was pregnant, and it was like two years before then, and then he moved to the Island for work and then we started dating, like, distance wise, a couple months after [my child] was born, but we had always been talking.

Reference 25 - 0.69% Coverage

we started dating, like, distance wise, a couple months after [my child] was born, but we had always been talking. I don't know, I slowly introduced [my child] to him, like when he would come visit, sometimes [my child] would be around, sometimes he was with his father in [city in Maritime province], but whenever he was there, like, [he] was so great with [my child] and [my child] just loved him, and my mom was always like (laughing), she was like "you guys just gotta get married and start this family and," I'm like "I gotta do this slowly mom. I can't just push a child on someone, like, he doesn't know what to do with a kid or how to change a diaper." But, like, I told him to be with you and to date you, like, you have to be on board with me and my [child]. And I'm like we can do this slowly, and it helped that we were dating long distance, like we can do this as slowly as you want, like I'm not, but this is a

serious decision for you to be making, like, if you want this or not, like, I don't want to waste my time 'cause now this is a packaged deal (laughs).

Reference 26 - 0.20% Coverage

[my child] lives with me fulltime, and he sees his father a week every once and awhile, not even often, but he can do whatever he wants with his life. He can, if he wants to go to school and do whatever, like, he can do that. He works fulltime, he works overtime, there's no worries about can he pick up his [child].

Reference 27 - 0.34% Coverage

we recently just got like a consent order, we were going through some custody things, so up until this point he's never had to pay more than a hundred and twenty dollars a month for [the child], this is, [the child] is now over three years old. This is a long time, and a hundred and twenty dollars a month is all he's had to pay for [the child's] life, and it's like my entire life is putting a roof over [the child's] head, and feeding [the child], and saving for [the child's] education, and buy cloths, and the list goes on.

Reference 28 - 0.66% Coverage

They have, generally, more flexibility and freedom there. And I know some people might still be with their partner, or the father of their child and that might be a different situation, but I guess if I looked at my partner, like [my child] calls him daddy, and like we've been living together for two years as a family, but even with him, I don't think he even fully understands [pauses] the duties of being a mother, like, not because he's not [my child's] real father, just 'cause all the cleaning and the laundry, and the grocery shopping and the cooking still falls to me, and I'm still working over fulltime hours, and it's like, so he understands the stress of having to work and be a parent, but there's so many other factors that he doesn't consider or understands fully, like what it means to be a fulltime employee and a fulltime student, and then a fulltime mom, and then you know, all (laughs) all the household duties. I feel like I'm working like twenty jobs, and its, um, father's I don't think fully understand that

Reference 29 - 0.23% Coverage

And then there's all these expectations, and I don't know whether or not it was placed on them, but like kids with cell phones and, like, the sexting, and images being sent. I think the internet, it's not helping our younger, um, younger people in the world. Like, they're being given access to this stuff that they don't even know how to handle at this point

Reference 30 - 0.27% Coverage

P: It changes how they view relationships, for example. That's what they see in a pornographic image or a film, like, either little boys or little girls are going to see, like, that's how a relationship is supposed to be like. And images like that start to become, like, the norm for them if that's the only information that they're receiving, they're going to be basing relationship knowledge on that information –

Reference 31 - 0.19% Coverage

porn itself sure, I don't care if it exists, but in a relationship it's like the messiest thing. 'Cause it's like, what do they expect now that they've seen these movies, or these images, of their partner whether it be a male or a female. Just, ugh, it's a whole other conversation (laughs).

Reference 32 - 0.04% Coverage

I had to let it sit in with myself (sighs) Just terrified though.

Reference 33 - 0.11% Coverage

that's how I feel often times, I'm trying to be the perfect mom by myself and I know that people need supports and I don't know where those would be, for like the realistic mom.

Reference 34 - 0.19% Coverage

It just, I felt so, it was like this cognitive dissonance between, like, yes I feel quite happy now and I've felt quite okay being a single mom by this point, and then like this negative judgement, like, looking to see a ring on my finger and, like, "are you married, where's your partner,"

Reference 35 - 0.13% Coverage

my first couple of times I always went out and got the morning-after pill, because I was so (emphasized) nervous about getting pregnant. I did not want to get pregnant. So, I think I was extra cautious.

Reference 36 - 0.33% Coverage

I do recognize that part of it comes from myself, and the expectations I've put on myself to be the one who takes care of my child, like, well, and meets all of his needs and constantly makes him happy, and then, you know, meets the needs of my supervisors and my professors, and then, you know, my employers (laughs) all of them, to meet their needs to be the best employee, I know that at some point I kind of have to perhaps lower my expectations so that I'm not perpetually stressing out about all of them.

Reference 37 - 0.15% Coverage

suddenly all the questions came up of, you know, how far along are you? Things like that aren't so bad, but it's like, who's the dad? When you're like oh it's this person, you know, some people felt bold enough to ask are you still together?

Reference 38 - 0.26% Coverage

I felt quite comfortable being pregnant and being by myself, and then to get everyone saying, like, kind of if you put it a different way, you should be with a someone, and you should, that should be your goal to have children with someone else. When if I asked them I'm sure they're all single parents (laughs). Like, I knew several of them were single parents, but they still gave you that response.

[<Internals\\Thesis Hayley Disaggregated>](#) - § 10 references coded [3.22% Coverage]

Reference 1 - 0.30% Coverage

before I got pregnant, I don't know if this would be relevant or not, but it has a big impact on my life. Um, I was raped that April. And I had a really tough time

Reference 2 - 0.15% Coverage

I dropped the charges 'cause I didn't want to put any stress on the baby. Yeah.

Reference 3 - 0.30% Coverage

not to trust the whole it's not going to happen to me kind of thing.

I: Do you think that's a big thing for young women?

P: Yeah (laughs). Yeah, I think so.

Reference 4 - 0.36% Coverage

I couldn't even, I couldn't ever think about abortion for myself because I'd be way to emotional. I know I'd regret it for the rest of my life, and I think I'd go into a deep deep depression.

Reference 5 - 0.21% Coverage

P: I was nineteen when I had my first [child], and, uh, the father left me. So, it was kinda (sighs), that was hard

Reference 6 - 0.39% Coverage

I: So, he was sort of there at the beginning a little bit, but in and out, and –

P: Yeah. He stopped seeing [my child] completely when [the child] was three months old, and, uh, yeah that was pretty much it.

Reference 7 - 0.27% Coverage

P: It's kind of awkward, but I had lost my virginity to him the December before. And I was, it was kind of like me breaking free at that point

Reference 8 - 0.50% Coverage

there was a couple times where I came down really hard on myself saying I wasn't a good enough parent, I wasn't ever going to be a good parent, and, like, I'd call myself right down to the lowest because I just felt like such crap. Like, there's no other words for it.

Reference 9 - 0.38% Coverage

I think the media has a lot of portrayal about that sort of stuff because they're all about sex pretty much, in the media, like, just with the celebrities and the TV and everything is all based around sex.

Reference 10 - 0.35% Coverage

So then it give the guys the idea oh well this is how the women is supposed to look and act, and all that, and I, I must be a pimp kind of thing. So, I think that has a lot to do with it to

[<Internals\\Thesis Iris Disaggregated>](#) - § 37 references coded [9.38% Coverage]

Reference 1 - 0.23% Coverage

And I remember being really paranoid that I was going to have a bath, and soap would get up somewhere that I would have an infection and I would die, because I would be too embarrassed to see a doctor or something!

Reference 2 - 0.30% Coverage

women that already have children, like, they almost get it twice as bad. 'Cause they're not the people that just don't want, can't have children, kind of thing. They're a mother that's choosing one over another, and oh! They've got it so much worse, and they still hear that, you know

Reference 3 - 0.20% Coverage

Because there's just so many people who would just see it as, "Oh, you're slutty and you're irresponsible, and you've done something that I find morally apprehensive, so I don't like you."

Reference 4 - 0.22% Coverage

I remember being really paranoid that I was going to have a bath, and soap would get up somewhere that I would have an infection and I would die, because I would be too embarrassed to see a doctor or something!

Reference 5 - 0.10% Coverage

if he were to find out that I'd had one—no, he would never talk to me again. We're very close. So—

Reference 6 - 0.39% Coverage

I: Can you say more about what you meant by that? That there was something lost there for you, in your expression? What did you mean by that?

P: Oh god, it's like—ah, it's so hard for me sometimes to—agh. So many thoughts and so little words to express them, and it all comes out as feelings. These feelings that are imposed on you, and you don't know how to describe it,

Reference 7 - 0.33% Coverage

for a society that pushes sexy so much, and sex, they really really shouldn't be so judgmental whenever somebody gets pregnant when they're so young.

I: That leaves young girls feeling like they're outsiders. That somehow they're alone.

P: Oh, totally.

I: And they can't say anything.

P: No, you can't.

Reference 8 - 0.35% Coverage

these people, these things they'd say, that I was this awful person, and I started to, "Well, you know, maybe I'm an awful person. I am a bad—I'm selfish. I'm bad, I'm evil. I'm even worse, because I don't take it back. I don't want to regret it, I don't want to take it back, that's—and then that makes me so much worse, you know

Reference 9 - 0.24% Coverage

it's funny though, whenever you think, like, I know you believe that abortion is awful, I know you believe that everybody who's had an abortion is awful, but you know, am I awful? Like, if I told you, would you think that?

Reference 10 - 0.14% Coverage

We were high school sweethearts, and I was not a slut, and I did not ever sleep around in high school. This was it—this was the only one

Reference 11 - 0.29% Coverage

At first I couldn't even—even though I was getting an abortion, [and] I tried to do everything possible to terminate the pregnancy. I could not think of smoking and drinking—just because it was so—you just don't do that. So I actually quit smoking for a couple of months,

Reference 12 - 0.31% Coverage

let's say two out of the ten actually get pregnant. Well then, those two are sluts. The other eight are just fine. They're sweetheart girls. But those two, because they got pregnant, now you can see it, now the whole world can see it, they're sluts. [laughs] There's something wrong with them.

Reference 13 - 0.11% Coverage

Good girls can have sex, though. You know that, good girls can have sex, but they can't get pregnant.

Reference 14 - 0.13% Coverage

you have to be sexy, and you have to be good at sex, but you can't have it with anybody except for the person that wants you

Reference 15 - 0.28% Coverage

So those evil girls in the big city, either, oh yeah, they're real slutty, and they're this and they're that, and they're—so then I'm thinking, "So I'm this and I'm that but I'm not," and I want to just say, like, "Hey, I'm not," but then you just can't let that out.

Reference 16 - 0.38% Coverage

And then you don't want to become that stereotype, too, right? You've got to work against that.

I: And the stereotype is...?

P: Oh, the slut. Well, you know, it's not just that, that you don't care.

I: That you don't care.

P: That you don't care. This whole, "It's a method of birth control" thing. Oh, no fucking way. It's not a method of birth control!

Reference 17 - 0.18% Coverage

I did not want to get an STD, I did not want to have a teenage pregnancy, you know? And one time without a condom, and it just happened. And I was a good girl, you know?

Reference 18 - 0.18% Coverage

I really think the lives of at least four children, and two adults, would be nowhere near as good if I didn't have that experience. So yeah, I'm really grateful in a way.

Reference 19 - 0.36% Coverage

P: I was thinking a lot about this interview, and one thing that I kind of wanted to touch on, because I feel like a lot of people don't want to get into how they got pregnant, after. Um, and a lot of the times, it isn't the clear-cut, rape, or abusive whatever—and people just think you're, "Oh, you're so reckless, and you just went out—"

Reference 20 - 0.13% Coverage

It's just a little thing that I think people should be a little more aware of in some way, is that just the date-rape pressure

Reference 21 - 0.29% Coverage

At first I couldn't even—even though I was getting an abortion, [and] I tried to do everything possible to terminate the pregnancy. I could not think of smoking and drinking—just because it was so—you just don't do that. So I actually quit smoking for a couple of months,

Reference 22 - 0.21% Coverage

P: I'm not glad that my 16-year-old self had to go through that. And oh god, I never wanted to have sex again, I was—oooh. Yeah, no, I still definitely don't sleep around. Very very cautious. [laughs]

Reference 23 - 0.50% Coverage

I'll tell you what was the best thing to make me use birth control was that abortion. My god. And it's so that case of "It was the one time we didn't use a condom. I did not want to have sex because we did not have a condom. That one time. And I got pregnant." And people hear that, and it's just, they're like, "Oh, that's the odd time out." I'm like, "I don't believe it's the odd time out, because that's my story. It really did happen that way." Really just that one time.

Reference 24 - 0.37% Coverage

I was always very cautious whenever it came to sex, and it was—I mean, it would surprise a lot of people to know that that ever happened, because I was so—I wanted to be so aware of all the facts about sex, as a teenager. I was the only one that really cared about it. Everybody else was just sleeping around, while I was like, studying these things.

Reference 25 - 0.15% Coverage

We were high school sweethearts, and I was not a slut, and I did not ever sleep around in high school. This was it—this was the only one.

Reference 26 - 0.35% Coverage

we were fooling around one day, and we didn't have a condom, but see, he's all worked up, and he's a teenager, and he's, "Oh, well, I'll pull out," and whatever. And I said no, and I said no, and I never did say yes, and I cried while we had sex, but I would never be able to call him a rapist, or call him out on that, or anything,

Reference 27 - 0.22% Coverage

there's so many different circumstances.

P: There is. There is. Pressure is a big one. You know, that you don't quite want to call it rape, not even quite date-rape, but there was just that pressure there.

Reference 28 - 0.17% Coverage

So sometimes it's not even about the choice. It's about the getting pregnant. And that you're getting judged on "How dare you get pregnant?" Well, it happens.

Reference 29 - 0.28% Coverage

How do you think those messages impact women and girls in PEI?

P: Oh, god, it takes something away from you that I don't think men ever get taken away. A certain sense of I am my own person, I can do as I choose, as who I am, express myself fully, and everything.

Reference 30 - 0.36% Coverage

my boyfriend at the time, he could have told anybody. It wouldn't have mattered. Because once it got to that point, it's, "Well, it's not him that got pregnant. It's me that got pregnant. It's my fault. It's not him that got an abortion, it's me that got an abortion. So then he gets a certain leeway that I don't, which is really frustrating.

Reference 31 - 0.26% Coverage

even though I was getting an abortion, [and] I tried to do everything possible to terminate the pregnancy. I could not think of smoking and drinking—just because it was so—you just don't do that. So I actually quit smoking for a couple of months,

Reference 32 - 0.16% Coverage

I remember getting birth control pills, because I didn't even know you could get morning-after pills. I'm still not quite sure on the situation about that

Reference 33 - 0.12% Coverage

I really cared about my sexual well-being and health, and I wanted to have a good sex life without damaging myself.

Reference 34 - 0.18% Coverage

Men don't have to look sexy. Men don't wear artificial things on their face and call them make-up to alter their appearance to be more pleasing for the opposite sex.

Reference 35 - 0.13% Coverage

you have to be sexy, and you have to be good at sex, but you can't have it with anybody except for the person that wants you

Reference 36 - 0.39% Coverage

that's not around the guys. It's not, "He's the guy that got four girls pregnant," because there is lots of guys that have got four girls pregnant. And the only people that care about it are the women that had children with them. They're the only ones that are really upset about it. Nobody else seems to find much flaw in it. You can be so carefree, as a guy growing up.

Reference 37 - 0.36% Coverage

my boyfriend at the time, he could have told anybody. It wouldn't have mattered. Because once it got to that point, it's, "Well, it's not him that got pregnant. It's me that got pregnant. It's my fault. It's not him that got an abortion, it's me that got an abortion. So then he gets a certain leeway that I don't, which is really frustrating.

[<Internals\\Thesis_Jessica_Disaggregated>](#) - § 13 references coded [8.34% Coverage]

Reference 1 - 0.21% Coverage

I was terrified I was showing, and then people asking questions, and gaining weight, and just all those things, but yeah.

Reference 2 - 0.72% Coverage

I was sick every single morning, and I think one of the women even said this. One of the women in the waiting room. “You know, if I was keeping this baby, I would push through it. I would think, you know, okay, this is good, this is for a reason that I’m sick and that I’m having a hard time eating, or that I’m eating too much, or things like that. But it’s different for us, because it’s for no reason, you know?”

Reference 3 - 1.35% Coverage

I: So there’s a lot of emotions?

P: A lot of emotions. And another thing that I mentioned to you earlier, I was really—I had just this confusing guilt about pre-natal care. Like, I thought, “Okay, I don’t need to have any pre-natal care,” but I felt guilty about, like, wanting to drink, or wanting to have a drink, or things like that. And I would think, “Well, I don’t need to have any pre-natal care,” but it was just so confusing why—I didn’t drink the whole time. I purposely didn’t drink the whole time. But I didn’t know why I didn’t want to drink, which was strange. And it was just this really confusing feelings about pre-natal care. And I was terrified to have a miscarriage. Terrified. I really don’t know how I would have dealt with that, if that had happened.

Reference 4 - 2.18% Coverage

I: Tell me more about—why that? Why a miscarriage would have scared you more so than an abortion.

P: Well, I thought about that, too. And I thought maybe that would even be the best thing to happen, because then I wouldn’t have to—then I wouldn’t have had to have this done, you know, I wouldn’t have had to do this thing, but it still would have been—I still would have known in my head that I would have gone through with it, and I would have had an abortion if I did miscarry, but just the bleeding and just having to deal with it myself, and just I think that would have been really really devastating and if my boyfriend was there, or something, like, I wouldn’t want him to—you know, just, I was really terrified to miscarry, and I didn’t feel like—I thought it might be a possibility for me, because, I don’t know, I just heard some things that—like, women who are smaller, women who have low body weight—I don’t have low body weight, but I’m a smaller girl—that they’re more likely to miscarry, like, they can’t physically support a baby. So I was terrified about that being especially an issue for me. Maybe if I was, you know, bigger, then I would have less of a risk of that happening—so I was really terrified of that happening. Yeah.

Reference 5 - 0.28% Coverage

all my friends would be asking me, “Oh, let’s go out this weekend!” And then I would have to lie and say that I had school, or something. I couldn’t tell them why,

Reference 6 - 0.31% Coverage

I felt scared right away and I felt confused about how it had happened in the first place, and I felt kind of stupid or irresponsible for letting it happen in the first place.

Reference 7 - 0.21% Coverage

I was terrified I was showing, and then people asking questions, and gaining weight, and just all those things, but yeah

Reference 8 - 1.13% Coverage

I: So there’s a lot of emotions?

P: A lot of emotions. And another thing that I mentioned to you earlier, I was really—I had just this confusing guilt about pre-natal care. Like, I thought, “Okay, I don’t need to have any pre-natal care,” but I felt guilty about, like,

wanting to drink, or wanting to have a drink, or things like that. And I would think, “Well, I don’t need to have any pre-natal care,” but it was just so confusing why—I didn’t drink the whole time. I purposely didn’t drink the whole time. But I didn’t know why I didn’t want to drink, which was strange. And it was just this really confusing feelings about pre-natal care.

Reference 9 - 0.54% Coverage

all my friends would be asking me, “Oh, let’s go out this weekend!” And then I would have to lie and say that I had school, or something. I couldn’t tell them why, and even if I did tell them why, then they’d be like, “Well, why do you care about drinking?” You know? So, just a lot of confusing things. Yeah.

Reference 10 - 0.33% Coverage

had a PAP test, and I had an STD check, and she gave me a prescription for birth control, and that’s one thing that I really was not looking forward to, because I hate being on the Pill.

Reference 11 - 0.36% Coverage

I’ve been on the Pill before, and it was just a really terrible experience. So I was not looking forward to going back on the Pill again. But I got the prescription, and I knew that I had to go on the Pill,

Reference 12 - 0.23% Coverage

my boyfriend had said to me “If my parents ever found out, they would disown you.” And I was like, “Yep, you’re right, they would.”

Reference 13 - 0.49% Coverage

I: Why is selfish wrong?

P: Because I think they would think, “Well you have a life growing inside of you, and you’re too selfish, you don’t want to take care of it, you don’t want to set aside your life and your plans to raise a baby, to raise that life, so you’re selfish.”

[<Internals\\Thesis_Kaci_Disaggregated>](#) - § 24 references coded [7.19% Coverage]

Reference 1 - 0.24% Coverage

we had to obtain consents from, like, the faulty, and our prof and their prof, and the parents of the kids, just to discuss, like, abusive relationships and, you know, pressures of sex, and like whenever someone pressures you to have sex that is abuse. To even discuss those touchy topics that parents don’t want you talking about,

Reference 2 - 0.51% Coverage

I was having, what happened was, like, September, October, November my menstruation cycle was just wonky, like it was just all over the map, out of nowhere, no idea why, could have been something I ate, ‘cause I mean like antacids effect the pill –

I: Okay.

P: So, like several things can have a factor in how it plays a role in hormonal changes. So I inquired about it and, like, I don’t know. I was just told repeatedly like, like pharmacists and doctors, pharmacists were actually a little more helpful (laughing) than the doctors, but they, they just were like well we really can’t be sure just, like, stay on it and hopefully it will regulate itself out. There was no, like, concern at all

Reference 3 - 0.18% Coverage

Something's going on, but I'd like to know, well in the meantime like just be safe, and I was. Yeah, like I used protection aside from the pill and I still, yeah. So, it's not a hundred percent effective (laughs) at all, I'm living proof of that.

Reference 4 - 0.12% Coverage

my mom is a good mom but she's not, you can't go to her for stuff like that. She's a mom (emphasis/ voice strict or bossy), like (laughs), she's not you're friend.

Reference 5 - 0.17% Coverage

Sort of a guilt 'cause I mean, it's, I never felt the feeling, I guess, of knowing there is a human growing inside of me, if that makes any sense. And it's sort of cool, it's kind of neat so, I don't know, a little bit of, like, sadness

Reference 6 - 0.26% Coverage

just for personal moral reasons, like, I didn't drink or obviously – I just, I couldn't, even though I knew I wasn't going to keep the pregnancy, how could I do that knowing what alcohol does to babies? I can't, so I, like, I didn't drink and I took folic acid (laughs), just in the event that I did. And I did things that I knew that a pregnant woman should do

Reference 7 - 0.23% Coverage

P: Yep. 'Cause I wake up at seven and I had to get up three-thirty four, just so I could sit up long enough so that the nausea would go away. So, I'd be up every day at, like, three. Just sitting there (laughs).

I: Yeah.

P: And that was just (vocalizes phew), it sucked. Just sucked. No other word for it.

Reference 8 - 0.49% Coverage

it was just crappy. Really just like having this, I remember saying to my boyfriend, I remember saying like, "you know, I wouldn't mind being sick like this if I was going to get a beautiful healthy baby out of it, but I'm not, so I really mind it." You know? Like, mothers obviously hate it when they're, when they feel that way, but I said do you know I probably would just suck it up and say this is part of the whole thing. At the end of it it's all going to be worth it, but it wasn't worth it, 'cause I knew what was going to happen.

I: Yeah.

P: So, that was the toughest thing about being in that state, was just knowing it was all for nothing.

I: Yeah.

Reference 9 - 0.11% Coverage

I even asked my dad once, like, why he feels that way, and he didn't have an ans, he just said well that's just how it is. There's no logistics behind it

Reference 10 - 0.44% Coverage

had people coming up to me with signs that said baby killer and let your child live, and all this other stuff. And they actually had people that work at the Morgentaler that escort you inside because people have been attacked.

I: So how close do protestors get?

P: Five feet.

I: Really.

P: If that.

I: So what was that like? Did you expect that before you got there?

P: They warned me. I didn't think it would be that bad though, there was about fifteen of them with signs, just surrounding the clinic, like right up to your car. And it can do that legally, 'cause it's not on the property.

Reference 11 - 0.52% Coverage

I: Um, you described your decision as selfish earlier, can define selfish for me?

P: Um, on a personal level I guess selfish is me, I want. I want to finish my degree, I want to go on a trip when I finish my degree, I want my weekends to myself, I want my sleep, I want those things right now because I know when I want them. And I don't want to share my life with an infant yet. And because of the household I grew up in that's selfish, that's considered selfish.

I: So, it sounds like putting yourself first is selfish.

P: Yeah. I know, I know, that's exactly what it is, but I was raised to think that way, and I know it's wrong. I don't put that on others, like I'm, it's more of a, I'm harder on myself

Reference 12 - 0.23% Coverage

P: A lot of it, yeah, my personality, because I said, like, I'm not doing that, so I didn't do it. Like, I don't do things I don't want to do. And I'm lucky that I'm like that because a lot of girls aren't like that and they just do it 'cause they have to (said in sing song/ cautionary voice), they have to think a way.

Reference 13 - 0.68% Coverage

'Cause you wanna be a good mom. That was my main thing, is I wanted to be a good mom. Whether I turned out to be a mom or not, I wanted to do the things I knew I should. So, I didn't drink and I drank a lot of water, and I didn't take any Tylenol or Advil or anything, and I took folic acid for the neural development, and ate lots of fruits and vegetables (laughs), and stuff you should do, exercised, and – 'cause the whole time kept thinking, oh, like, go me, like, that's going to be so good for the baby's bones, or for the baby's whatever, and then as soon as I wasn't pregnant I thought, like, frig, kind of sucks (laughs).

I: So it was almost like, uh, suddenly this is no longer a possibility -

P: Yeah.

I: Like, this part is over?

P: Yeah, it's a hard thing to put into words. It was just like all of a sudden, like, I'm not pregnant anymore. I don't have to do this, I don't have to worry or think or plan, or anything,

Reference 14 - 0.27% Coverage

it's kind of a hard thing to describe. It's guilt really, 'cause it's not it's fault, it was my fault, I guess but it's, I don't know. Sort of a guilt 'cause I mean, it's, I never felt the feeling, I guess, of knowing there is a human growing inside of me, if that makes any sense. And it's sort of cool, it's kind of neat so, I don't know, a little bit of, like, sadness

Reference 15 - 0.29% Coverage

think the most anxiety I had was right after it.

I: Really?

P: Whenever it was done, yeah. Because it had been five weeks that I was and then all of a sudden I'm like, "I'm not pregnant." And then it kind of click in me, and then I had anxiety 'cause up until that point it never really dawned on me. I don't know.

I: So having the procedure done made the pregnancy more, real?

P: Yeah.

Reference 16 - 0.38% Coverage

I could trace it back to the day that I got pregnant I was [south] with my boyfriend for, went for Christmas, and it was over Christmas, but the friging time change (laughs). The pill was ineffective.

I: Oh.

P: Yeah. So, I would normally take it at, like, ten pm but they're four hours behind. So it was, that was just, mine as well not have even been taking it because it was totally ineffective. So we just had the condom obviously, but that doesn't always work either, especially when you're [south] and drinking, so

Reference 17 - 0.20% Coverage

that was the toughest thing about being in that state, was just knowing it was all for nothing.

I: Yeah.

P: So, but at the same time I took my prenatal vitamins and didn't drink alcohol and got lots of sleep (chuckles). God I was tired, just tired all the time.

Reference 18 - 0.13% Coverage

P: Um, sexting? I've done it, my friends have done it. Is everyone proud of it? No. Not thinking, stupid really. But yeah, there is that expectation for sure. A huge expectation

Reference 19 - 0.14% Coverage

P: But she's told me, like, oh my god, like, a friend of hers, sent a, stood in the mirror and took one and the whole school seen it. It went through the email. Teacher's seen it.

I: Yeah.

Reference 20 - 0.29% Coverage

P: They know how to do it. Do they even know it's called twerking? They don't.

I: Yeah.

P: They know that it's shaking your butt and boys like it, and it leads to good things. That's the whole, what's that name, Pavlov –

I: Oh yes, conditioning.

P: Conditioning. Give the dog a treat and he salivates.

I: Yeah.

P: Same thing girls know if they shake their butt guys will like them.

Reference 21 - 0.17% Coverage

if you speak out well you're too opinionated, and you're too (laughs), you know? You're labeled as, like, the obnoxious opinionated woman (clears throat). So there is a danger in that too, 'cause then they don't want to listen to you.

Reference 22 - 0.62% Coverage

P: Yeah I just, I feel like, you know, people (sighs), I think a lot of older women, yeah mostly, I think, yeah, younger women are just like yeah whatever. People my age are, I've found consecutively, that a lot of them are just very accepting in general about sexual needs and diversions and whatever, but, like I find older women are almost afraid that if were open were gonna almost become, like, desexualized and almost used, like, oh were not important anymore, we're just like an object, and it's just talked about as if it's nothing it's not sacred anymore. I think that's what they're afraid off. But just because we're more comfortable talking about sexuality and, like, the choices that we're able (emphasized) to make, I don't think that's going to make people be more active sexually or anything. It's not going to change anything.

Reference 23 - 0.16% Coverage

if you are pregnant and there's no, it's just, like, you know, here's a cream to make you not get starch marks 'cause they're ugly, and here's this so you don't gain as much weight, so you're not fat whenever you have babies,

Reference 24 - 0.34% Coverage

I've seen young children twerking. Do you know what twerking is?

I: Yes.

P: They know how to do it. Do they even know it's called twerking? They don't.

I: Yeah.

P: They know that it's shaking your butt and boys like it, and it leads to good things. That's the whole, what's that name, Pavlov –

I: Oh yes, conditioning.

P: Conditioning. Give the dog a treat and he salivates.

I: Yeah.

P: Same thing girls know if they shake their butt guys will like them.

Island Observation(s)

[<Internals\\Thesis Alex Disaggregated>](#) - § 36 references coded [14.90% Coverage]

Reference 1 - 0.25% Coverage

[more complications] Yeah, everything. Yeah, and I mean, this goes back to if there was accessible on PEI I would have had a month less of hell than I did.

I: Yeah, absolutely.

Reference 2 - 0.59% Coverage

my physician came in and he I told him, and he said that I didn't need to be there. That I didn't need to see him about this, and I said I know but I'm not sure about where I'm supposed to go. So he wrote down the, I'm not going to be able to pronounce his last name properly, Mon, the Monty?

I: Morgentaler.

P25: Morgentaler clinic in Fredericton. And he gave me the name, and then that was that, and then he left.

Reference 3 - 0.17% Coverage

He was just, I don't know, I think he was very unapproving, um, was kind of the general message that I got from him.

Reference 4 - 0.28% Coverage

You can hold whatever opinions and beliefs that you want, but when you're in a line of work such as nursing, I mean, you can't make it so obviously that you are so firmly judging someone's choices.

Reference 5 - 0.25% Coverage

lot of people don't want to oppose physicians. It's a, I think it's considered to be a very power point kind of job to hold

a lot of people don't want to oppose their doctor.

Reference 6 - 0.08% Coverage

I pretty much consider PEI as a community from tip to tip,

Reference 7 - 0.12% Coverage

you have to have someone drive you 'cause you're not allowed to drive yourself. (sighs)

Reference 8 - 0.60% Coverage

I mean had I been able to have that done here they could have had my ultrasound realized that oh she's absolutely ready, and I could have gotten that done a month earlier. But, um, with bridge fare and, I just couldn't afford to make the trip and have it be for nothing, so. (sighs) So yeah, I find out that I was three months along, and missed having to have a second trimester abortion by about, like, a week and a half.

Reference 9 - 0.16% Coverage

they highly suggest that you spend the night in a hotel beforehand. So there was hotel expense, and travel expense,

Reference 10 - 0.54% Coverage

I: So how much were you out of pocket in addition to the bridge and?

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

Reference 11 - 0.25% Coverage

I just kind of brushed it off. I know especially on PEI you have a lot of very differing opinions when it comes to abortion, abortion care, and yeah, she was she was something.

Reference 12 - 0.10% Coverage

my family physician is (twenty minutes away) and I couldn't get out there

Reference 13 - 0.34% Coverage

I didn't even know that was happening now, and I kind of try to keep up to date on what's going on (laughs) with abortion care, and I really, I had no idea. So, I'm kind of, I'm really curious about how hush-hush that's trying to be kept.

Reference 14 - 0.94% Coverage

growing up it was, everyone in my, I lived in a small rural community, and everyone went to church every Sunday, and the first thing you would do is look around and see who isn't in church and, uh, hope that they were sick or else they'd be having, they'd had the eye the next Sunday. Um, very rural, very Roman Catholic community and, I don't know. I don't even think I was really aware of really any, like, what you wanna call, like, left wing issues until I moved (away from the rural community) when I was fifteen. It was just very guarded, very small. I went to school in (a small town), and it was just everyone looked one way, and everyone went to church.

Reference 15 - 0.25% Coverage

it was actually almost unheard of on PEI that a woman would get pregnant and want to place their child outside of their family. This was the first time they'd ever done that.

Reference 16 - 0.52% Coverage

Because we're a very conservative province. Even when we have a liberal premier right now, it just, I mean, he's quoted as saying it's not an issue he's going to address. If you look it up on the Guardian website, it's, you know, that's not an issue that I'm looking to address right now. Um, it's a very conservative community. It's a very conservative province.

Reference 17 - 0.52% Coverage

we have protesters coming from, like, they're not even Islanders. They're not even Islanders, so (laughing) I don't know if our conservatism just kind of screams to other whack job right wings to come over to keep our province so closed, because their provinces are already more liberal. I don't know, but it's just (sighs) we just have such a conservative mentality.

Reference 18 - 0.18% Coverage

I don't know, just to keep a small, kinda backwoods province in some ways, with a, you know, condensed conservative mentality.

Reference 19 - 0.36% Coverage

I mean, within the last few years especially, I think there's a very strong rising liberal, a kind of like youth movement, that's happening. I think we saw it with the protests for Harper, which was fantastic, and...I think things are starting to change.

Reference 20 - 0.28% Coverage

especially with a lot of the more rural communities, or I've noticed specifically, that there's still, the church still holds a very strong grasp over a lot of people. And we are a very rural province,

Reference 21 - 0.21% Coverage

there's so many people who aren't willing to talk, don't want to talk, just don't agree with it, and don't want to, are just not willing to discuss.

Reference 22 - 0.47% Coverage

there's definitely a very strong judgment towards young people having sex, and young people being parents, and definitely a very. I don't know if it's an Island thing, but definitely a very judgmental attitude towards young people having sex. Like,

I: [yeah]

P25: it, more or less don't do it. And you just shouldn't be doing it.

Reference 23 - 0.47% Coverage

there's definitely a very strong judgment towards young people having sex, and young people being parents, and definitely a very. I don't know if it's an Island thing, but definitely a very judgmental attitude towards young people having sex. Like,

I: [yeah]

P25: it, more or less don't do it. And you just shouldn't be doing it

Reference 24 - 0.60% Coverage

the Island bible bookstore has their pregnancy center. (laughing) Which, you know, unless you're, I mean, it's pretty obvious if you can put two and two together, no it's not actually a center for pregnancy. It's not actually going to help you out in anyway if you're seeking abortion. Or we have birthright, which says on their advertisement does not give abortion referrals, or does not provide information about abortion,

Reference 25 - 0.31% Coverage

I had, I was going to go through a lawyer, and it was actually almost unheard of on PEI that a woman would get pregnant and want to place their child outside of their family. This was the first time they'd ever done that.

Reference 26 - 0.96% Coverage

So they gave us, um, letters to read from different people, and the father and I went through and picked what, like, the family that we thought was most suitable. But, um, I don't know, I Googled him and found out that he was head of (a committee in a community very close to where I grew up). So I was just like, anywhere on PEI, like, people are going to find out. Like, he, if he didn't know my grandfather he would have known different farmers that were around that. So I called and I said that I really want to do an out of province, um, adoption. I will find out where my son is and I don't think that I could deal with knowing that he's, you know, fifteen minutes away.

Reference 27 - 1.15% Coverage

they told me no it's too late. We can't do it, you've left it too long, there just isn't enough time, is what they told me. So I was, I would have, I was nineteen, was, I don't know, I would be still very unaware and sheltered, and just said okay. Told my mother, and she was like that doesn't sound right at all, you give me an afternoon we're gonna figure something else out. Within, when she got home from work that evening she said okay I've called (an adoption agency) in Halifax, she said that it would be a little rushed but they have excellent people on staff. She's going to fax me over some letters that you can go over tomorrow, and she said you could have your out of province adoption. So that was figured out within an afternoon. When I was told by Island lawyers no it's too late we can't do it.

Reference 28 - 0.22% Coverage

And we went through Halifax, and they were amazing and fantastic, but they did in two hours what they said couldn't be done in a month and a half on PEI.

Reference 29 - 0.22% Coverage

So yep, Halifax definitely kind of, definitely up-stepped PEI on yet another, um, women's rights issue. If you wanna, yeah I think you could call it that.

Reference 30 - 0.25% Coverage

just kind of brushed it off. I know especially on PEI you have a lot of very differing opinions when it comes to abortion, abortion care, and yeah, she was she was something.

Reference 31 - 0.71% Coverage

abortion was never discussed in my sex ed. I don't know if that's changed since I've been in high school. But...I don't know, why isn't it part of the curriculum? Like, why isn't it discussed? I think that's something that we really need to talk about, and really put it to the education system. Because it doesn't matter how old you are, like, you still have the right to know and make that decision for yourself. Fifteen, sixteen, seventeen, it should be, they should know. Absolutely, they should know.

Reference 32 - 0.64% Coverage

the pharmacist was going over, like, all the possible side effects, and when to take it, and all of that. And when, like, call your doctor in case anything happens, and blah blah blah. But before she started going over that she looked at me for a second, and she was like how old are you. And I'm like twenty-one and she's like oh okay good. And I was like what, and she was like oh well I just thought you were a lot younger. And then she kept going

Reference 33 - 0.60% Coverage

I did go through a very strong abortion is wrong, and you don't do it, when I was younger. Mostly because I grew up going to church every Sunday and God will smite you. You'll burn in hell and all that Catholic bullshit. (laughing) Um, it's, it did, it actually affected me 'cause I'm very right now, like, exceptionally left wing in pretty much everything that I believe in. But, uh, no I did definitely go through a period.

Reference 34 - 0.46% Coverage

He had bronchitis, so they kept him in so they could keep him on the respirator, and he was fine after that. But, I would have, was twenty, and probably looked like I was seventeen. The nurse, very short, very direct, like, not very friendly. And again, do you mind if I ask you how old you are. Twenty. Attitude changed.

Reference 35 - 0.42% Coverage

this is blowing my mind right now. I'm still trying to wrap my head around that fact that I had the option of having this done for free and was never, (sighs) was never given that option. Um...I don't know. Um, I think more people, myself included, just need to, there has to be more education.

Reference 36 - 0.44% Coverage

I grew up with a very right winged, in a very right winged family. But not so much to the extent where they would ever tell me no don't read these, or no don't think this way, it was still very. We have very conservative beliefs but, I'm the only one (laughs) that grew up with left wing attitudes in my family

[<Internals\\Thesis_Bev_Disaggregated>](#) - § 20 references coded [16.54% Coverage]

Reference 1 - 0.78% Coverage

P: [I] just respect everyone's right to have their own opinion.

I: Oh okay, I got 'ya yeah.

P: 'Cause I don't, I don't like when people come up to me and go what you believe is wrong, so I feel like it's wrong to go and do that to other people.

Reference 2 - 0.70% Coverage

So three years ago, did you did you know where you would go to for help if you need to have an abortion,

P: [no]

I: or to access?

P: [no] I'd be

I: But you knew about the morning after pill?

P: I knew it existed,

Reference 3 - 1.45% Coverage

that's not anything that, you know, my mother had ever touched on, like oh, like, if that happens to you go get the morning after pill. She's kind of like oh, you know, get married and then have kids. That's the kind of mentality she has, well I'm sure she would be supportive if did end up getting pregnant, but I don't know if she would be supportive if I got an abortion or, you know, I don't think she really believes in abortion and the morning after pill.

Reference 4 - 0.27% Coverage

when it comes to sexual stuff me and my mother have a pretty closed off relationship.

Reference 5 - 0.89% Coverage

P: [I'm] I'm just honest. I don't know a whole lot it, just 'cause there's nothing really around here, I know people who have had to, who've gone to Halifax to get one, but apart from that I don't really know too much about access around here to, um, you know, a safe abortion anyway

Reference 6 - 0.48% Coverage

sex just isn't all ooo we're all in love and we're going to have a baby, which is kind of what they teach you in school, like, the books are so outdated,

Reference 7 - 1.08% Coverage

I: Um, you sound really frustrated with all that?

P: Yeah, well the entire school system really I think is horse shit. (laughs) Well I don't know too much about university here and stuff because I haven't reached that point yet, but high school here, what they teach you [...] I didn't learn anything.

I: About healthy sexuality?

P: No.

Reference 8 - 1.44% Coverage

people on Prince Edward Island need to be more educated about this stuff because I find, you know, if you do learn anything about it in high school it's like a 1990's kind of textbook kind of, like,

I: [um hum]

P: oh yeah this is bad. And I mean I guess I understand it, 'cause a lot of the stuff if you do talk about it in high school, like, as a teacher you can get in trouble for it, but I just, I don't know how you can get the information out there.

Reference 9 - 0.47% Coverage

and it's hard to make educated decisions when you're not educated about a certain topic, and a lot

I: [um hum]

P: of people here aren't.

I: Yeah.

Reference 10 - 0.77% Coverage

I'm glad like on PEI that we at least have access to that.

I: [um hum]

P: 'Cause I mean I'm sure there are still some places, hopefully not too many, but I'm sure there are some places where, you know, I mean you don't have access to that.

Reference 11 - 0.87% Coverage

I don't even know if they would have that, like, in other parts of the island.

I: [That's a] really good question.

P: Like, I have no idea like, I don't know if all people all, like, (in the really rural) areas have, like, I don't think they do, I wouldn't think they would.

Reference 12 - 0.74% Coverage

rural areas like that,

I: [yeah]

P: like, a lot of people, I don't want to judge or anything, but their mindset's kind of back a generation or so, well their values kind of,

I: [yeah]

P: and, you know, I'm not judging them for that

Reference 13 - 0.89% Coverage

I'm not going to give someone shit for being pro-life but , like, when you know someone calls you disgusting, or a bad person, or a slut for getting an abortion, like, that just proves that PEI is so behind, like, it's like what are your parents teaching you. It's like blind hatred.

Reference 14 - 0.66% Coverage

I guess I understand it, 'cause a lot of the stuff if you do talk about it in high school, like, as a teacher you can get in trouble for it, but I just, I don't know how you can get the information out there.

Reference 15 - 1.07% Coverage

P: 'Cause I feel like, you know, especially in places, more rural areas, like, a lot of people are still kind of, you know, they're overly religious and kind of scared to talk about this kind of stuff, but I feel like you, know, I I don't have any problem with people making choice by religion, but you also have to make educated decisions

Reference 16 - 0.59% Coverage

I knew it existed, but [...] I think, I was too, you know, embarrassed. I was, you know, just a kid. I was just kind of too embarrassed, and too ashamed to kind of ask someone about it.

Reference 17 - 0.63% Coverage

P: They, if, anytime I've heard about abortion being taught in school, and into, at school it's kind of been like abortions not good, or, like, debates and stuff, like, a lot of the pro-life debates

Reference 18 - 0.90% Coverage

I'm not going to give someone shit for being pro-life but , like, when you know someone calls you disgusting, or a bad person, or a slut for getting an abortion, like, that just proves that PEI is so behind, like, it's like what are your parents teaching you. It's like blind hatred.

Reference 19 - 0.92% Coverage

it's a pressing issue, and that, you know, women need this, like, I know a lot of girls, young girls, can't even, you know, doesn't matter what age you are, but specifically young women who can't afford to, you know, make it to Halifax and don't have anyone to go with them to support them.

Reference 20 - 0.93% Coverage

I was always pro-choice but, I never really kind of, I was just like yeah people can do what they want, whatever I don't care. And now I'm kind of at the point where it's like we need so much help here, like, when it comes to this stuff. We need so much more information and stuff and, you know

[<Internals\\Thesis_Claire_Disaggregated>](#) - § 30 references coded [17.95% Coverage]

Reference 1 - 0.35% Coverage

my mom took me over and is cost a lot of money, um, for not just the procedure, but like to go over and stay in a hotel, and the gas, and the bridge, and all that stuff so, and I was only there for like maybe like twenty-four hours.

Reference 2 - 0.52% Coverage

I: You said it was really expensive. Do you want to tell me more about, like six hundred for the procedure?

P: Yeah, and then I guess the bridge costs, and gas, and if you're going to eat while you're there, and where ever you're staying.

I: So how much do you think it cost?

P: It was definitely more than a thousand dollars, for sure.

Reference 3 - 0.30% Coverage

I can see why some people wouldn't do it because, like, you don't just whip out a thousand dollars, you know what I mean? (laughing) Like, especially if you're young and, you know, like student jobs

Reference 4 - 0.37% Coverage

Like, why do you think the barriers are there? Do they feel like barriers?

P: Yeah, well I mean, yeah. It feels like I think just, I don't know, it's like I, I don't know if it's just PEI that it feels like there's, like, a stigma around it,

Reference 5 - 0.48% Coverage

in a way it was nice not to be on PEI because if you were on PEI whoever is holding that sign probably knows you, or your mom, or someone like that, you know what I mean? So if you walk into a clinic (on a PEI city street) you're probably gonna see three people that you know either on the way there or on the way out.

Reference 6 - 0.70% Coverage

I: Yeah, and so the harder you make it for women to make early decisions?

P: The, yeah, the more likely you make it, I guess, that it's going to be later term abortion. Which probably has really horrible, not horrible, but could probably have much worse repercussions for her

I: [could be more]

P: afterwards because it would be really traumatic, I would think, to have an abortion at that point.

I: Especially if you've been wanting to have it all along.

Reference 7 - 0.75% Coverage

P: Yeah, it seems like, it sounds like her parents just don't believe in that because of their religious beliefs, so.

I: I wonder what would have helped her.

P: Maybe having another, like, I mean in her case she couldn't make it happen at all without an adult to make it work, like, you know, if your parents are the people who could financially and travel wise make that happen for you, and if she doesn't have anyone else then, if they didn't support it then that's it [...] kind of thing.

Reference 8 - 1.36% Coverage

because I had to leave the Island, I was working, I was doing a show and, um, because it was during the summer, and I had to leave, if I could have stayed on PEI I could have done it on my day off here by myself, without having to say anything, but because I had to leave PEI I had to tell the stage manager, and the producer, and, um, I had to, they only, the Morgentaler clinic in Fredericton is only open, they only provide abortions on Friday's, so, or there's two days a week maybe, and Friday was the only one that worked, and we happened to have a show on Friday so they had to put, they had a hold a rehearsal all day that day while I was gone in order to, um, put my under study on, and ah, fill in the space that was gone when she left her place in the show and filled my spot. So the, it inconvenienced the entire show, and I had to disclose it to people that really didn't need to know.

Reference 9 - 0.43% Coverage

if it was not a place off Island where I had to go take, you know, forty-eight hours away from PEI I probably could have done it on a day off, and not have to deal with any of that.

I: [hum]

P: So it was, like, pretty inconvenient for everyone involved in the show that I was in

Reference 10 - 0.41% Coverage

I know most of them so it wasn't like telling strangers, but at the same time it was just, like, it didn't, if we had the necessary, like, availability here then it wouldn't have been necessary for me to do that at all. I could have avoided that whole awkward situation.

Reference 11 - 0.63% Coverage

P: Like, you know, I've talked to, um, I talked to a high school class in a PEI city, um, where I went to school and, um, and one of my old teachers asked me to come in and talk to her career futures class about costs of living on your own, and being independent after high school, and then unexpected costs, and she thought I would be good because I have a lot of unexpected costs because I ended up having a baby

Reference 12 - 0.46% Coverage

the money that I get, I get as much as you can form the government monthly to help out with my expenses, and if I didn't have my dad paying my rent and my car payments I don't, I would be living in a cardboard box, like, you know. I think I get 386 dollars a month [...] and that's as much as you can get.

Reference 13 - 0.95% Coverage

P: Child care,

I: [food]

P: that friggng I pay, I only get half coverage for my daycare from child subsidy, childcare subsidy.

I: Only half?

P: Yeah, because she's in a private home, because there were no spaces in a public facility, and like, I went to my, um, representative, Mike Currie someone Currie, Dug Currie maybe, and raised the issue because I was like I can understand if I chose a home daycare, and now that I'm in one I'm really happy with it and I don't want to move her a public one, but that's not really the issue.

I: [plus your daughters happy there too.]

P: Yeah, but that's not really the issue.

Reference 14 - 0.77% Coverage

I don't have a lot of money to pay for childcare so I would like to put her in a, like, a what's it called, like a registered childcare facility

I: [It wouldn't]

P: because then it's fully funded from childcare subsidy.

I: [Yeah,] plus it's registered

P: Exactly.

I: It comes with criteria.

P: Yeah, and like as much as I wasn't a huge fan of most of the places because they're big right, compared to a home daycare, it's fully funded so I wanted to do that, but there are no infant spots on PEI,

Reference 15 - 0.69% Coverage

I have to put her in this facility that's a homecare facility, and even because, like, you know, with all those details they still wouldn't provide me with the full thing, and I was like it's not my fault that there's no spot in the ones that you fully pay for, so why can't you fully pay for the one in someone's home, because otherwise, if it weren't for the fact that there are no spots, I would have put her in one that I could get the full subsidy for.

Reference 16 - 0.53% Coverage

I couldn't work because if I worked I would pay a babysitter for that time, and if I made minimum wage I'd be profiting by like a dollar an hour 'cause you need to pay a babysitter almost minimum wage, you know, you really should pay them minimum wage, so if you're making minimum wage it's kind of silly to work. That's my opinion on that anyway.

Reference 17 - 0.38% Coverage

the money thing is huge. If you don't have the money to have a child I don't th, like, it's not necessarily a good idea to do it.

I: 'Cause you never know

P: [Yeah exactly.] Yeah, so, that was my, if I didn't, I definitely couldn't go to school

Reference 18 - 0.76% Coverage

I if they're wasn't such a social stigma, and if it wasn't PEI, I would say, like, well you know what, like, I don't really think you know what you're talking about because I've been there, and I did it so, like, what I'm, like, I'm not you know coming out, coming up with facts out of thin air, like, I have experienced it. Whereas because of where we live and stuff like that, and people's opinions and religious beliefs, and etcetera I don't feel the need to put myself under the microscope there.

Reference 19 - 0.16% Coverage

it really makes it difficult for I think a lot of women. I don't know, people don't talk about it very much,

Reference 20 - 0.48% Coverage

in a way it was nice not to be on PEI because if you were on PEI whoever is holding that sign probably knows you, or your mom, or someone like that, you know what I mean? So if you walk into a clinic (on a PEI city street) you're probably gonna see three people that you know either on the way there or on the way out.

Reference 21 - 0.48% Coverage

the only thing I guess I would keep in mind is that it is a small place, and people have really strong opinions, and that's the only reason that I care about anonymity is because I don't want to open (laughs) myself up for like you know, um, whatever you call it, the way that people behave, or act, or feel about it.

Reference 22 - 0.42% Coverage

I think it was, my dad looked it up, and I think there's like twenty-two hundred or something like that, infants a ye, thirteen hundred babies a year born on PEI, and I think there are a hundred and ten infant spots in daycare, in the whole Island, and so there are no spots

Reference 23 - 0.43% Coverage

I can see why some people wouldn't do it because, like, you don't just whip out a thousand dollars, you know what I mean? (laughing) Like, especially if you're young and, you know, like student jobs, or if you're in school or

I: [yeah]

P: or whatever, it's a bit of a process.

Reference 24 - 0.58% Coverage

especially if your young like trying to pretend to your parents that your, you know? And I mean like old enough to get an abortion without legally having to tell your parents, but young enough that if you live with them or, you know, you're like still financially dependent it's going to look really strange to them if you take off to New Brunswick for two days, you know what I mean?

Reference 25 - 0.75% Coverage

P: Yeah, it seems like, it sounds like her parents just don't believe in that because of their religious beliefs, so.

I: I wonder what would have helped her.

P: Maybe having another, like, I mean in her case she couldn't make it happen at all without an adult to make it work, like, you know, if your parents are the people who could financially and travel wise make that happen for you, and if she doesn't have anyone else then, if they didn't support it then that's it [...] kind of thing.

Reference 26 - 0.36% Coverage

I always felt pro-choice, like, I never, it wasn't an issue that I thought about very much 'cause I was, like, you know, younger than nineteen so it didn't really occur to me all that often but, um, it didn't bother me at all, for sure.

Reference 27 - 0.78% Coverage

I: [we don't have Planned Parenthood.]

P: right, but there is one place in PEI, it's not the Island pregnancy center.

I: Your eyes are moving back and forth, and, what do you understand the Island pregnancy center to be?

P: Um, I know a couple of people who worked there 'cause I used to be involved with the Baptist church when I was younger, when I was, like, in junior high, um so I know that it is very religiously affiliated, and, and it's not that they hide that, but they do kind of mask it a little bit

Reference 28 - 1.27% Coverage

it's only if you really read the fine print, that they say that, 'cause they say like counselling for all op to, like, consider all of your options, and that's like you know their if you're in a crisis situation, or you're pregnant and you don't know what to do, blah blah blah. They say like, um, their basic message, or it seems like is, um to that they provide counselling so that you can made a decision considering all your options. And they say if you, I can't remember where on their website, but you have to really look into their fine print where it says, um, we do not advocate abortion, or we don't we don't counsel, we, oh, we don't counsel that abortion is, um, a constructive, like, basically like we don't counsel that abortion is uh a good decision, um, we in fact have found that is compounds your problems, um, basically.

Reference 29 - 0.86% Coverage

switched doctors when I was sixteen. My mom, I used to be with a family friend, um, and he was a man, and my mom felt that I should, she was like, she switched to a woman after a while, and she was like you'd be more comfortable, you know, as a sixteen year old girl if you had like, a fam, like a woman who's a family physician. I was like okay whatever, and we switched, and, um, I'm really glad I did because the one that we used, that I used to be with, and my dad is still with, is ah, is part of that church, and he's extremely extremely proactive in that.

Reference 30 - 0.56% Coverage

I'm not really sure what I, I would expect him to, like, maybe not even do the one month check-up after you got back from an abortion. I'm pretty sure.

I: Yeah. So, you wouldn't feel like he'd even give you care?

P: Um, I think that he would have a huge problem with it.

I: Wow.

P: Yeah.

I: How does that make you feel?

P: It grosses me out a lot actually.

[<Internals\\Thesis Dawn Disaggregated>](#) - § 32 references coded [18.82% Coverage]

Reference 1 - 0.34% Coverage

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

Reference 2 - 0.66% Coverage

I: You went to the hospital?

P: Oh yeah. And they said it was nothing.

I: (gasps) Give me, tell me more. Oh my God!

P: I know. And I told them I had taken, like the two, the cocktail of pills there or whatever, and they didn't do an ultrasound or anything. And I had a bit of discharge like pink bloody stuff, and I went back because I thought maybe my period was starting, but the pain was still unreal. And some young medical doctor decided to do an ultrasound and told me I was still pregnant.

Reference 3 - 0.60% Coverage

P: No, I had to wait for- they had to confirm how far along I was to go across to get it done.

I: They couldn't have just used that other ultrasound?

P: No, well he's not an ultrasound technician so, yeah, they gotta have, yeah.

I: (sighs) So how long, sorry.

P: [that's okay]

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

P: [yeah, yeah]

I: That you're still pregnant,

P: [yeah]

I: And then you still have to wait?

P: Yeah.

Reference 4 - 0.25% Coverage

I called around and a lot of doctors, or family doctors, said they won't see me. I finally found a women's health clinic (name of doctor omitted).

I: [Yeah]

P: She did a referral for me so

Reference 5 - 0.34% Coverage

then they asked me if I could go on Friday, and I said well I can't, I have to make arrangements for my kids and all that. (coughs) Excuse me. And then so they told me if I don't go Monday I can't get it done at all. So I was like okay, I can go Monday.

Reference 6 - 0.42% Coverage

My mom went with me on the shuttle , we went on the shuttle.

I: (oh my gosh)

P: So yeah, we went over Sunday. Sunday cause just 'cause my appointment was at seven in the morning, so that's the only way, unless you drive all night, you know what I mean, so. I went over Sunday, then you gotta pay for the hotel that night

Reference 7 - 0.55% Coverage

I: And so they were concerned though about you pain?

P: Yeah, but they don't, they don't, they won't give you anything other than what they give you for the procedure. And, not like I was feening for drugs or anything,

I: [No]

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

Reference 8 - 0.55% Coverage

I had a cut on my cervix from when they did it and like a blister formed on it and it filled with like, whatever fills inside. So I had to drive to go back over to have it drained.

I: To Halifax?

P: Yeah. And they wouldn't pay for that at all so I had to- yeah, yeah.

I: They couldn't do anything here?

P: No.

I: Why?

P: I don't know they just couldn't. I had to go to the same doctor who did the procedure.

Reference 9 - 0.30% Coverage

: Who was looking after you the last time? Was it (doctor's name omitted)?

P: Yeah.

I: So you came from Halifax-

P: He didn't even- I made a follow up appointment with, with him and he cancelled it. And I didn't see him since.

Reference 10 - 0.32% Coverage

he wouldn't even see me about the pain I was having after 'cause I was still having pain at this point from I don't know, I don't know if it was an effect from the medication and the baby not, I don't know. But, um, he wouldn't even see me

Reference 11 - 0.52% Coverage

I: Yeah. And so at that point it's an emergency. Do you have to, do you know at all if social services will support you in going?

P: They pay for, um, they paid for the hotel.

I: Did they pay for your shuttle?

P: No because that wasn't a, they didn't think that was a smart way to do it but my mom didn't know how to get to Halifax, like, by herself you know what I mean? So they wouldn't pay.

Reference 12 - 1.35% Coverage

I: So you asked to have, you know, your ride over to Halifax paid for and they refused.

P: Yeah. Well the shuttle, yeah.

I: They pay for your lodging -

P: Yeah. They pay for gas, yeah. They paid for lodge and-

I: Would they, would they have given you the money they would have given you in gas

P: [No]

I: to help defer the cost of the shuttle?

P: No. I don't know. And this was all short notice to, like, so I had to, they told me Thursday. I had to get, Friday talk to my worker and it took me 'till lunchtime to even get a hold of him. And I had to explain to my male worker that I'm going to Halifax. And he's why? So I explain to him, and then everyone has their opinions on abortion as it is, so I'm trying to explain to him, well have to, the only day I can go is Monday. And he's gotta talk to his supervisor to see if it can be, so it's just like, I'm like panicking. And it's like fuck (laughs) is this gonna happen? Or am I gonna be like, yeah. But we got it done (laughs) And it's just like so stressful

Reference 13 - 0.67% Coverage

And then he's gotta talk to, so it's not just him I'm talking to him about-

I: [right]

P: it's going to the supervisor. So it's just like, and I'm not embarrassed by it because I don't really care what people think because I know the reason why I'm getting it done, but it's just like nobody should have to, with such a dark cloud over the topic you shouldn't have to explain to so many people. It should just be, I had a medical note from a doctor saying I had to go to Halifax. Do you know what I mean?

Reference 14 - 0.39% Coverage

I even think like the pharmacist, I don't know what right they have to become a doctor. Like, they're there to fill a prescription. They're not there to give me advice on, or tell me that they won't do it.

I: [yeah].

P: Like that's, or give me attitude behind it either. Like it's, it's wrong.

Reference 15 - 0.91% Coverage

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

I: They what?

P: They freaked for me asking. But I thought, like, he's not just delivering babies he's like a vag doctor right?

I: [yeah]

P: So I thought like, but no, no.

I: So tell me about phoning and-

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

Reference 16 - 1.77% Coverage

P: (laughing) Yeah, it was ridiculous. Like I just asked if I could have an ultra- well it's nothing like you've, I think you were more, I think it's really taboo to talk about abortions. I mean it's, you feel the people, I felt like I wasn't getting properly, I don't want to take that to the extreme, but it seemed like obviously, if a brand new doctor gets it right away, and, like, guys who have been there for years can't just do a simple belly ultrasound to check Whenever I had went to the hospital before, and I was having a miscarriage, it seemed more compassionate, you know what I mean? But when I went there explaining that I had taken the pills to have an abortion and I was experiencing extremely bad pain in my abdomen, it just didn't seem. Like, I waited for like five hours in the emergency room and like excruciating, like I was crying out there. And I wasn't just doing it to be dramatic I was in real pain. And then the doctor came in and he would just touch, touch. And then he, and he should have been able to feel it too 'cause, like, I have kids and whenever they do the belly touch and they can feel you're, you know what I mean? It just doesn't seem like, now that I think of it, it just doesn't seem like it was really done properly. I don't know. Yeah, so, I don't know. But I'm not a doctor (laughs) so you know.

Reference 17 - 0.60% Coverage

P: No, I had to wait for- they had to confirm how far along I was to go across to get it done.

I: They couldn't have just used that other ultrasound?

P: No, well he's not an ultrasound technician so, yeah, they gotta have, yeah.

I: (sighs) So how long, sorry.

P: [that's okay]

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

P: [yeah, yeah]

I: That you're still pregnant,

P: [yeah]

I: And then you still have to wait?

P: Yeah.

Reference 18 - 0.56% Coverage

P: And there was two other girls from PEI getting it done the same day I went over there. Do you know what I mean? So it's like, everyone, like, stay at that- and it's not fun driving back bleeding your guts out. Do you know what I mean? Like, four or five hours. It sucks like you shouldn't have to. And they give you Advil. You know what I mean? Like, it hurts like hell. They think that it doesn't but it does. It hurts bad

Reference 19 - 0.43% Coverage

My mom went with me on the shuttle , we went on the shuttle.

I: (oh my gosh)

P: So yeah, we went over Sunday. Sunday cause just 'cause my appointment was at seven in the morning, so that's the only way, unless you drive all night, you know what I mean, so. I went over Sunday, then you gotta pay for the hotel that night,

Reference 20 - 0.46% Coverage

P: Yeah. It's a lot of unexpected expenses too. Well I knew it was going to cost money, but like, it's just you pay for your food, and then your hotel, and then your way there, and then your bridge, do you know what I mean? It's a lot of money.

I: And like you say you're on a fixed income.

P: Yeah. I get four hundred dollars a month.

I: [Yeah]

Reference 21 - 0.58% Coverage

I: Now, would the hospital have done it if you didn't have someone to accompany you?

P: [No]

I: Did they say you needed-

P: You need to have someone with you.

I: Yeah, okay.

P: [yeah]

I: So you have to find someone,

P: [yeah]

I: to go with you.

P: [Yeah]

I: No way to pay them?

P: No.

I: You're sort of on the good graces -

P: Yeah. Yeah.

I: And you have to tell your worker, who refuses -

P: Some of the payments, yeah.

Reference 22 - 0.21% Coverage

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

P: Well I wasn't. (laughs) I took a plastic bag to sit with me on the shuttle (laughing)

Reference 23 - 1.24% Coverage

And I had like those big hospital pads on, a couple of them just to-

I: Yeah, but you just bleed through-

P: Yeah and you can't, you can't ask the driver to pull over I need to use the bathroom. Yeah it's pretty-

I: So tell me a little bit about that.

P: Oh there's blood, like I bled all over the bag, like, it was horrible. And it's like you gotta kind of hide it whenever you are getting out 'cause it's, and it didn't go on the seat thank God, but it's like-

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

P: A towel. Well I was wearing black sweatpants so it kind of covered a little bit but you'd see like, you know what I mean like-

I: I do.

P: Yeah, so it's just, it's so pathetic. We get out at the McDonald's parking lot and, yeah. So and then you're sore and it's just, I don't know. Kind of degrading a little bit (laughing) I guess you could say. Instead of just going a couple miles and going home.

Reference 24 - 0.85% Coverage

the other girls that were there too that weren't from PEI but just like, wow you had to come from PEI? They don't do it there. And like, no it's illegal. And they're like, are you serious? And everyone thinks-

I: It's not illegal but-

P: It's not illegal?

I: Just they won't do it.

P: See we're all thinking it's illegal, and like. Like why? That makes no sense.

I: So you think that it's?

P: I thought it was illegal.

I: Tell me more.

P: About illegal?

I: Well why you think it is.

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

Reference 25 - 0.71% Coverage

I: Yeah. And so these other two women from PEI, you guys recognized each other, you're chatting in the waiting room (laughs). Did they have similar difficult stories or?

P: No.

I: They probably didn't share-

P: Well, no I did talk to them. They, they actually both had the same doctor. I forget who they had but they had no problem getting a referral. It's just they had a long waiting time. They found out at five, six weeks and they were getting it done at eleven, twelve weeks. And it gets more trickier as they get further along.

Reference 26 - 0.55% Coverage

I had a cut on my cervix from when they did it and like a blister formed on it and it filled with like, whatever fills inside. So I had to drive to go back over to have it drained.

I: To Halifax?

P: Yeah. And they wouldn't pay for that at all so I had to- yeah, yeah.

I: They couldn't do anything here?

P: No.

I: Why?

P: I don't know they just couldn't. I had to go to the same doctor who did the procedure

Reference 27 - 0.08% Coverage

I can't afford them. I'm on welfare, you know what I mean?

Reference 28 - 0.46% Coverage

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

I: Who's making up the rules?

P: I know! It's like who gets to make the choice about what I want to do with my body.

Reference 29 - 0.68% Coverage

Its PEI, they'll never allow it I don't think.

I: No?

P: No. I wish they would. I think it's too behind in the times really. There's too many- yeah well I find they base everything off like, it's just my opinion, but they do everything for like, like senior voters, do you know what I mean? Like I find a lot of the things are for like, and a lot of the people are religious and then it's more of, yeah, I don't know I just find it's more- they base a lot of things on religion and not on what really is important

Reference 30 - 0.76% Coverage

Its PEI, they'll never allow it I don't think.

I: No?

P: No. I wish they would. I think it's too behind in the times really. There's too many- yeah well I find they base everything off like, it's just my opinion, but they do everything for like, like senior voters, do you know what I mean? Like I find a lot of the things are for like, and a lot of the people are religious and then it's more of, yeah, I don't know I just find it's more- they base a lot of things on religion and not on what really is important, like on these kind of matters and-

I: Your health?

P: Yeah.

Reference 31 - 0.20% Coverage

I: Now you said there were a couple of other women from Prince Edward Island.

P: [Yeah]

I: How did you know?

P: Well I know them.

I: Oh. (laughing)

Reference 32 - 0.51% Coverage

I was wearing black sweatpants so it kind of covered a little bit but you'd see like, you know what I mean like-

I: I do.

P: Yeah, so it's just, it's so pathetic. We get out at the McDonald's parking lot and, yeah. So and then you're sore and it's just, I don't know. Kind of degrading a little bit (laughing) I guess you could say. Instead of just going a couple miles and going home.

[<Internals\\Thesis_Ella_Disaggregated>](#) - § 28 references coded [13.56% Coverage]

Reference 1 - 0.27% Coverage

I knew growing-up, like, you know, girls would always talk about abortion and people had always said, oh you have to go to Moncton or you have to go to Halifax, like, you can't get that done here, but, like, I didn't realize the complications that actually came with that.

Reference 2 - 0.60% Coverage

I explained my story, I said I'm a student, I'm in [city] Ontario, I just found out I'm pregnant, I don't want this baby, I want an abortion, and, um, the woman was like, okay, she said, "well, we need a doctor to, um, fax us that it's medically relevant. And I was like, what does that mean? Like, (laughs) what does it mean to be medically relevant? And then they said, she said "well, you have to, like, you have to have the consent of two Island doctors and have a reason to need an abortion for us to cover it.

I: Wow (emphasised).

P: And I was like what (emphasized). So, like, I hung up with her

Reference 3 - 0.37% Coverage

P: And the Ontario office would not do that for me like the hospital in [Ontario city] would not, like refused to fax PEI. They were like this is all on you, like you deal with PEI, we're not communicating with PEI at all. Like, if you want this done you can pay for it and you can deal with PEI to reimburse you. Like, they were really, like, so not helpful at all (emphasized).

Reference 4 - 0.75% Coverage

basically Ontario was just like we're not touching this, like, we'll do it for you but you have to pay us. Like, which to me was, like, shocking because the year before, like last year, I spent almost four months in the hospital [in the same Ontario city] and never once did my PEI health-card ever pop up as an issue. Like never. So when they start saying you need to pay me I'm looking at them going okay last year I was here for four months you had my health-card it was never a problem, like why is it a problem now? And they were like because PEI's abortion, um, laws are different than ours so we don't touch it, like you deal with it. And I was like so that's why, like now my pregnancy isn't just a pregnancy it's a problem, like, and it's a scary problem

Reference 5 - 0.33% Coverage

Because it was almost thirteen hundred dollars, and

I: [wow]

P: it was like needed immediately, like they don't do a payment plan, like they wanted up front. They wanted it a week before the procedure and then, um, the day of the procedure I had to bring a hundred and sixty dollars cash to give to the doctor the morning of.

I: Wow.

Reference 6 - 0.84% Coverage

when me and [the Out of Province Physician Referral Coordinator] were discussing the payment structure she told me that PEI only covers the amount to what Halifax covers, because that's the only hospital that they, like, conduct business with I'm assuming.

I: Yeah.

P: 'Cause I know that there's a hosp – a clinic in New Brunswick but PEI doesn't cover private clinics.

I: uh huh.

P: And there's also the hospital in Halifax that does it, so they cover that one. Now she told me the price of the Halifax hospital but I don't know what that was, I can't remember, but she told me that that's all that I would be getting back based on my receipts no matter what I paid. (sighs) Which I also didn't really understand because why, like, who cares if one hospital is charging you a different price I should still get the full coverage, you know?

Reference 7 - 0.18% Coverage

I sent my receipts in the second week of August and two days ago or three or days ago when I talked to the PEI office they told me that my money wouldn't be getting here until November

Reference 8 - 0.23% Coverage

you're physically drained but then to be sitting on the phone for three-four hours at a time, and people are, you're arguing with people but like no one can really give you the answer, and just the different, like, people were very rude.

Reference 9 - 0.57% Coverage

And I remember thinking, like, why don't they just go get an abortion, like, at sixteen like why would you do that. Like, why would you just not go get an abortion? And then I remember people kind of being like well you can't (emphasized) just get an abortion in PEI, like you have to go other places. And even growing up, like my mom would kind of crack jokes, like she'd be like oh if you get pregnant I'm driving you to Moncton, and she's been saying that, like, for ten years and there's not even a place in Moncton that you can go

I: [Laughs]

P: get abortions (laughing).

Reference 10 - 1.14% Coverage

I mean to be honest it made me, like, thankful that I can change my PEI health-card to Ontario soon. Like, it was terrifying not having the coverage, like it was. It was scary not knowing that, like, something that should be given to me with no hassle is taking so much work. Like, when you go into the emergency room you give someone your card and you don't really think about it again, and that's kind of how I thought it would be, like I would make an appointment to get an abortion, I would see couple doctors, I would have my abortion, and that's the end, but it did not go that way. And I know, like, I have spoken to girls who have had abortions here in Ontario and they all told me it practically, it was pretty easy, like, you made your two appointments and your third appointment was the abortion, and that was the end. And that's kind of how I thought my experience would go, but it really, like it was backwards, like, and I don't really blame Ontario for being so hesitant because PEI itself is hesitant to even tell you what's going on so I understand that another province is going to be I don't want to touch that, like, you deal with it.

Reference 11 - 0.45% Coverage

at the time I didn't even know where to get my abortion done because PEI wasn't really clear where it can be done. Like, they, and then they, like did find out eventually it was, it can only be done in a hospital, an accredited hospital, but there are clinics in Ontario attached to hospitals so that was confusing too 'cause I was like does that count? And they were like no it has to be in the hospital and it was (sighs) yeah it was just hard (laughs).

Reference 12 - 1.08% Coverage

for girls like me who, like me, were [away at school], um, I would get your facts straight. Make sure that you talk to more than one person even if it's in the same office, because I came across six different answers before I came across the right one, um

I: [sighs audibly]

P: Yeah (laughs), like, so that was another thing, like, the people in their need to get their facts straight. Like, everyone in their needs to take a course and, like, take a section of the book and read it (laughing) or something, 'cause that was difficult too. So make sure, like, if you're in my situation, um, like you make sure you get all of the, like never mind the province that you're in because they're not really going to be helpful. You need to get in touch with PEI, and

I: uh huh.

P: yeah, just make sure, that you have your facts straight. And if you hear an answer from someone confirm it with someone else because I was going down routes where I was taking some people's information that was false before I actually got to the right information (sighs) so just double check your information every time.

Reference 13 - 0.44% Coverage

the [Out of Province Physician Referral Coordinator], I get on the phone with [her] again, this was like a two hour conversation in my vehicle, but I get on the phone with [her] again, and she tells me that all I need is the hospital and the doctor to like fax my information from the hospital in [Ontario city] to PEI's office explaining that I am getting an abortion. Like, all they needed was like a doctor to say yes she is getting an abortion.

Reference 14 - 0.37% Coverage

the Ontario office would not do that for me like the hospital in [Ontario city] would not, like refused to fax PEI. They were like this is all on you, like you deal with PEI, we're not communicating with PEI at all. Like, if you want this done you can pay for it and you can deal with PEI to reimburse you. Like, they were really, like, so not helpful at all (emphasized).

Reference 15 - 0.52% Coverage

mistakes get made, but I think PEI treats it like we're out there trying to get pregnant, like you know what I mean?

I: [yeah]

P: Like they treat it like, oh well you guys shouldn't be having unprotected sex , and it's like there's not any resources to even teach about protected sex. Like, I mean those stupid classes that they make you do in grade nine are completely useless, like, there's no resources to even prevent this from happening so how can you take away the only option we have when it does happen, you know?

Reference 16 - 0.24% Coverage

they were basically trying to make my decision for me. That one woman saying I needed a medically relevant reason from a doctor, which turned out not to be true, but still, like that was still a Health PEI office clerk saying that, you know?

Reference 17 - 0.11% Coverage

they really make it impossible for people who don't have money, or don't have access to someone who has money.

Reference 18 - 0.44% Coverage

the system doesn't work for girls in my situation at all. Like, it does not benefit us and its made, the way that the system is made right now, it's made to like twist your choice because if it's that much work to go through, like some girls can't go through that, some girls can't afford it, you know whatever reason. Like, it's made to bend your choice and it's to made like, it shouldn't be that hard. It just really really shouldn't be so hard.

Reference 19 - 0.26% Coverage

I also find there's a mentality in PEI, and I feel like that kind of old school mentality is pulled through into their like, their laws and their healthcare, which it's kind of sad because you're like PEI catch-up with the times, like, get ahead with the world,

Reference 20 - 0.86% Coverage

I was not from PEI so there, even though I grew up in PEI and I do associate myself as an Islander because that's where I grew up, that's how I grew up, um people don't forget that you're not related to every other person. Like, people don't forget that you're not really (emphasized) from PEI, and that every other cousin and aunt and uncle aren't from PEI, like so there is a bit of a different mentality also, like I find, um, people are kind of set of their ways in PEI. It's kind of, you know, it's easy going and I like that about it, and I like that about it, like I like that it's easy going, but I also find that they're not very, not very liberal, they're not very open to new concepts, like even just like homosexuality, like, that's getting better but it's not at a great place in PEI yet.

I: uh huh

P: And, um, like well obviously abortion is completely backwards

Reference 21 - 0.41% Coverage

just think, like, and I don't know if that's because I'm not like *from* (emphasized) PEI essentially, but I just always felt, I always felt growing up there that there's like a small minded personality. And I'm not trying to say that everyone is like that, I just think that as a whole the overall sense is that they like it the way it is, they don't really want it to change, and they don't like anything new (laughs).

Reference 22 - 0.51% Coverage

I remember reading, and I can't quote who it was 'cause I really don't know, but it was some Prince Edward Island, like, MP or Premier office person, and he basically was just saying we need to keep PEI, um, the way that it was and we can't be letting women just run around getting abortions every time that they're irresponsible, like he was just completely out of context and the thing is, like yeah mistakes get made, but I think PEI treats it like we're out there trying to get pregnant, like you know what I mean?

Reference 23 - 0.38% Coverage

they treat it like, oh well you guys shouldn't be having unprotected sex , and it's like there's not any resources to even teach about protected sex. Like, I mean those stupid classes that they make you do in grade nine are completely useless, like, there's no resources to even prevent this from happening so how can you take away the only option we have when it does happen, you know?

Reference 24 - 0.16% Coverage

it's big a taboo in PEI. Sex I think is just a taboo in PEI, like, anything sexual is taboo, which stunts the growth of the province in so many ways, such as this one.

Reference 25 - 0.65% Coverage

I don't know who, what man in a chair in PEI is sitting there making these rules up, but they're not thinking properly of us.

I: What do you think they are thinking about?

P: I don't know. I think they're honestly just, 'cause I remember when I was researching this, because I did do a lot of research like online about it, and I remember reading, and I can't quote who it was 'cause I really don't know, but it was some Prince Edward Island, like, MP or Premier office person, and he basically was just saying we need to keep PEI, um, the way that it was and we can't be letting women just run around getting abortions every time that they're irresponsible

Reference 26 - 0.22% Coverage

Well I think like to lead like a happy sexual life you have to feel safe. Um, you have to feel safe with your partner, with your health care, and I mean this is all coming from a post pregnancy, ah,

I: [Right]

P: person

Reference 27 - 0.22% Coverage

if you have a stable environment, like you're in a loving relationship and you're in a safe place with your partner, I think that can, I think that's like your ultimate happiness, but you also have to feel good with yourself.

Reference 28 - 0.94% Coverage

I did get in contact with, it was called PEI Abortion Rights.

I: uh huh

P: And they were like an advocacy group. And the girl I was in contact with I don't know her name, um, but she was really helpful. Like, I just emailed the PEI Reproductive Abortion Rights, I don't remember the email but you can look it up online and they, like they were helpful too 'cause they were kind of like no, no like you have rights to this, you have rights to this, like if you're having a problem you call us we'll deal with it. Like, they were really good too. So, that, if you could put that somewhere in research, just that was a really good resource to have as well.

I: Yeah, that's great to know.

P: Just huge, they were current on all of the laws involving abortion in PEI. So I remember when I was bring some of my questions to them they were like no no that's wrong, like you make sure you call them back and tell them this. So that was a good person to talk to

[<Internals\\Thesis_Fiona_Disaggregated>](#) - § 35 references coded [9.73% Coverage]

Reference 1 - 0.12% Coverage

I had to get substituted from financial assistance, 'cause my unemployment wasn't enough to pay the bills and my ex wasn't working.

Reference 2 - 0.39% Coverage

It's really tough, you know? 'Cause I can't work, really like there's no jobs within the timeframe because I have to pick [my child] up at three o'clock from the bus stop, and I drop [my child] off at eight in the morning, but there was no jobs, I was offered a job the earliest you get off it eight thirty, I can't take that. Even the afterschool programs the latest it runs is six, I think. So, its, there's a lot of obstacles, you know?

Reference 3 - 0.19% Coverage

I always worked but it was, I would work all kinds of shifts and I always made decent money, but now it's so hard because I can't, there's not a lot of options, especially in PEI there's not a lot of options for that.

Reference 4 - 0.17% Coverage

it was just a cycle. I would go there feel really guilty after a while for being away, come back, and be like I can't get ahead here, me and my sister would fight really bad, and I'd leave again.

Reference 5 - 0.12% Coverage

but like I was saying my mom wasn't very emotional and we didn't talk about feelings or boys and things like that, my mom did that, right?

Reference 6 - 0.15% Coverage

sometimes I think, like, "oh, I wish we had more money," 'cause times are really tough right now because I am in school and I can't get a job right now, and whatever.

Reference 7 - 0.31% Coverage

I don't want my [child] to grow up here because of this. People are always saying, "Oh it's such a safe place." I'm like, "no it isn't." You guys might think that, but I've actually lived here as a teenager and no way, and it's only getting worse, like I've seen a lot of stuff happen here and the young people, and I'm in shock about it, you know?

Reference 8 - 0.15% Coverage

I find there, a lot of people have a very negative look on abortion. And a lot of religious people do and I find there are a lot of religious people here, you know

Reference 9 - 0.19% Coverage

I always worked but it was, I would work all kinds of shifts and I always made decent money, but now it's so hard because I can't, there's not a lot of options, especially in PEI there's not a lot of options for that.

Reference 10 - 0.12% Coverage

it was just a cycle. I would go there feel really guilty after a while for being away, come back, and be like I can't get ahead here

Reference 11 - 0.19% Coverage

I think abortion is, but see with PEI they're so behind in time here, especially when it comes to that type of thing. So

I don't know if that would ever get into the school system here, or I don't know if has.

Reference 12 - 0.37% Coverage

I don't like the closed mindedness here, I've met people who are really open minded and cool people here, but as the majority I find a lot of close mindedness with topics such as abortion, race. I've seen a lot of racism here, and I'm a minority, like, it's not a nice feeling, you know? And, yeah so I guess it's unwillingness to embrace change in PEI. It huge, like they are so set in their ways and it seems

Reference 13 - 0.45% Coverage

like for me in [Ontario city] it seems like you embrace what's different, like other cultures "oh, where are you from? Oh my gosh I'm from here," and you know when I was there no one knew my background, they're like, "are you Spanish? Hola." I'm like, "no Senior." (laughing) But here, in high school, I went to high school a couple years here, I was known as the black girl [Fiona]. And I'm like how do you guys even know that I'm black, you know? So, I think that's a huge thing and I don't like that.

Reference 14 - 0.48% Coverage

The lack of things to do for the young people here is pretty huge. I know that in Ontario I never got into the trouble that I got into until I came here. Now I can't just blame that on my environment, but I do know the amount of boredom here led me to other bad things, like I chose to do the bad things because there was nothing to do. That's how I felt as a teenager, and I see it's getting younger and younger here, like back when I came here it wasn't as bad, and the bad things I did then were nothing compared to what they're doing now.

Reference 15 - 0.31% Coverage

I don't want my [child] to grow up here because of this. People are always saying, "Oh it's such a safe place." I'm like, "no it isn't." You guys might think that, but I've actually lived here as a teenager and no way, and it's only getting worse, like I've seen a lot of stuff happen here and the young people, and I'm in shock about it, you know?

Reference 16 - 0.15% Coverage

So, I just think that PEI is so behind in the times, and it's not so much, like fine, that's fine, but be open to new ideas. I don't find it's open to new ideas here.

Reference 17 - 0.27% Coverage

I've heard a lot of racist, I've been the victim of racism here, and I'm from, I was born in Canada. Born and raised in Canada, you know? So, that's a huge thing is the closed mindedness. And my family is, some of my family from the country are even like that, I'm (laughing)like I'm a minority, you know?

Reference 18 - 0.25% Coverage

they're not evolving here I see like other places in Canada. I don't know why, I don't know if it's because religion is tied a lot, I've heard that I don't know, I haven't done a lot of research in that. I've (laughing) just experienced it and been like I wanna move, you know?

Reference 19 - 0.45% Coverage

I know, like abortion that's something they're totally against here, and that they won't perform them here, but I don't, I don't know why. I don't know if it's like more of, uh, there's more seniors here that are really set in their ways, or if it's the government and that's how they want things, like the government of PEI want, you know, I don't know if it's they're trying to please the people who like it that way. So, "we're going to keep it this way so you guys keep voting (phone rings) us in," right?

Reference 20 - 0.55% Coverage

I: How do you think you create change in an environment like that, um, to get people ready to catch-up?

P: You have to spread the word. Yeah, spread the word to other people. Well, that's a huge thing and I guess what I, like, I was actually going to do a Facebook thing about that because I came across this really racist comment on Facebook this woman had made and I screenshot the, the thing, and I was going to post it, but because it's so small here (emphasised) and I was moving to a new place well maybe I should wait until after I move in in case she happened to be one of my neighbours, you never know right?

Reference 21 - 0.35% Coverage

I don't think every person in PEI is racist and I don't think all of them are okay with it, but I think some of them might turn their head the other way people act that way so, just to avoid confrontation, or you know, and I think, yeah it has to be put out there. Because if these people who are acting these ways do it and no one says anything they're not going to stop acting that way, right?

Reference 22 - 0.60% Coverage

I actually was evicted from my apartment because of a racist neighbour (laughs). I have a human rights case going on right now. Yeah, (laughs), yeah, she's just, three people of another race have been evicted from that place all because of that woman. Like, I found out for a fact they were evicted because of this woman, and I was too, but it ended up being good because my new place is a lot nicer, but I'm not letting it go. Yeah, so that's what I'm doing about it is taking the human rights way. And I have told people who are close to me about what happened, um, you know, I've been so angry but I've never said anything to the woman because I don't want it to affect me.

Reference 23 - 0.12% Coverage

When I told my mother I lost my virginity it was, "well I'm disappointed." and that was it (phone rings) like we didn't have a talk

Reference 24 - 0.10% Coverage

I learned a little bit of it in sex ed., but not a lot from what I remember and I didn't really know anything.

Reference 25 - 0.16% Coverage

I didn't even know about condoms and, like I knew about what condoms were, but I didn't know you know, what they prevent or anything like that really, or that you needed them, really.

Reference 26 - 0.48% Coverage

The lack of things to do for the young people here is pretty huge. I know that in Ontario I never got into the trouble

that I got into until I came here. Now I can't just blame that on my environment, but I do know the amount of boredom here led me to other bad things, like I chose to do the bad things because there was nothing to do. That's how I felt as a teenager, and I see it's getting younger and younger here, like back when I came here it wasn't as bad, and the bad things I did then were nothing compared to what they're doing now.

Reference 27 - 0.27% Coverage

And I think the younger you get this through to girls, 'cause it took me like, you know, I'm getting up there a little bit and I'm just learning all of this stuff, you know. If you can get this in at a younger age it could avoid, like, a lot of, um, hurt and sadness, and traumatic events. So, yeah.

Reference 28 - 0.26% Coverage

hoping, you know, okay now they're going to love (emphasized) me. Like, that's what you think. And I think that happens a lot, and it's, I think part of it is due to lack of knowledge. You weren't taught anyway or, and talking about sex that really does need to be talked about with young people

Reference 29 - 0.17% Coverage

but I didn't get the knowledge when it comes to sex. When I told my mother I lost my virginity it was, "well I'm disappointed." and that was it (phone rings) like we didn't have a talk

Reference 30 - 0.20% Coverage

I wouldn't look back and think, "wow that was a great experience." I look back and it's like why did I do that, you know? And I know now because it was lack of knowledge and I didn't, I was doing it for the wrong reasons.

Reference 31 - 0.34% Coverage

I: Did you get any, like, sort of aftercare or counselling after the abortion procedure itself?

P: Well, that was the thing. Before I found out I was pregnant I had made the decision to move back to PEI because I wanted to be with my [child]. And I found out I was pregnant after I had bought my ticket so I had to change, uh, pay a fee and change my plane ticket to come here.

Reference 32 - 0.36% Coverage

didn't get a chance to get any of that. But that was the thing, I had to change my ticket because I knew I couldn't come here and have the abortion. So, I had to stay there longer and pay the fee and all of that stuff because if I came here that wouldn't have been an option because you can't get an abortion here, right? So I didn't, no I didn't really get aftercare. Like, they offered it to me

Reference 33 - 0.22% Coverage

I do know that it was the right decision, it was, and I'm really thankful that I was living where I was to have that option, because if I had been here I don't know what I would have done. I don't know if it would have played out that way, you know?

Reference 34 - 0.18% Coverage

my mom, you know, always raised me pro-choice. That's what she always said, you know, it's a very tough position to be in and she's always said that she believes that a woman should have that right.

Reference 35 - 0.52% Coverage

with the way society is, you know, PEI is behind the times but we have the internet here and we see all of the music videos and sex is very much promoted now a days, and to be promiscuous, you know? So, I think self-esteem classes for girls, or just self-esteem awareness for girls would I think help them for sure. 'Cause I know I was lacking in it, and I see it in young girls, I see young girls exactly how I was now a days too, if not, I think it's worse too with the technology. I never had a cell phone in high school, you know? You can send pictures and do all this stuff,

[<Internals\\Thesis Grace Disaggregated>](#) - § 12 references coded [3.38% Coverage]

Reference 1 - 0.56% Coverage

P: And like where can you go with kids? If we wanted to go for supper, like, where would we go? I don't want to go to MacDonald's where there's a play area. I just feel like, is there no place where it's kid, truly kid friendly where you can go with, like, couple of your friends with, even if my friends without kids and I wanted to go somewhere and I had to bring [my child], like, where could we go? There's no place that's like we are kid friendly.

I: Yeah.

P: Like [omitted] is okay, they give your kids crayons and a sheet of paper to colour. That's good for like two minutes (laughs), so I find there's just no spaces for people with kids. So I find it's like you guys can come to my house, you know, or that's it. So, even to, for me to feel socially involved in, with my friends and those groups I can't because there's no, there's just no place for that.

Reference 2 - 0.22% Coverage

even just knowing that I might be pregnant again at some point, knowing that I would like to have my options presented to me, like, now that I've been living on the Island, and in terms of like Medicare, like I'm, I don't know what's covered, but even just for myself having those options here, knowing they don't exist is quite frightening

Reference 3 - 0.27% Coverage

what's happening in schools? We're missing that, it's like this golden time period. It's like you gotta catch them, inform them, and they might be grossed out and act all like they don't care, but they're listening.

I: uh huh.

P: Like, there's a reason I can remember those sex ed. classes so vividly. It's 'cause this is totally brand new to you, and of course it's called sex ed. so everyone is really excited about it.

Reference 4 - 0.14% Coverage

I feel like kids they're not as stupid as people think they are, like, and I think a lot of teen pregnancies happen because we're not talking about it, and they don't know where to go, so they're making bad decisions.

Reference 5 - 0.15% Coverage

we tell them very limited things and then expect them to make good decisions in all scenarios. Based on, like, very limited information. Um, and that's likely what happened with me in life. I had no one who talked to me about all

situations

Reference 6 - 0.15% Coverage

I wish someone just would have told me, like, as detailed as possible, I don't care how embarrassing or whatever it was, just tell me like everything that I need to know so that I can make a good decision in my own life when it comes time.

Reference 7 - 0.32% Coverage

P: Well like, when I was in [Maritime province] I knew (emphasized) I had options there. Like, I didn't have to worry about, like if I was on the Island I would have had to worry about where would I go, can I get a referral, how am I going to pay for this, and it's like when you're, firstly to contemplate abortion is, it's not easy and then if you were to make that decision and then you'd have to consequently worry about, like, how would I get to Halifax for example, like, what if you had no one?

Reference 8 - 0.29% Coverage

P: Even right now, like if I were to pregnant again, I don't, like I'm obviously not like "now that I have one let's have a whole bunch." Like, right now I'm on birth control and we use condoms every time, but if I were to get pregnant right now, just knowing that I don't have a place to go on the Island, like, is terrifying, right? Like, just even knowing my own financial situation, I can't just pay and go five hours away to have an abortion (laughs).

Reference 9 - 0.42% Coverage

I can just understand, even to have a title for people who are not originally from,

P: Yep, CFA's. Yeah having been here two years I haven't broken to any social circles yet, um, [my boyfriend's] been working on the Island since early 2010 so he has work friends. So, he's quite lucky, and a lot of his work friends are people who come from away. I don't even have any friends through school here, like, I haven't made any real friends, like, maybe one, but she's also an Islander so it's so hard to get into those social networks because you're not an Islander, and they already, they've been pre-established for, like, ages. So, you just can't get in.

Reference 10 - 0.41% Coverage

because you come from the Island you know how, it's very closed, like closed to outsiders. Even like, we welcome tourists (laughs), like, I don't want to consider myself an Islander, but, like, the Island welcomes tourists, but like people who want to live here and, like, get work here it's like, I feel like it's seen as, these are Island jobs, you have to be an Islander to fill this position. I've only found work through [school], because I'm a student, seriously, and there's one point where I applied everywhere on the Island, like [coffee chains], like all of these places that I would never want to work at, I didn't even get interviews.

Reference 11 - 0.30% Coverage

have a [non-Island] last name and went to the optometrist and he was like how long have you been in Canada? And I'm like my whole life, like, just because it's not an Island name,

I: Wow.

P: I'm not an immigrant. Nothing against that, but I was like come on, like, do I sound like I'm an immigrant or something (laughs). But even just 'cause he's an Islander, he's like a sixty year old man who's like what is this name? You must come from somewhere outside of Canada.

Reference 12 - 0.14% Coverage

before you even tell me what the policies are, I feel like on the Island abortion is like, the worst thing in the world.

I: What gives you that impression?

P: Just from all the protesting (laughs) that I see

[<Internals\\Thesis_Hayley_Disaggregated>](#) - § 12 references coded [4.66% Coverage]

Reference 1 - 0.30% Coverage

I don't want you going out and having sex at this age, you're way too young, but if you feel the need to sneak behind my back and do it, you better use a condom

Reference 2 - 0.59% Coverage

coming out into the adult world and in the community I don't think there's a whole lot of information on it. I mean if I was to ask my doctor he'd probably give me a couple of options, but to actually have a pamphlet saying these are all the different forms of contraceptives I think that would be a lot better.

Reference 3 - 1.03% Coverage

how do you feel about the sex education you received? Would you have it done differently, do you think there should be different information?

P: I actually learned quite a bit, um, I don't remember a whole lot from, like, junior high and stuff, but I took an elective course in the health sort of field. I can't remember what they call it in high school, but, like, it was all about different types of contraceptives, and drugs. It was all about that sort of stuff, so I really enjoyed health class and I paid attention and got high marks and stuff.

Reference 4 - 0.24% Coverage

have the parents be more specific with it and more open, and, uh, teaching their children the knowledge. That sort of stuff.

Reference 5 - 0.20% Coverage

coming out into the adult world and in the community I don't think there's a whole lot of information on it.

Reference 6 - 0.76% Coverage

they'll look at you weird if you do have a child when you're young. I get a lot of weird and [inaudible] looks and everything. It was, it was hard but I mean I can understand that the older population is like that because they grew up a certain way. But then you know, to get thinking, these people were having kids when they were like fourteen (laughs). So, it's like, well it's not that much different.

Reference 7 - 0.26% Coverage

they have a whole basement full of, like, cloths and anything a baby would need. So, it's like incredible. They've helped me out so much

Reference 8 - 0.38% Coverage

the family doctor that I have now, like, I haven't known her for that long but I feel really comfortable talking with her about anything. So, it's really great that I can have that relationship already.

Reference 9 - 0.11% Coverage

I think the Island is pretty, um, they don't like change

Reference 10 - 0.46% Coverage

they'll look at you weird if you do have a child when you're young. I get a lot of weird and [inaudible] looks and everything. It was, it was hard but I mean I can understand that the older population is like that because they grew up a certain way.

Reference 11 - 0.10% Coverage

But yeah, just a lot of old fashion people I guess.

Reference 12 - 0.24% Coverage

just have the parents be more specific with it and more open, and, uh, teaching their children the knowledge. That sort of stuff.

<Internals\\Thesis_Iris_Disaggregated> - § 43 references coded [11.73% Coverage]

Reference 1 - 0.11% Coverage

You had to have a person there, which was really hard for me because I really didn't want to tell anybody.

Reference 2 - 0.19% Coverage

But of course, the cost was really hard for me, because I was 16, and it was about 800 dollars. I had to go across and everything, and the whole cost was about 1000 bucks all together.

Reference 3 - 0.27% Coverage

P: I remember having a care sheet [laughs] and I was supposed to go see—I think it was [doctor]. I'm not sure which doctor it was, but I was supposed to see a doctor for some check-up afterwards, but I didn't want to, and my god, [garbled], and so I didn't.

Reference 4 - 0.32% Coverage

you can be as outspoken as you want so long as you have three hundred people beside you that are saying the same thing, and it's intimidating enough that nobody's going to say otherwise. What's really frustrating, that there's—the way they can intimidate, I don't even know how it came to be that way.

Reference 5 - 0.37% Coverage

I really don't understand where along the line somebody said, "I'm better because I believe that abortion is murder, and therefore I'm going to push that on everyone else, and therefore," oh god, "we've become this clique. And if anybody messes with this huge clique, we're going to mess with them." Like, it's intimidating. It's super intimidating.

Reference 6 - 0.33% Coverage

there's this big billboard that says, "Abortion is murder." Everywhere you go, you're driving around, every once in a while there's a little bumper sticker that's "Abortion is murder." And you know, outside all the clinics, the people with the signs, and it's—and every year they sit down here with these signs,

Reference 7 - 0.58% Coverage

It's really frustrating that that point of view can be aired so freely, as if that's okay, but my point of view on the other side is not. You cannot—like, it's okay to go around and say "I don't believe in choice, I don't believe in abortion, I believe that if you get pregnant you're meant to have that child." But then I can't go out and say, "I believe that we all have choices and freedoms and that if you get pregnant you do have that choice, and you do not have to keep that child. You can have an abortion." It's aggravating that you can't

Reference 8 - 0.42% Coverage

I recently talked to a good friend of mine. He does not know I've had an abortion. [laughs] He's one of those, so pro-life you hate to even call him pro-life, because you don't want to group them all in with him, because he's that bad. Like, and I never knew, but we got in this heated debate, and he literally said he would rather murder a woman who was pregnant than have her have an abortion.

Reference 9 - 0.63% Coverage

So much about it is just aggravating and frustrating, and there's nothing you can do. It's like you can just stand up and be like, "Oh, actually, you know, I'm an Islander, and I've done all these good things for the community, and I am this and this and that, whatever, and oh, and by the way, I had an abortion, and I do not regret it, and I support women's choice to do so." You can't just stand up and say that and have people go "Oh, rationally, okay, well, you know, oh, I'll look at it from your point of view—no, there's none of that. There'll just be hate mail and friggin' politics

Reference 10 - 0.09% Coverage

they don't want to talk about the women, they want to talk about their children.

Reference 11 - 0.57% Coverage

That's a little piece of information that was floating around this little island, it goes real far. And it would affect my ability to get a job. It really would. It would affect any kind of service I'd get, anywhere, if anybody knew. Because there's just so many people who would just see it as, "Oh, you're slutty and you're irresponsible, and you've done something that I find morally apprehensive, so I don't like you." I'm like, "Well, I [garbled], because that's just the smallest little part of a decision that I made ten years ago."

Reference 12 - 0.29% Coverage

It has to be an argument if you're going to talk about abortion. You can't just sit down and have a conversation about, you know, how does it affect communities, and how not having it affects communities, and what the beliefs are, and how those beliefs affect young women,

Reference 13 - 0.12% Coverage

through all this—the PRRO rally, and everything, the media articles and everything, right, so everybody's talking,

Reference 14 - 0.08% Coverage

especially around here, that attitude that good girls don't get pregnant

Reference 15 - 0.17% Coverage

there's so much openness about this attitude, especially here on the Island, it really really bothers me that you're allowed to just be so hateful. Really hateful.

Reference 16 - 0.22% Coverage

You can't say anything to anybody. You're—even the whole concept of having to go away, go off-Island to have an abortion, there's the whole idea, it's like, “That isn't done here. That's not for Island girls.”

Reference 17 - 0.23% Coverage

it comes to be this big, intimidating force that just doesn't allow for any other thought or anything else, it just says, “We're going to be so closed-minded that there is no option for anybody to say anything about us.”

Reference 18 - 0.11% Coverage

There's this feeling that that's not something you talk about, because it's not something you do here.

Reference 19 - 0.23% Coverage

This was the general assumption, that people on PEI don't know about abortion. It's like, it just don't happen. So those evil girls in the big city, either, oh yeah, they're real slutty, and they're this and they're that,

Reference 20 - 0.14% Coverage

And it would affect my ability to get a job. It really would. It would affect any kind of service I'd get, anywhere, if anybody knew.

Reference 21 - 0.38% Coverage

I mean, obviously it's not going to be easy for one doctor to stand up amidst all of this chaos, and say, “I'm willing to perform abortions. I'm willing to do that service for the women who need them.” Well, of course that's not going to be easy, because they're going to get harassed. Horribly. Because those people don't understand the other point of view.

Reference 22 - 0.49% Coverage

Someone told me the other day, after all this, they said, “You know, someone’s going to kick you right out of this Island [laughs] talking like that!” And, well, it’s my island, so good luck. And what’s funny is it was actually a big factor on me staying here permanently was that I was so frustrated by being told that certain beliefs of mine or certain things about me were not welcome here. It bothered me so much that I was like, “Well, I’m going to stay here

Reference 23 - 0.10% Coverage

It’s a big—agh—big, cliquy Island. Big loud bullies that can tell you you don’t belong.

Reference 24 - 0.15% Coverage

P: It’s sad though, the women here, they just don’t have the information, and they have that stigma that’s just like—you’re not welcome here.

Reference 25 - 0.20% Coverage

there’s a lot of them. You know. “Oh, abortion’s legal, okay, fine. Over there. Just keep it over there. Like, don’t let it affect my circle, my island, my friends. Keep it over there.”

Reference 26 - 0.46% Coverage

that would be wonderful, really wonderful for some pregnant teenager on the other side of the Island, to be able to go somewhere and sit down and talk to somebody about the choices she’s facing, and the fact that a lot of the times, your mind’s made up before you ever walk in anywhere, right, and just to talk to somebody, and to get the information. It is appalling that those two women had to come to me to find the information,

Reference 27 - 0.06% Coverage

good girls don’t get pregnant, and that’s pretty well it

Reference 28 - 0.36% Coverage

You know, a girl gets pregnant, and it’s just [sighs]. She, whatever choices—if people found out she had an abortion, or if she gave the kid for adoption, or if she had it, it doesn’t matter what choice she makes, she’ll always be that one that “Oh, she got pregnant whenever she was only 14,” or 16 or whatever, and everybody knows forever

Reference 29 - 0.37% Coverage

I really don’t understand where along the line somebody said, “I’m better because I believe that abortion is murder, and therefore I’m going to push that on everyone else, and therefore,” oh god, “we’ve become this clique. And if anybody messes with this huge clique, we’re going to mess with them.” Like, it’s intimidating. It’s super intimidating.

Reference 30 - 0.36% Coverage

There's no—there's not even a feeling that you could just go to a counsellor on PEI and sit down, and be like, "I just want to talk about my experience." I had an abortion and never been able to say anything about it, ever. Like, you can't. There's this feeling that that's not something you talk about, because it's not something you do here.

Reference 31 - 0.12% Coverage

It's not something that exists, here. It's a big evil of the big modern world that we're not going to take part of!

Reference 32 - 0.53% Coverage

I mean, obviously it's not going to be easy for one doctor to stand up amidst all of this chaos, and say, "I'm willing to perform abortions. I'm willing to do that service for the women who need them." Well, of course that's not going to be easy, because they're going to get harassed. Horribly. Because those people don't understand the other point of view. They don't understand that the doctor also has the choice to perform abortions. They definitely understand he has the right to choose not to.

Reference 33 - 0.28% Coverage

I shouldn't have to go on the Internet and search around, and I shouldn't have had to call there, not even knowing what I was calling or where I was going to be going. I don't think I should have even had to go to a clinic. I should have been able to go to a hospital

Reference 34 - 0.23% Coverage

be as loud as you want, it's not going to change the fact that abortions happen, and they're legal. And that that's my right. Even though you won't believe me. That's what they do. It's a big—agh—big, cliquy Island.

Reference 35 - 0.13% Coverage

I didn't even know you could get morning-after pills. I'm still not quite sure on the situation about that here, you know.

Reference 36 - 0.08% Coverage

It is appalling that those two women had to come to me to find the information

Reference 37 - 0.55% Coverage

my own doctor wouldn't have a part of it. Like, that's—it's damaging, in a way. That information should be out there. There's no reason, no matter how you feel about the issue, that women should not be able to access information on abortion: where they would have to go, what the procedure involves, and you do have to go to counselling to have an abortion. That's part of the thing, and people should know that, too, that it's not taken lightly. It's unbelievable that you can't even get information on where to go,

Reference 38 - 0.15% Coverage

P: It's sad though, the women here, they just don't have the information, and they have that stigma that's just like—you're not welcome here.

Reference 39 - 0.23% Coverage

It's hard whenever there's barriers set up on things that aren't even controversial. Talking is not controversial. Information is not controversial. So why you have to protest information, why? That's bothersome.

Reference 40 - 0.64% Coverage

I told him, "I've already thought about this, and I'm very set, I'm going to get an abortion. And he was just basically like, "Okay." He did not give me any information. I was under the impression that he just didn't have any of that information. I really don't think he did. He didn't know where—like, doctors should know where I'm supposed to call in order to make an appointment, and whatever medical appointments should be set up afterwards—he should have made sure I had those, right? But it was just like, "Okay, you're tossed off, go do your own thing," like my own doctor wouldn't have a part of it.

Reference 41 - 0.17% Coverage

That's part of the thing, and people should know that, too, that it's not taken lightly. It's unbelievable that you can't even get information on where to go,

Reference 42 - 0.14% Coverage

they can at least provide the women with the information that they need. And in a private, confidential and respectful manner.

Reference 43 - 0.10% Coverage

for a society that pushes sexy so much, and sex, they really really shouldn't be so judgmental

<Internals\\Thesis_Jessica_Disaggregated> - § 14 references coded [10.36% Coverage]

Reference 1 - 1.36% Coverage

I: So, can you tell me about how your Alberta health card worked at the clinic?

P: It said, whenever I was in contact with the clinic all week, that whole week that I was trying to get the appointment booked, they said, "Do you have a health card?" And I said, "Yes, it's an Alberta—" and they said, "Okay, perfect," and I said, "But I live in PEI," and they said "Okay, well we're just going to give your Alberta address and your Alberta health card. We're not going to put anything down about you being from PEI." So I didn't really know why—like, I knew I couldn't access an abortion on PEI, but I didn't know why. So I just went with it, I thought, "Okay, do whatever you need to do, give whatever information looks the best," and they took all of my Alberta information.

Reference 2 - 0.21% Coverage

my boyfriend works in Halifax, actually, so he had to drive all the way to come get me and take me back for three days

Reference 3 - 0.42% Coverage

So I stayed in Halifax, and I had to—cabs are really expensive there, and he was at work during the time. He

couldn't take a whole lot of time off work, especially when he had to take days to come and get me and then drive back and everything,

Reference 4 - 0.34% Coverage

it just seemed like everybody that I came into contact with that had something to say about it was just “no, no, no, it's bad, it's bad, it's bad.” Didn't matter if they were religious, or not.

Reference 5 - 0.40% Coverage

I just love the thought of my experience being a part of something larger, that could eventually work toward change, and changing the stigma and changing the accessibility for women on PEI, so that's why I want to participate.

Reference 6 - 0.40% Coverage

my boyfriend works in Halifax, actually, so he had to drive all the way to come get me and take me back for three days, and I had to take time off work with short notice, and time off school with short notice, and things like that.

Reference 7 - 1.19% Coverage

whenever I was in contact with the clinic all week, that whole week that I was trying to get the appointment booked, they said, “Do you have a health card?” And I said, “Yes, it's an Alberta—” and they said, “Okay, perfect,” and I said, “But I live in PEI,” and they said “Okay, well we're just going to give your Alberta address and your Alberta health card. We're not going to put anything down about you being from PEI.” So I didn't really know why—like, I knew I couldn't access an abortion on PEI, but I didn't know why. So I just went with it, I thought, “Okay, do whatever you need to do, give whatever information looks the best,” and they took all of my Alberta information.

Reference 8 - 0.98% Coverage

I: And they couldn't make the ultrasound the same day as the abortion?

P: They made it for the day before. So I went there on a Sunday, had my ultrasound and blood work done on the Monday, and then I had the procedure Tuesday morning.

I: Quite a huge chunk of time out of your life.

P: It is, definitely. Especially when I do have a part-time job, and I was going to school. I had class at the time, and I had to get time off class, and my prof was—you know, I said, “I'll give you a doctor's note,” and she said, “That's okay,” but I had to miss two classes

Reference 9 - 0.51% Coverage

I grew up in a very Catholic household, and I went to a Catholic high school, and I had pro-life drilled into my head from the time I was very very young, and had felt in my heart that I was pro-life all throughout high school. And I even went to a couple pro-life rallies, and things like that,

Reference 10 - 1.03% Coverage

once I left the Catholic high school—I think my transition maybe began a little bit, like, kind of at the later part of high school, as I was being—as I was growing up I was able to be more critical about things that were around me, but I was still submerged in it. I was still Catholic, I still said the rosary every night, and all of those things. Like, I was pretty hardcore. Really. But I was kind of like a “cafeteria Catholic,” they call it—so they call it a “cafeteria

Catholic,” where you have all of these values and beliefs and you pick and choose which ones you want to follow.

Reference 11 - 0.55% Coverage

I kind of—for me, personally, I would have rathered do it all in Halifax, reducing the risk of seeing anybody that I know in the hospital. I was just petrified of anybody that even knows me in passing being like, “Oh, what are you doing at the hospital?” or “What are you doing at the doctor’s office,” or whatever.

Reference 12 - 1.27% Coverage

after I had came back to PEI and I was just looking for something, and that’s when I found the post-abortion support group online, at the Island Pregnancy Centre here in Charlottetown, and I looked at—I seen it right away—I found the email right away and sent the email. Very simple email. I just said, “Hello, I’m looking into joining the post-abortion support group. Please tell me what steps I need to take in order to join. Thank you.” That was it. And then I was looking on their website a little bit more, and realized that they were—they had Christian affiliation. All their counsellors had done mission work, they were rooted in spreading the message of Jesus, and they did all of their work with a Christian outlook.

Reference 13 - 1.02% Coverage

I wondered, “Why do they even have a post-abortion support group?” And they said, “We are Christians, we do spread the message of Jesus, but we don’t judge, we’re not biased, we don’t recommend abortion, but we don’t judge and we’re not biased.” But that’s impossible. That is impossible. I’m sorry, if you hold a pro-life position and you have a post-abortion support group, you are going to be judging the hell out of every single woman that is there. And they never got back to me, and I’m happy that they never got back to me, because I would not have attended that support group.

Reference 14 - 0.69% Coverage

I didn’t know what the goal of the support group was. I was scared that it might have been for women who had had abortions but regretted them and wanted support working through their regret, and I did not want to be made to feel like I should regret this, because I don’t regret this. If I were to do it all over again, I would not change a thing, and I didn’t want to be made to feel that way.

<Internals\\Thesis_Kaci_Disaggregated> - § 50 references coded [14.56% Coverage]

Reference 1 - 0.22% Coverage

P: They warned me. I didn’t think it would be that bad though, there was about fifteen of them with signs, just surrounding the clinic, like right up to your car. And it can do that legally, ‘cause it’s not on the property.

I: That’s not –

P: I can only imagine what it would be like here. Terrible.

Reference 2 - 0.34% Coverage

P: Yeah, so I was like oh my god, well that’s not good. And I checked and there was no further blee – it must have just happened over night. It must have just been a whoosh.

I: Yep.

P: And I called 811, which is the, you call that hotline to talk to an RN, ‘cause I didn’t want to go emerg and be

embarrassed and blaa –

I: Right.

P: ‘Cause it is, it is a touchy subject (emphasised). Again, I’m afraid to go to go to emerg because I know the care won’t be as good

Reference 3 - 0.43% Coverage

so maybe if you could just, what’s it like growing up in that environment where, um, like you were saying, reproductive choice, things that have to do with sexuality, aren’t really talked about a lot? Can you kind of talk about that context and what it’s like growing up in that?

P: Yeah, like when I went to, when I went through school, I mean they had, they had sexual and reproductive courses, but they just kind of showed you what a sex organ was, what it does, and if you do this this happens, but there was no discussion about, you know, if it does (emphasized), it’s just don’t do it.

Reference 4 - 0.51% Coverage

in one of my courses we actually had a health teaching project that we had to present to a group of individuals, and we happen to choose healthy relationships amongst high school students. And we had to obtain consents from, like, the faculty, and our prof and their prof, and the parents of the kids, just to discuss, like, abusive relationships and, you know, pressures of sex, and like whenever someone pressures you to have sex that is abuse. To even discuss those touchy topics that parents don’t want you talking about, it just, and a lot of the times, to be honest, and it sounds really sad, but people don’t, if there is a barrier they just don’t do anything with it. They just walk away from it

Reference 5 - 0.48% Coverage

September, October, November my menstruation cycle was just wonky, like it was just all over the map, out of nowhere, no idea why, could have been something I ate, ‘cause I mean like antacids effect the pill –

I: Okay.

P: So, like several things can have a factor in how it plays a role in hormonal changes. So I inquired about it and, like, I don’t know. I was just told repeatedly like, like pharmacists and doctors, pharmacists were actually a little more helpful (laughing) than the doctors, but they, they just were like well we really can’t be sure just, like, stay on it and hopefully it will regulate itself out. There was no, like, concern at all

Reference 6 - 0.10% Coverage

P: So, yeah just very sweep it under the rug and they don’t want to discuss it. Just, it’s almost like it makes people uncomfortable.

Reference 7 - 0.14% Coverage

even women who merely seek reproductive services, like, even younger women who, you know, look for condoms or safer sex birth methods. Well, they look at you and “oh, you’re too young.”

Reference 8 - 0.36% Coverage

health care access surrounding women’s, um, reproductive rights really, anything to do with women – women have come a long way over the years, we have, but I still find that people find it awkward, they don’t want to talk about it. They find it, you know, if you speak out well you’re too opinionated, and you’re too (laughs), you know? You’re labeled as, like, the obnoxious opinionated woman (clears throat). So there is a danger in that too, ‘cause then they

don't want to listen to you.

Reference 9 - 0.22% Coverage

even after the fact, like, oh my god it took me, [date] up unit [date] [almost three months], it took me to get a check-up to see that everything was going okay. I have not had a period yet, I haven't had a period since October, so –

I: Did they give you a name of somebody here to get the-

P: Yeah.

Reference 10 - 0.24% Coverage

She's just great, and she's, like, no topic is off limits. She totally encourages them to voice anything, any of their needs or anything. And she brings this information to workshops with her, and teaches other Island teachers about what kids are really looking to know about. So –

I: That's awesome.

P: It's a start.

Reference 11 - 0.15% Coverage

my mom is a good mom but she's not, you can't go to her for stuff like that. She's a mom (emphasis/ voice strict or bossy), like (laughs), she's not you're friend.

I: Yeah, clear boundaries.

P: Oh big time.

Reference 12 - 0.23% Coverage

And I've always kind of recognized that even going through school and growing up, and dealing with my own sexual development, but I, I never was in a situation where, like, it was depriving me, or keeping me from me realizing full potential of what there was. So, until now, and now I'm like, there's really nothing.

Reference 13 - 0.55% Coverage

My parents are, like, I don't live at home because, like, at my house if its Sunday they don't care that I just did a twelve hour night shift. I work at, like, a long term care, we do a twelve hour nights sometimes – they don't care that I just did a twelve hour night, I'm going to go to church at eight am. Like, no (emphasized). I don't want to (sing song/ whining voice), I just, I've always, and I was raised, I was raised to, in churchy thinking and I sang in the choir, did, you know, I was in all that. Did all that. But I always questioned it, and like really? (sarcasm/questioning voice). Wouldn't Jesus rather me go out and just, like, be good to other people and be kind, and accepting? 'Cause this, isn't that what he did? I don't know.

Reference 14 - 0.15% Coverage

I just never understood church, I never liked it, I never enjoyed it, I never got anything from it. My parents go because they have to, because they feel like they have to. And I just never did, I just really

Reference 15 - 0.22% Coverage

There's just that one choice and if you're not choosing that, well that's too bad.

I: So what does that do to you when you're trying to make that choice?

P: Pretty hard.

I: Yeah.

P: Yeah, 'cause you're looking for information and really and truly the only information you can find is online.

Reference 16 - 0.43% Coverage

so maybe if you could just, what's it like growing up in that environment where, um, like you were saying, reproductive choice, things that have to do with sexuality, aren't really talked about a lot? Can you kind of talk about that context and what it's like growing up in that?

P: Yeah, like when I went to, when I went through school, I mean they had, they had sexual and reproductive courses, but they just kind of showed you what a sex organ was, what it does, and if you do this this happens, but there was no discussion about, you know, if it does (emphasized), it's just don't do it.

Reference 17 - 0.51% Coverage

in one of my courses we actually had a health teaching project that we had to present to a group of individuals, and we happen to choose healthy relationships amongst high school students. And we had to obtain consents from, like, the faculty, and our prof and their prof, and the parents of the kids, just to discuss, like, abusive relationships and, you know, pressures of sex, and like whenever someone pressures you to have sex that is abuse. To even discuss those touchy topics that parents don't want you talking about, it just, and a lot of the times, to be honest, and it sounds really sad, but people don't, if there is a barrier they just don't do anything with it. They just walk away from it

Reference 18 - 0.23% Coverage

it's a small Island with stigma and everything, there's a – it would be a long battle, fighting that kind of thing, because a lot of people don't believe in it. And they'd fight it tooth and nail. I mean that's why doctor's don't do it here is because they don't want a sign in their front yard saying baby killer.

Reference 19 - 0.52% Coverage

I: Where do you think that mindset comes from here?

P: I don't know, I think it's just old Catholic people. Well, the majority of our Island are geriatrics, I think, I'm pretty sure. The Island is aging big time, there's a lot less babies being born and, like, the Island is increa – well Canada is increasingly being, they're older, older adults, sixty-five and up. So, a lot of that comes from old religion, I think. And just like (clears throat), I even asked my dad once, like, why he feels that way, and he didn't have an ans, he just said well that's just how it is. There's no logistics behind it, there's no rational, it's just that's the way you're brought up and taught and that's the way it should be.

Reference 20 - 0.11% Coverage

even like little things like, you know, to even discuss, even discussion of reproduction or pregnancy, or whatever, it's just all very hush hush I find.

Reference 21 - 0.10% Coverage

we're so small. And no one will discuss it or like, go against it here because we are so small, and everyone knows who everyone is, and yeah.

Reference 22 - 0.10% Coverage

P: So, yeah just very sweep it under the rug and they don't want to discuss it. Just, it's almost like it makes people uncomfortable.

Reference 23 - 0.24% Coverage

the cultural kind of beliefs that the Island has as a whole. And not everybody shares them, but everybody sort of, that's the standard and if you stray away from that you recognize that you stray away from that, but you're, even though you're okay with it you still recognize that you're a little different then (laughs), then norm.

Reference 24 - 0.58% Coverage

I: So what's the standard? Can you just, like, unpack it? I grew up here too, I sort of have an understanding, but so it comes across in the transcript.

P: Yeah, uh, just (laughs) this standard is you study hard in school, and you grow up and you meet a great whoever, guy because, again there's still that standard about gays and lesbians which is terrible, I think, but you get married and then you get the kids, and you have a great career, and you, you know what I mean? It's this white picket fence picture perfect life that everybody thinks that they should have, and if they don't they're embarrassed by it.

I: It's kind of curious because, I mean when you survey the Island there's not a whole lot of people with white picket fences.

P: Who, who fit that description. There's not.

Reference 25 - 0.08% Coverage

It's just I find that, like, our culture is really governed a lot by, like, old standards and old ways of thinking

Reference 26 - 0.17% Coverage

There's a lot of things that need work here for sure, like addiction services suck (emphasized), reproductive health services kind of suck (sighs), so. It would just be nice to have a little more variety and options and whatever,

Reference 27 - 0.38% Coverage

I had a conversation with a doctor at the [Island hospital] about this.

I: Really?

P: Yeah, I just asked, like, I'm curious why is there not? He was sort of a cool fella, and he said I don't do it because I don't know how to do it (laughs).

I: Well that's honest.

P: Yeah, he's a [names specialty] or something, I don't know. But he said, they have them, you know it's, but he said you know people don't want that they have families, they have lives, and they don't want people having that tarnished look at them

Reference 28 - 0.43% Coverage

that's another huge issue is because everything is so hush hush people do these things behind closed doors and no one know about it, and then when it happens it all blows up and then it's like this person is bad, and this is awful. And oh, that doesn't happen here. Well, yeah it does, like, this person just happened to get caught.

I: Yeah, so it creates this even stranger space.

P: It even, yeah, it's even larger dynamics because this person is now individualized against everyone else who's

normal. But what they don't know is that all these normal people are doing it as well.

Reference 29 - 0.30% Coverage

if you're a teen you go to a teacher, they don't even mention abortion, they (vocal sound indicating displeasure) what are you doing?

I: Yeah.

P: Have you started saving your pennies yet? Like, not very teen wants to do that.

I: So it's almost like a deleted option?

P: Uh huh, and it shouldn't be. And, if, the point is not to promote it say rah rah, like, let's go abortion, it's just to make it available.

Reference 30 - 0.14% Coverage

My own family doctor, he's wonderful, but he is very old school and he, like, he gave birth to me. He was there for the whole thing.

I: Yeah.

P: And I just feel he's like an uncle to me

Reference 31 - 0.18% Coverage

I went to her after and just very (waves hand to indicate mediocre/ dismissive) –

I: Really

P: Yeah. Total –

I: So, just like a, hand waved you away?

P: Kind of, maybe she was just having a bad day, I don't know. Everyone has bad days,

Reference 32 - 0.16% Coverage

even women who merely seek reproductive services, like, even younger women who, you know, look for condoms or safer sex birth methods. Well, they look at you and “oh, you're too young.” Well it's not your decision.

Reference 33 - 0.26% Coverage

she was even up there, I remember in the class, and saying, like, well when you're sixteen, like, you just don't do that. Errr, I'm seventeen and I do (laughs).

I: Yeah.

P: Like, I don't know, she just was very in this funny mindset. Lovely lady I'm sure, but not as a, she needs to get updated and I think that speaks the truth for a lot of places.

Reference 34 - 0.24% Coverage

it's so, abortion (voice drops) and discussing, like, sexual tendencies, and reproductive services on the Island is so shielded away from. And I just sort of thought, when I got back from my procedure, like there's nothing here for anybody to talk about their feelings, their choices they made, nothing. There's no supports, at all.

Reference 35 - 0.52% Coverage

I: Where do you think that mindset comes from here?

P: I don't know, I think it's just old Catholic people. Well, the majority of our Island are geriatrics, I think, I'm pretty sure. The Island is aging big time, there's a lot less babies being born and, like, the Island is increa – well Canada is increasingly being, they're older, older adults, sixty-five and up. So, a lot of that comes from old religion, I think. And just like (clears throat), I even asked my dad once, like, why he feels that way, and he didn't have an ans, he just said well that's just how it is. There's no logistics behind it, there's no rational, it's just that's the way you're brought up and taught and that's the way it should be.

Reference 36 - 0.46% Coverage

P: Well, if you go to, I think it's Toronto is they have another Morgentaler clinic and it's covered, through the province, so I think because it's a little more of a, not norm, but it's a little more assessable it's part of the regular health care criteria that they cover, I think that people don't look it as much, kind of thing. It's like if it's part of the whole package deal it's like okay its over here, but if it's something that not part of it, it sort of stands out a little more so people are a little more against it I find.

I: So you see the sort of, the policies and the social stigma as being connected?

P: Yeah.

Reference 37 - 0.15% Coverage

I: Where is the judgment coming from?

P: My own family life, the, the cultural kind of beliefs that the Island has as a whole. And not everybody shares them, but everybody sort of, that's the standard

Reference 38 - 0.34% Coverage

P: Yeah, so I was like oh my god, well that's not good. And I checked and there was no further blee – it must have just happened over night. It must have just been a whoosh.

I: Yep.

P: And I called 811, which is the, you call that hotline to talk to an RN, 'cause I didn't want to go emerg and be embarrassed and blaa –

I: Right.

P: 'Cause it is, it is a touchy subject (emphasised). Again, I'm afraid to go to go to emerg because I know the care won't be as good

Reference 39 - 0.21% Coverage

P: And I called 811, which is the, you call that hotline to talk to an RN, 'cause I didn't want to go emerg and be embarrassed and blaa –

I: Right.

P: 'Cause it is, it is a touchy subject (emphasised). Again, I'm afraid to go to go to emerg because I know the care won't be as good

Reference 40 - 0.10% Coverage

with me as soon as I had mentioned that I kind of was thinking kind of more along the lines of termination it was just cold dead stop.

Reference 41 - 0.19% Coverage

And I think the woman, her name is [omitted] she is the receptionist at the Morgentaler, she's done like several, like, interviews and everything, and she said I think she sees about a hundred women from the Island every year.

I: Yep, that's what they estimate.

Reference 42 - 0.27% Coverage

with my situation is, because of, um, lack of accessibility, they only do the procedure at the Morgentaler on Tuesdays, and I have clinical on Tuesdays and Wednesdays. So –

I: You were waiting for a break?

P: February break. So I found out January seventeenth and I went on February eighteenth. So I had to wait five weeks.

I: What were those five weeks like?

P: Hell.

Reference 43 - 0.62% Coverage

I: Yeah. What was it like trying to fund the trip? Did your partner help you pay for the cost of that?

P: Yeah.

I: And did you guys have to stay overnight?

P: Yes. Yeah, um, he was going to pay for the whole thing, but I felt bad. It was half me, it's half me it's half him so we split it. Um, cost between a thousand and eleven hundred. Yeah, again, I'm lucky (emphasized), a lot of people can't afford it. I'm lucky that I have a job and I have a student loan.

I: Yeah.

P: Like, I kind of have a couple of financial sources and I'm lucky that he has a good job, and that he is financially stable and he could help.

I: Yeah, 'cause like you said, you wouldn't be going to your parents.

P: No. I mean there's bridge costs, gas cost, hotel was one hundred, food, the procedure itself was seven hundred. Seven hundred (emphasized), so.

Reference 44 - 0.24% Coverage

It's so frustrating. So, yeah and the Morgentaler clinic in Fredericton was, correct me if I'm wrong, but I'm pretty sure it's the only private clinic in the Maritimes. It is isn't it? Yep.

I: I think so.

P: I hate to say it, but they are going to see an increase in attempted suicides.

I: You think so?

P: I think so.

Reference 45 - 0.33% Coverage

this sounds a little crazy, probably wouldn't of, but at the end of the day if, if I absolutely could not go to QEII, like, if there was no way that they would let me go, I'm sure there would have been figured out if it came down to it and Morgentaler didn't exist, you would probably find me on the Hillsborough Bridge. That desperate (emphasized).

I: That's powerful.

P: It's pretty sad. And you know, like, I'm not suicidal. But I might have been.

Reference 46 - 0.39% Coverage

P: Yeah, I handled it pretty well overall and I dealt with it effectively, I think. Um, but I probably would have gone

sooner and just sucked it up, but to me clinical is more important.

I: Yeah.

P: So, I mean, I only get eight weeks there two days a week during that semester. So, (clears throat) I only got sixteen days at clinical, three of which were storm days –

I: Wow, yeah.

P: So, I really had limited time to get in my training.

I: Yeah, like a rock and a hard place situation.

P: Yeah, that's what it was.

Reference 47 - 0.33% Coverage

this sounds a little crazy, probably wouldn't of, but at the end of the day if, if I absolutely could not go to QEII, like, if there was no way that they would let me go, I'm sure there would have been figured out if it came down to it and Morgentaler didn't exist, you would probably find me on the Hillsborough Bridge. That desperate (emphasized).

I: That's powerful.

P: It's pretty sad. And you know, like, I'm not suicidal. But I might have been.

Reference 48 - 0.40% Coverage

there's just no education around it at all, like, in schools and clinics and, like, you go to public health, you'd think public health would have something, nope, nothing. None, here's a list of the vaccinations you need. That's kind of it.

I: Wow.

P: Yeah, four year appraisals for your babies, like, for people who are already parents or are planning on being parents. There is nothing about anything else. But you would think, like, public health there should be.

I: You would think.

P: You'd think. Public health is public health.

Reference 49 - 0.19% Coverage

I think you're going to see a change, a shift with this new generation coming 'cause I know, like, my generation has begun having children, and I know a lot of people my age share my values in that way. So, I'm hoping it will start to flip around a little bit.

Reference 50 - 0.29% Coverage

I: Yeah.

P: So, someone who didn't know that would probably lose their mind.

I: Oh, I would think I was going to die.

P: (laughs) Yeah, which is unfortunate. I mean I don't even know where the heck you would provide anything like that, like, that kind of information. But even if they just had, if the woman's clinic here could just include, like, a little bit of everything that would be nice.