11-25-2020 1:00 PM

Analyzing the Communication Methods of Crisis Pregnancy Centres: A Conventional Content Analysis

Alexandra H. Murdoch, *The University of Western Ontario*

Supervisor: Burkell, Jacquelyn, *The University of Western Ontario*
: Befus, Deanna, *The University of Western Ontario*
A thesis submitted in partial fulfillment of the requirements for the Master of Health Information Science degree in Health Information Science
© Alexandra H. Murdoch 2020

Follow this and additional works at: https://ir.lib.uwo.ca/etd

Abstract

Crisis Pregnancy Centers (CPCs) are nonprofit, non-medical facilities that advise pregnant women against abortion. This project analyzes the visual and verbal strategies that CPCs employ in their website communications that are directed at the general public, and how these strategies vary between three diverse locations. Using a conventional content analysis and a critical feminist and intersectional framework, this study examines three websites of CPCs in Ontario to understand how they attract clients. An analysis of the data shows that the CPCs are religiously affiliated, that they appeal not only to women but also to students, men, and in some cases, newcomers to Canada, and how they are doing so. The results also show that CPCs associate abortion with negative mental health outcomes. These results are important for health policy as they highlight policy loopholes that allow CPCs to disseminate harmful and deceptive health information.

Keywords

Crisis pregnancy centre, pregnancy, abortion, communication strategies, critical feminism, women's health, health policy

Summary for Lay Audience

Crisis Pregnancy Centers (CPCs) are nonprofit, non-medical facilities that advise pregnant women against abortion. In addition to services such as pregnancy tests and adoption referrals, CPCs frequently offer material supports such as maternity clothing, feeding bottles, and diapers. Though they do not employ healthcare professionals, CPCs position themselves as clinics to appeal to women seeking medical help, with the goal of postponing and ultimately dissuading them from terminating a pregnancy. CPC misinformation tactics not only jeopardize the health of women and their families, but create confusion, fear, and mistrust of legitimate health care options and providers. This study investigated the communication methods of three CPC websites in different areas of Ontario. The study purpose was to understand who CPCs were targeting, and what methods CPCs used to appeal to various clients. Further, the study intended to investigate whether the communication methods and information varied by location. Results of this study show that the CPCs are affiliated with churches or other religious organizations, that they use free services and material items to appeal to women, that the CPCs frequently mention "pregnancy options" or "choice" and that the CPCs discussed abortion most often in relation to grief and shame. Future studies should be conducted to better understand what tactics CPCs employ when clients enter into the facilities.

Co-Authorship Statement

Alexandra Murdoch completed this work under the supervision of Dr. Jacquelyn Burkell and Dr. Deanna Befus, and under the advisement of Dr. Richard Booth.

Acknowledgments

I would like to thank my supervisors, Dr. Jacquie Burkell and Dr. Deanna Befus for your help and guidance. I am very thankful for your ongoing support throughout my completion of this degree. I would also like to thank Dr. Richard Booth, for your feedback and guidance, you have been incredibly helpful and I am so grateful.

Next, I would like to acknowledge and thank my closest friend, Andrew Hight, for his endless words of encouragement over the last two years.

I would also like to acknowledge and thank my partner, Nico Ganhao, for his constant support that has remained unwavering as I completed this degree. Your motivation and work ethic are truly inspiring to me.

Last, I would like to thank my family. Specifically, I would like to thank my mom, Gail Murdoch; my dad, Gil Murdoch; and my brother, Cole Murdoch. I am eternally grateful to have such a supportive family, and I have learned so much from all of you. Mom, your work in this field as an RN has inspired me greatly. Dad, thank you for instilling in me the concept and importance of hard work. Cole, I am forever thankful for the help and advice you have given me over my academic years, and for being such a wonderful role model to look up to.

Table of Contents

List of Appendices

<div align="center">

Chapter 1

</div>

1   Introduction

Crisis Pregnancy Centres or CPCs are nonprofit, non-medical facilities that aim to help women through unexpected pregnancies. In addition to services such as pregnancy tests and adoption referrals, CPCs often offer material supports such as baby equipment (Borrero, Frietsche, & Dehlendorf, 2019). The goal of a CPC is to dissuade women from getting an abortion, or if that is not possible, to prolong one's pregnancy until it is too late for them to terminate it (Kimport, 2019). They are not medical facilities and more often than not, they do not have medical professionals working within them (Bryant & Swartz, 2018). Commonly, CPCs are operated or funded by Christian churches and other religious and pro-life organizations (Kimport, 2019). As outlined by Bryant and Swartz (2018), CPCs can be harmful to women's health and lead to poor health outcomes by persuading women to delay abortion, which can have medical complications on an individual's health.

Due to the nature of CPCs, this thesis will explore the communication methods and language used by CPCs on their websites to advertise their services. Further, exploration of how CPCs differ in terms of website content across different locations, (urban and rural environments) will also be sought in this thesis. In some areas, CPCs may be the only resources available to pregnant women. Similarly, understanding the use of the internet for health seeking behaviors is important because many people go to the internet first when they have a health-related question (Jacobs, Amuta, & Jeon, 2017). Therefore, the purpose of this study is to examine the language and methods that CPCs use to attract women into their facilities, and whether the health information they provide is accurate or misleading. Also, I will aim to understand if the language or messaging varies at different CPCs, located in three different areas of Ontario. The purpose of analyzing CPCs in three different areas of Ontario is to understand if there is a difference among CPC communications in rural locations versus urban locations. This is important because in some parts of Ontario CPCs could be the only resource that is available to

pregnant women, and abortion providers or sexual health clinics could be several towns or cities away.

Although CPCs are present in Canada, majority of the work that has been written on CPCs has been completed in the United States, and for that reason much of the background literature is American in origin. As well, I understand and acknowledge that cis women are not the only people who can get pregnant, but for the purposes of this thesis I will consistently use the terms "pregnant women" and "women" to ensure that my language is consistent with the CPCs that I am analyzing.

I went into this work with a bias, in that I am a pro choice woman. I was raised in a pro-choice household, and I have done previous work in the area of reproductive justice. At times, this bias affected my work, as I had various assumptions when beginning this project, such as the idea that CPCs were anti-choice organizations. I also thought that I would find that CPCs engaged in problematic behavior, such as presenting clients with false health information, and I assumed that CPC behaviors may change based on location. Specifically, I thought that a CPC located in a rural location might be more explicit in its anti-choice goal and its religiosity than a CPC located in an urban location. In order to mitigate the impacts of my biases on this research, I worked closely with my supervisors and advisor, as well as engaged in reflexivity. Working with a committee provided the opportunity for consistent change and alterations in the work and writing when needed. As well, the use of a reflexive journal allowed me to look back at my own work, understand my ideas, and also understand where there was room for improvement and what I needed to change. Both the supervisory committee and reflexivity helped me to ensure that the data was looked at broadly and with an open mind as opposed to narrowly through my biases.

1.1 Background

The following section is organized into seven subtopics. The first subtopic, *Crisis Pregnancy Centres: Information and Misinformation,* will be discussed to provide background information related to CPCs, what they are, and the types of services they purport to provide. The second subtopic, *Regulation and Policy*, will explore various

policy and governance aspects related to CPCs and their operations. Third, *Behaviors in Seeking Health Information* subtopic will examine the role of the internet in health seeking behaviors by internet users, including discussion of age and location. Fourth, because the three different CPCs that are analyzed are in rural, urban, and mid-sized areas of Ontario, *Rural and Urban Health Disparities* will be examined to elucidate the potential influence of urban and rural geography might have upon CPCs. Fifth, *Teenage Pregnancy,* will provide background insight into published rural-urban differences related to pregnancy. Sixth, *Rural and Urban Abortion Differences*, will report on the variation of abortion statistics in different geographic areas, and whether they facilitated by of access, religiosity, political beliefs, or other attributes. Finally, I will discuss the *Gaps in Existing Knowledge*, which is an important next step as much of the literature surrounding CPCs fails to acknowledge locational and population differences.

1.1.1   Crisis Pregnancy Centres: Information and Misinformation

Many CPCs provide women misleading medical information as a means to prevent or delay abortion (Tsevat, Miracle, & Gallo 2016; Campbell, 2017; Holtzman, 2017; Bryant & Swartz, 2018). Understanding the information that is given allows one to understand how women can be pressured by the organizations to make certain decisions. Without accurate health information, one cannot make an informed decision about their healthcare (Bryant & Swartz, 2018). Similarly, individuals must know what information is accurate and what is inaccurate to know that their decisions are truly informed. Bryant and Levi (2012) performed a study of which the aim was to assess the accuracy of the medical information given by CPCs in North Carolina. They performed a secondary data analysis of reports from phone calls and in-person visits to CPCs in which information was collected from the volunteers and workers within the CPC. Overall, they reached 32 CPCs via phone, and visited 19 CPCs in person. In every case, someone posed as a pregnant woman or the partner of a pregnant woman (Bryant & Levi, 2012). The findings included 59% of CPCs that were contacted stating that they do not provide or refer abortions, but 44% of them stated that they do offer "counseling on abortion and its risks" (Bryant & Levi, 2012, p.753). Further, it was noted that over half of the CPCs in this study (53%) provided at minimum one piece of false or misleading information (Bryant

& Levi, 2012). Bryant and Levi (2012) also analyzed the 36 CPC websites and the available information on them. Of all of the websites analyzed, 86% provided false or misleading information (Bryant & Levi, 2012). As well, the CPCs repeatedly mentioned via phone and online that condoms are ineffective, and that other methods of birth control frequently fail (Bryant & Levi, 2012). Of the phone calls, in-person visits, and website analysis, the most common findings of false information in the study conducted by Bryant and Levi was that there is a suggested link between getting an abortion and later being diagnosed with breast cancer (2012). Further, that CPCs also commonly suggested there to be an association between obtaining an abortion and mental health issues; and, a link between abortion and later struggling with infertility (Bryant & Levi, 2012).

A similar study of CPC websites found in American state resource directories for pregnant women was completed by Bryant et al. (2014). State resource directories are websites listed by the state intended to provide resources for women with unexpected pregnancies (Bryant et al., 2014). 254 websites were analyzed, and of those 80% provided a minimum of one false or misleading piece of information, most commonly purporting causal links between abortion and breast cancer, poor mental health outcomes, and infertility (Bryant et al., 2014). The study also showed that 97% of the websites stated that the CPC offers free pregnancy tests; 58% stated that they were a Christian organization or offered bible study opportunities; and, 87% of websites did not include a disclaimer that they were not an official medical facility (Bryant et al., 2014).

In 2006, Henry Waxman, who at the time was a United States representative, released a report on CPCs in the United States. This report detailed whether the information CPCs disseminated was accurate or misleading (United States House of Representatives, 2006). An analysis of the Waxman report by Rosen (2012) showed that the majority of the CPCs included in the report had given false or misleading medical information, of which links between abortion and breast cancer, poor mental health outcomes, and infertility were listed. Two CPCs in New York City were found to have provided false information in relation to miscarriage, more specifically arguing that abortion is not necessary because there is a high chance of miscarriage (Rosen, 2012). Other CPCs in New York and Maryland told women that abortion is legal at all stages of

pregnancy when that is not the case, as a means to prolong the pregnancy until it is too late to terminate (Rosen, 2012).

Rosen also found that CPCs relayed false information regarding birth control. While many CPCs did not discuss contraceptives in any detail, there were several CPCs that noted the ineffectiveness of condoms, as well as their purported link to sexually transmitted diseases (Rosen, 2012). Similarly, a study completed by Bryant-Comstock et al. (2016) examined CPC websites to gauge the credibility of the sexual health information being posted online. Upon examination of 85 CPC websites, 91.8% of these websites had photos of young adults or teenagers on their homepage in a potential attempt to appeal to adolescents (Bryant-Comstock et al. 2016). Further, Bryant-Comstock et al. found that 63.5% of websites discouraged condom usage and provided false information about the ineffectiveness of condoms (Bryant-Comstock et al. 2016), and less than 10% of websites encouraged condom use for sexually transmitted infection (STI) prevention (Bryant-Comstock et al. 2016). Last, 44.7% of CPC websites stated that marriage would protect one from getting an STI (Bryant-Comstock et al. 2016).

Swartzendruber et al. analyzed 64 CPC websites in the state of Georgia to determine how CPCs portray themselves through advertisement. Upon examination, Swartzendruber et al. found that 98% of websites advertised free pregnancy tests and counselling, and 84% advertised pregnancy options (Swartzendruber et al., 2018). Of the 64 websites, 11 of them included the words "option" "choice" or "abortion" in their website name (Swartzendruber et al., 2018, p.16). Despite the fact that most CPCs do not provide abortions or abortion referral, only 42% of the websites clearly stated that (Swartzendruber et al., 2018). 81% of the websites used religious language and 52% had a section only for men (Swartzendruber et al., 2018). As well, 50% of the websites targeted young women as they had directions to the facility from local high schools and colleges (Swartzendruber et al., 2018). 53% of websites advertised false information regarding abortion, most commonly information regarding a link between abortion and breast cancer, poor mental health outcomes, and infertility (Swartzendruber et al., 2018).

Kimport, Kriz, and Roberts (2018) performed a study in the state of Louisiana to determine what impact CPCs can have on a pregnant woman's decision as well as her overall experience. They recruited participants who had visited two local abortion clinics, a prenatal clinic, and a CPC (Kimport et al., 2018). Participants stated that they discovered the CPC through referrals from friends and family, physical ads, or online searches for "pregnancy clinic" (Kimport et al, 2018, p.71). There was one case of especially deceptive advertisement, as one woman searched online for an abortion clinic and a result was a CPC website and phone number (Kimport et al., 2018). When the woman asked the CPC via phone for an appointment to get an abortion, the CPC told her that they do not do abortions, but they do "offer the classes and consultation that is required before you get an abortion, for free" (Kimport et al., 2018, p.71). Further, participants in this study explained that CPCs were extremely easy to obtain appointments, stating that they could call and get a same day appointment or even walk in and be seen on the spot (Kimport et al., 2018). All of the participants in this study who visited a CPC received a pregnancy test, and several of them received various resources such as an ultrasound, maternity or infant clothing, and prenatal vitamins (Kimport et al., 2018). The participants considering termination who also sought a clinic appointment stated that they changed their minds after visiting a CPC, and instead continued their pregnancies to term (Kimport et al., 2018). Kimport et al. (2018) also found in one specific case a woman went to a CPC with hopes to determine the gestational age of the fetus because she did not want to pay for an ultrasound elsewhere. Her intentions were to abort the fetus if it were not past 18 weeks, and she made her intentions known while at the CPC. After the ultrasound, she was told by CPC staff that she was 18 weeks and 2 days pregnant, and ultimately would be unable to obtain an abortion (Kimport et al., 2018). The woman did not know whether or not the gestational age was accurate, but prior to the visit she believed she was about 17 or 18 weeks pregnant (Kimport et al., 2018).

If CPC interventions lead women to believe they can obtain appropriate medical care in their facilities or lead to delayed abortion, adverse health outcomes could occur (Holtzman, 2017; Rosen, 2012). Prolonging abortion access is especially harmful to young and socioeconomically disadvantaged women as they are less likely to suspect a

pregnancy early on (Rosen, 2012). As well as the possible health implications and ethical complications, by providing women false or misleading information about abortion, CPCs are depriving women of an autonomous healthcare decision (Rosen, 2012; Bryant & Swartz, 2018)**.**

1.1.2   Regulation and Policy

CPCs are generally not regulated because they are not medical facilities, nor do they employ medical professionals (Bryant & Swartz, 2018). They also lack regulatory oversight because they are often funded by public donations, churches, or umbrella organizations (Chen, 2013). Further, in the United States, CPCs are often government funded both at the state and federal level, meaning the authoritative body who could be regulating CPCs is contributing to them (Chen, 2013).

Those who work in CPCs often wear scrubs or white coats, causing an appearance similar to licensed health care professionals (Bryant & Swartz, 2018). As well, women who have been to CPCs have reported that their appointments take place in examining rooms much like the ones at a doctor's office (Bryant & Swartz, 2018). CPCs often select locations close to or right beside abortion clinics, and use similar internet keywords to that of abortion clinics on their websites to maximize their search engine rankings (Duane, 2013). Since CPCs are not regulated and are sometimes even funded by the government, they can be mistaken for legitimate healthcare facilities (Duane, 2013). This is potentially dangerous as a woman who thinks that a CPC is a healthcare facility may be told by a CPC that abortion is unsafe and base her decision off of that information, when in fact carrying a pregnancy could be the unsafe option for some (Bryant & Swartz, 2018). Since some women are unaware that CPCs are not legitimate medical facilities, they may believe that they are making autonomous and informed decisions about their health based on information received by a CPC (Bryant & Swartz, 2018). Regulatory oversight is needed to provide awareness of CPCs and to stop the dissemination of misleading information.

CPCs are often connected to a local church and are usually affiliated with an umbrella organization as well (U.S. House of Representatives, 2006). The umbrella

organizations, such as Heartbeat International or Care Net, have a pro-life, anti-abortion goal (U.S. House of Representatives, 2006). One tactic that CPCs use to disguise their anti-abortion goals and values is to utilize language that is associated with abortion, such as "choice" or "options" (Swartzendruber et al., 2018, p.16). As well, they often list themselves under "abortion services" in the yellow pages, or under search engine key words/phrases containing "abortion" (U.S. House of Representatives, 2006, p.1).

Some American cities have attempted to regulate CPCs, or at least compel them disclose certain information. As an example, the cities of Baltimore, Maryland County, Austin, San Francisco, and New York City have enacted laws stating that CPCs must disclose in both English and Spanish (usually in the waiting room) that they do not provide abortions, nor do they provide abortion referrals. If CPCs fail to do so they can face $500 in misdemeanor charges (Chen, 2013).

In the article *Informed Decision Making and Abortion,* Ahmed (2015) argues that the government does little to protect women's reproductive health and freedom because they do not regulate or limit CPCs. In the United States, there are roughly double the number of CPCs compared to abortion clinics (Ahmed, 2015). CPC numbers have drastically increased since Roe v. Wade (Ahmed, 2015), which was the U.S. Supreme Court ruling that stated the right to have an abortion was fundamental (Patton, 1973). Further, CPCs in the U.S. have received an increase in government funding at both state and federal levels since Roe v. Wade (Ahmed, 2015). The American Public Health Association (APHA) has raised concerns specifically for young and low-income women, and their ability to access accurate health information (Ahmed, 2015). They have urged the U.S. government to only support organizations that provide accurate information (Ahmed, 2015). The APHA has also called for the government regulation of CPCs in multiple ways; first, CPCs should disclose that they are not a medical facility and they do not perform medical procedures (Ahmed, 2015). Second, CPCs should disclose that they do not provide abortion referrals, and third, that they do not prescribe contraceptives (Ahmed, 2015). However, to date, the few states have attempted to regulate CPCs in any meaningful fashion (Hill, 2015).

1.1.3   Health Information Seeking Behaviors

The ways in which the internet is used for health information could be an indication of how people access CPC websites. Health information seeking behavior can be defined as the ways individuals seek information regarding their health and matters surrounding health (Jacobs, Amuta, & Jeon, 2017). Internet use in seeking health information is relevant as it is associated with health literacy. Similarly, health literacy is important as it is associated with individuals overall health experience and self-care (Estacio, Whittle, & Protheroe, 2017).

Approximately one in three adults from the United States use the internet to obtain health related information (Jacobs et al., 2017). Individuals use the internet to find health information because there are a number of advantages, such as fast and simple access, as well as the ability to remain anonymous (Jacobs et al., 2017). In a cross-sectional survey of U.S. adults, Jacobs et al. (2017) found that the majority of people would access the internet first for health information as opposed to asking a friend, family member, coworker, health care professional, or other type of media. They also found that the younger participants were more likely to use the internet for health information, and participants with more education were also more likely to use the internet to seek health information (Jacobs et al., 2017). Participants who were older were more likely to visit a health care professional for health information as opposed to utilizing the internet (Jacobs et al., 2017).

McCloud, Okechukwu, Sorensen, and Viswanath (2016) performed a study of 118 participants to understand what influence the internet had upon individuals in a low socioeconomic position and their online health seeking behaviors. 77% of the 118 participants in their study had less than a high school education and 65% of participants made less than $20,000 per year (McCloud et al., 2016). As well, about 55% of participants were African American, 68% were age 35 or older, 64% reported a medical issue or illness, and 52% stated that English was their first language (McCloud et al., 2016). They found that the participants experienced several technological barriers when they were searching for health information. These barriers include computer hardware problems, such as the computer getting a virus, computer slowness, and electrical power

issues (McCloud et al., 2016). The participants also reported internet connectivity barriers which included maintaining an internet connection and termination of internet because of nonpayment (McCloud et al., 2016). As well technological barriers, over half of the participants in McCloud et al. (2016) reported feeling concerned by the quality of the health information on the internet. Further, 30% of participants stated that they felt frustrated while searching for health information, which McCloud et al. reported as being consistent with literature that states that low literacy internet users may feel overwhelmed by the vast amount of health information that is available online (2016).

Hale et al. (2010) examined the differences between rural and urban communities and their internet use for seeking health information. They found that individuals from rural communities had less internet access than their urban counterparts (Hale et al., 2010). Hale et al. (2010) proposed that the reason for this was because people from rural areas could potentially have lower levels of education and income than individuals from some urban areas. As well, rural communities often do not have broadband connection that is easily accessible, nor do they have as many young individuals who could better understand certain technologies (Hale et al., 2010). Research shows that those with the ability to move away from a rural community will do so as they have better economic opportunity elsewhere (Hale et al., 2010). Generally, rural communities have poorer overall health than urban communities, and are commonly medically underserved (Aljassim & Ostini, 2020). The internet could potentially be a useful tool to those in rural areas, as a mechanism from which to stay informed and provide health information to assist in making healthcare decisions (Hale et al., 2010).

While the internet can be a helpful tool to some, individuals require the information literacy to determine what sources are valid and identify certain biases. Children and adolescents are examples of people who may not have fully formed information literacy skills. Weaver-Lariscy, Reber, and Paek (2010) conducted a survey of 452 adolescents from rural and urban areas to determine how they sought health information based on various factors. All of the students were seventh graders, and all were from public schools in Georgia. Of the 452 students, 52% were female, 54.9% lived in rural areas, 56.4% were black, and 27.4% were white (Weaver-Lariscy et al., 2010).

The study showed that black students learned about health through television and the internet more than any other race (Weaver-Lariscy et al., 2010). Rural students were significantly more likely to learn about health through print sources or through social media outlets than urban students were (Weaver-Lariscy et al., 2010).

1.1.4   Rural and Urban Health Disparities

In a study completed by Agunwamba et al., (2017) tobacco use and its related harms were analyzed in rural and urban California. The study showed that residents of rural California had significantly lower levels of education, employment, income, and insurance than their urban counterparts (Agunwamba et al., 2017). As well, rural residents were shown to smoke more, and reported higher stress levels (Agunwamba et al., 2017). Further, rural residents were less likely to quit smoking, and stress was found to be associated with the lower likelihood of quitting (Agunwamba et al., 2017).

Another study that was completed by Kapral et al. (2019) analyzed the stroke incidence and mortality in urban and rural Ontario. The study found that residents of rural Ontario had a lower annual number of family doctor visits, specialist visits, and a higher number of emergency department visits than residents of urban Ontario (Kapral et al., 2019). As well, they found that individuals who had never had a stroke and lived in rural Ontario were associated with increased prevalence of cardiovascular risk factors (Kapral et al., 2019). Last, the study showed that rural residents were associated with an increased risk of stroke and mortality (Kapral et al., 2019).

Pong et al. (2009) studied the rural-urban health disparities in Canada, and used mortality as an indicator of population health status. They used the Statistics Canada definition of rural and small town populations, which stated that there must be a population of less than 10,000 people residing in the area for the area to be considered rural (Pong et al., 2009). They found that mortality resulting from circulatory disease was more common in rural or smaller communities (Pong et al., 2009). Further, rural communities had significantly higher rates of women dying from cervical cancer than urban areas did (Pong et al., 2009). Similarly, Pong et al. (2009) stated that the

standardized age mortality rates increase with remoteness. Overall, rural Canadians generally have a poorer health status than urban Canadians (Pong et al., 2009).

Rural communities also suffer from a lack of privacy which can affect their healthcare or decisions regarding their healthcare (Brems et al., 2009). Patient confidentiality can be compromised in small towns because one is more likely to be seen by someone they know walking into a clinic (Brems et al., 2009). Similarly, rural communities struggle with "overlapping roles" (Brems et al., 2009, p.114). Due to a smaller population and area, it is likely that a healthcare professional will run into their patient somewhere other than the healthcare facility (Brems et al., 2009). Individuals from rural communities often face travel barriers, which means that many people have to travel outside of their communities to access certain healthcare needs (Brems et al., 2009). Similarly, rural communities are more likely to have healthcare professionals travel to them, which can be a stressor to the medical professional, and the costs can be burdensome to the patient (Brems et al., 2009). Last, patients from rural communities are more likely to avoid proper healthcare because of the possible stigma associated with it, according to rural healthcare providers (Brems et al., 2009). Overall, rural communities struggle to access proper healthcare for multiple reasons, including accessing services, travel barriers, and affordability of healthcare and transportation cost (Brems et al., 2009).

1.1.5   Rural and Urban Pregnancy Differences

There is often a divide in rural and urban women and prenatal care. Women who live in rural communities and are pregnant are more likely to receive insufficient health care and even see higher infant mortality rates than pregnant women in urban areas (Cottrell et al., 2018). As well, in their study on pregnant women and their exposure to various toxins, Cottrell et al. (2018) found that there was a significant difference among rural and urban pregnancies. Specifically, when their umbilical cord blood samples were tested, rural women had higher levels of dangerous toxins showing in their tests, which suggests that they are exposed to dangerous substances more than urban women (Cottrell

et al., 2018). Exposure to dangerous chemicals and toxins while pregnant can not only negatively affect the woman carrying the pregnancy, but it can cause health complications within the pregnancy, and even pose a threat to the baby post-birth (Cottrell et al., 2018).

Another study that was completed examining maternal obesity and weight gain by Gallagher et al. (2013) analyzed the weight gain differences among pregnant women in rural and urban South Carolina. They found that pregnant women in rural areas were more likely to be obese during their pregnancy, and they were also less likely to be a normal weight throughout pregnancy, whether they were over or under weight (Gallagher et al., 2013). Rural women were also more likely than urban women to be underweight during their pregnancy (Gallagher et al., 2013). As well, the study showed that women from rural areas were more likely to be obese before their pregnancy, and if they were considered a healthy weight prior to pregnancy, they were more likely to gain an inadequate amount of weight throughout their pregnancy (Gallagher et al., 2013).

Women from rural communities are more likely to struggle through their pregnancies, with one contributing reason being a lack of proper prenatal care. Heaman et al. (2018) conducted a study in the province of Manitoba to assess the prenatal care that women were receiving. The study revealed that many women, specifically in rural areas, did not receive proper prenatal care (Heaman et al., 2018). Further, adolescent women between the ages of 12-17 who are from rural communities are more likely to receive inadequate prenatal care (Heaman et al., 2018). There are many reasons that rural women may be receiving poorer prenatal care, some of which are associated with socioeconomic status, age, social isolation, and drug or alcohol use (Heaman et al., 2018). As well, there are a multitude of barriers faced by women from rural communities that their urban counterparts do not experience. A lack of resources is one example, as less family physicians located in rural Manitoba offer obstetrical and gynecological health services (Heaman et al., 2018). This means that women who live in rural communities will commonly have to travel for their prenatal care, potentially resulting in financial burden. As well as transportation, Heaman et al. (2018) reported that a significant factor to women from rural areas receiving inadequate care is the lack of knowledge surrounding

where to get proper care. Inadequate prenatal care can result in health complications for the woman carrying the pregnancy, such as diabetes, hypertension, and maternal depression or anxiety (Heaman et al., 2018).

Many rural communities in the U.S. lack the most basic maternity services, such as midwives, nurse practitioners, obstetricians, and even hospitals that have a maternity unit (Simpson, 2020). Women who live in rural communities often have to travel far distances to receive adequate prenatal care as many rural areas do not have any prenatal or maternity care providers, and many more live in areas with limited access to prenatal care (Simpson, 2020). Furthermore, other travel-related issues, such as poor or dangerous driving conditions due to weather, the cost of travel, and the added stress of the trip have also been suggested as barriers to care for rural women (Simpson, 2020).

1.1.6   Teenage Pregnancy

A complicated pregnancy can potentially do more harm to someone who is young (Dobbins, Kenney, Meier, & Taormina, 2016). This is a problem because teen pregnancy continues to be a serious issue, with high rates in North America, and some communities more affected than others (Dobbins, Kenney, Meier, & Taormina, 2016)

Teen pregnancy can be problematic as it has the potential to bring teen parents' lives to a halt, and has been shown to cause lower high school graduation rates for teen mothers and increase the risk of living below the poverty line for the mother and child (Geske, Quevillon, Struckman-Johsnon, & Hansen, 2016). Teen pregnancy also negatively impacts the children. Children born to teen parents are more likely to have lower birth weights, and more likely to struggle later in life with reading, letter recognition, and general knowledge (Geske et al., 2016). One of the main causes for teen pregnancy is a lack of available contraceptives, and this is especially an issue for teens in rural communities (Geske et al., 2016).

Carter and Spear conducted a study at a rural high school that had a high number of out-of-wedlock births and the second highest rate of teen pregnancy in the district (2010). 52 ninth graders completed an anonymous survey, 15 of which were male and 37

female. 76.9% of students reported that they had discussed sex and sexual intercourse with their parents or another adult in their family (Carter & Spear, 2010). The students were all asked the true or false question "the rhythm method (refers to only having sex right before or after a woman's period) is as safe as the pill in preventing pregnancy" (Carter & Spear, 2010, p.71). Of the 52 students, 33.3% males answered falsely, claiming that this fact was true, and 5.4% of females answered falsely (Carter & Spear, 2010). Similarly, almost half (46.6%) of the male participants believed that if a woman douches immediately after intercourse she can prevent pregnancy, and 13.5% of females believed this, too (Carter & Spear, 2010). Two of the males reported being sexually active, one with only one partner and the other with over three partners, and both of them reported never having used a condom (Carter & Spear, 2010). Of the female participants, 14 reported being sexually active. Two of the participants stated that they were 10 years old or younger when they had sex for the first time (Carter & Spear, 2010). Five of the female participants stated that they had three or more sex partners, and five participants also had never used a condom (Carter & Spear, 2010). When all of the participants were asked why they did not use contraceptives, the most common answers were that they were "not available" and "partner refused" (Carter & Spear, 2010, p.73).

1.1.7   Rural and Urban Abortion Differences

Almost half of the pregnancies experienced in the United States are unintended (Finer & Zolna, 2016). As previously mentioned, the risk of teen pregnancy is highest among those who are socioeconomically disadvantaged (Heaman et al., 2018). Specifically, teenage girls from rural areas are at a greater risk of pregnancy because rural communities tend to have higher risks of poverty, unemployment, low education levels, and as noted, poorer overall health (DeClerque-Skatrud, Bennett, & Loda, 2008). Finer and Zolna (2016) found that the highest rates in unintended pregnancies were among women between the ages of 20-24 years, just prior to women aged 18 to 19. While rural teenage girls are more likely to get pregnant, they are also more likely to face adverse health issues in relation to their pregnancy (DeClerque-Skatrud et al., 2008). This is because of rural individuals having less contact with healthcare professionals, as well as less access to healthcare services (DeClerque-Skatrud et al., 2008). Further, higher rates

of fetal mortality are associated with a lack of prenatal care, and this is especially relevant in rural areas (DeClerque-Skatrud et al., 2008).

Rural individuals are also much less likely to seek out abortion services (Norman, Soon, Maughn, & Dressler, 2013), compounded by the increasing lack of availability of abortion services for rural Canadians (Norman et al., 2013). This is partly due to a vast majority of healthcare institutions not offering abortion past the first trimester, but may also be a result of barriers faced by rural healthcare professionals (Norman et al., 2013). Rural physicians report a stigma from their colleagues surrounding abortion, stating that their colleagues and facilities do not or would not support their decision to offer abortion services (Norman et al., 2013). There are several documented factors associated with whether a physician is willing to provide abortion. These factors include age, gender, location, and religious affiliation (Stulberg, Dude, Dahlquist, & Curlin, 2012). Physicians who are ages 35 and younger are more likely than any other age group to provide abortion services; and female physicians were reported to be more likely than males to provide abortions (Stulberg et al., 2012). As well, physicians who live in urban areas were found to be more likely to provide abortions than those who live in rural areas (Stulberg et al., 2012).

Finally, a lack of resources also presents barriers for the patient in terms of accessing abortion services. Women from rural communities are far more likely to travel for an abortion (Jones & Jerman, 2013); moreover, rural women with a low income, less education, and black and Latina women are all more likely to have to travel longer distances to access abortion services, as they have less access than other women from rural communities (Jones & Jerman, 2013).

1.1.8   Gaps in Existing Knowledge

Although there has been formal research completed on CPCs, there are important aspects currently missing from the research literature. First, the various cultural factors that influence women's everyday lives have not been well represented in the research and literature. Many studies in relation to CPC's speak about women as a homogeneous cohort, and fail to identify differences in individuals or their experiences. Without

identifying the differences among women, it is hard to fully understand who CPCs are targeting and who is impacted most by them. Finally, most of the studies examining CPCs have not meaningfully incorporated geography or rurality into their analysis. This gap is important to note because there have been differences noted based on location for various health issues. Specifically, there seems to be a difference between people living in rural communities versus people who live in urban communities not only in overall health, but in pregnancy as well.

1.2   Research Questions

The research questions explored in this study included:

(1) What text language is used by CPCs use to attract women into their facilities; and,

(2) How does this language differ between CPCs located in different environments in Ontario, Canada?

Chapter 2

2   Methods

To address the study research questions, a conventional content analysis, informed by the works of Hsieh and Shannon (2005), was conducted. A content analysis is a research method that uses a set of categorization methods to systematically identify various characteristics and patterns within a text. In the case of a conventional content analysis, categories and codes are derived from the data that is analyzed (Hsieh & Shannon, 2005). The data was first read multiple times before creating codes based on key words that represented categories in the data. Data was then organized into categories and subcategories. A conventional content analysis was the most appropriate choice as the method allowed the categories and themes to emerge directly from the text (Hsieh & Shannon, 2005).

2.1   Theoretical Lens

The theoretical lens used throughout this research was critical feminist theory. Critical feminist theory questions cultural and power structures, and how they impact women's and men's lives (Wood, 2014). Critical feminist theory is also interested in understanding how to change dominant societal ideologies that shape women's lives. Further, it aims to question and rectify patriarchy, as patriarchal ideologies are often responsible for the shaping of women's right and opportunities (Wood, 2014). Understanding patriarchy as a power structure and how various power structures affect both women and men is important to critical feminist theory (Wood, 2014).

As well as critical feminist theory, intersectionality was an important tool to consider alongside critical feminism, as it informed the research of the various ways that one can be affected by power structures. Although it was not used as a lens in the same way that critical feminism was, intersectionality was used to ensure that the differences among women were considered, and allowed us to question what those differences could mean. Intersectionality inspects how people are oppressed, and understands that there are multiple identities that one can have that all work to oppress them in unique ways

(Crenshaw, 1991). The experiences of women in CPCs could be based on a number of unique factors impacting their day to day lives and intersecting with gender, such as race, income, geography, and more. The use of intersectionality could help to differentiate women and understand why different women may have different experiences with CPCs.

Critical feminist theory helped to inform this work by understanding that CPCs are a result of patriarchal power structures in society, which contribute to the control of women's bodies. Further, intersectionality allows us to understand that while CPCs are part of a patriarchal power system that affect women, they do not affect all women in the same way. This can be a result of any number of factors intersecting with gender, such as (but not limited to) race, class, sexual orientation, and geography.

2.2   Sampling

A purposive sampling approach was utilized to identify three CPCs, through their public websites, located in the province of Ontario. Locations were chosen following a discussion of rural and urban health disparities with the advisory committee. The locations represent differences in population and size, as well as outline the rural and urban contrast between each site. Finally, the locations were chosen with the goal of situating CPCs within the issue of rural and urban health differences, specifically within the issue of reproductive healthcare options. In some parts of Ontario, CPCs could be the only pregnancy-related resource that is available to women, while other areas of Ontario could have access to CPCs as well as abortion providers. In Ontario, there are approximately 85 CPCs (Canada Adopts, 2014; Arthur et al., 2016), compared to 38 abortion providers (Action Canada for Sexual and Health Rights, 2019). Further, there are 12 abortion-only providers in Ontario when hospitals are not included (Hassle Free Clinic, 2016).

In an effort to explore CPCs located in different geographic locations, a *large urban CPC* (i.e., Toronto, Ontario), *mid-sized urban CPC* (i.e., London, Ontario), and *rural CPC* (i.e., Grey Bruce county, Ontario) was purposively selected by the researcher for inclusion into the study. Details on each location's population demographics can be found in Appendix A, which includes the population of each location, helping to inform

why they were chosen. Each CPC sampled for this study possessed an active website that could be accessed freely on the internet. Some of the CPC websites also possessed outward facing URL links to other websites or *resources*. For the purposes of this study, outward facing URLs on the CPCs websites were also sampled and included in this analysis.

2.3   Data Collection and Analysis

Data was collected from three CPC websites located in the province of Ontario. The first CPC website sampled was the Pregnancy Care Centre (http://iamnotalone.ca/) which is a Toronto based CPC, with several locations throughout the city. They have satellite CPC clinics in North York, Scarborough, Downtown Toronto, and offices on Ryerson University and University of Toronto campuses. The Toronto CPC was the most urban and diverse city that was analyzed, and it had the greatest population (approximately 3 million people). A second CPC sampled for this thesis was located in Grey Bruce, a county located in Southwestern Ontario. Grey Bruce is made up of several small towns and cities, and the CPC is located in Owen Sound. Grey Bruce Crisis Pregnancy Centre (gbpreg.ca) was the most rural of the CPC's websites analyzed, with a population of approximately 93,800 people overall, and about 22,000 people in Owen Sound only. The final CPC website sampled for this study was located in London, also in Southwestern Ontario. The population of London is approximately 405,000. London Pregnancy and Family Support Centre (lonpfsc.com) is located in downtown London, a central location in relation to the city overall. A table detailing each of the websites on which the data originated, as well as each section of the website that was analyzed can be found in Appendix D.

Data from each of the CPC's websites was screen-captured using the NCapture software (an extension of NVivo software),and imported into the qualitative analytical software NVivo 12. The screen captures were taken with the intent of using the written information on the websites, and not the pictures or layout. While the pictures on the websites may be mentioned throughout the thesis, they were not analyzed with the text. Below is a table that shows which websites the data originated from, and what sections of those websites were analyzed.

The screen captures of the CPC websites were kept in separate files which were titled by city name and were accessible through NVivo. The files were available on any device that had NVivo installed with the correct log in information, and the data was also

kept on a flash drive. Other aspects of this thesis were completed using Microsoft Office and kept in Google files as well as the Western University Outlook cloud. All files associated with the research were accessible from any device with the correct log in information, and they were also backed up onto a separate flash drive. Since this study was an analysis of publicly available data, formal ethics approval was not required.

To analyze each webpage, the language and communication methods used by each CPC were coded using the conventional content analysis methods suggested by Hsieh and Shannon (2005). After reading through the data, the codes were created directly from key words that were found within the data.

2.4   Rigor

Rigor was established throughout the research process in various ways. Lincoln and Guba (1989) provide criteria that should be met in order to ensure trustworthiness in research. Credibility refers to the truth of the research findings (Lincoln & Guba, 1989) and was established in two ways as outlined by Schreier (2012). First, comparison of the coding frame across two individuals (myself and a thesis supervisor) was conducted. Next, a comparison of the coding frame across different points in time to ensure the findings remain stable over time was completed (Schreier, 2012). Ensuring the coding frame remained stable also helped to assist the dependability of the analysis (Lincoln & Guba, 1989). Next, conformability, which is the biases of the researcher (Lincoln & Guba, 1989) were recognized and established through reflexivity and journaling. Reflexivity throughout the research and writing process allowed me to reflect on the work I was doing, as well as my biases and how they impacted the work.

Chapter 3

3   Findings

The following section is organized into five main content categories: (a) the organizations that the CPCs are affiliated with; (b) the structure and content delivery of the CPC websites; (c) the "who" of CPCs, which contains the various website sections that are catered to someone other than a pregnant woman; (d) common language themes found throughout the CPC websites; and (e) information and language regarding abortion located on the CPC websites. A coding chart with all of the codes used, their definitions, and examples can be found as Appendix C.

3.1   CPC Affiliations

All three of the examined CPCs were religiously affiliated; although the rural CPC did not mention any umbrella organizations or partners. The rural CPC wrote on their website that they are "an interdenominational group of Christian volunteers" and that they receive donations from churches. Both the mid-sized urban and large urban CPCs stated that they are affiliated with The Canadian Council of Christian Charities (CCCC)(2020), further described on their website as "an evangelical ministry that advances the cause of Christ by supporting Christian charities." As well as the CCCC, the large urban CPC reported an affiliation with the Canadian Association of Pregnancy Support Services, who recently changed their organization name to Pregnancy Care Canada. Pregnancy Care Canada is a Christian organization that is partnered with Heartbeat International. On the Heartbeat International (2020) website, they described themselves as a "network of pro-life pregnancy resource centers". They also wrote that the organization has a "Life-Saving Vision" of making "abortion unwanted today and unthinkable for future generations."

3.2   CPC Website Homepage Description

The website that belonged to the large urban CPC was the greatest in size and the most detailed. The website contained 20 different sections throughout, as well as one link to an external website. The mid-sized urban CPC website had 12 sections throughout

their website, however one of the sections was dedicated to COVID-19, and was likely new and potentially temporary. The mid-sized urban CPC had one URL outward link that lead to their Facebook page. The rural CPC had the smallest website, with only seven sections throughout the website, and did not possess any outward facing URL links.

The three CPC websites also differed in colour schemes and background photos. The large urban CPC had a deep pink or magenta colour, a light grey and white scheme throughout their website. The homepage featured the most magenta, while the other pages featured more white and light gray with smaller parts being magenta. It also had a photo of a woman in a light coloured blazer speaking to a couple. The colours of the mid-sized urban CPC website were navy blue, teal, light green, and white. This website had a number of photos blended into the background, resulting in the colour of the background coming navy blue, but transparent enough so viewer could see the photo beneath it. On the homepage of the mid-sized urban CPC website, there was a photo of a woman, though only the back of her head and what she was holding in her hands (a pregnancy test) are visible. The rural CPC website was the least detailed and complex in its colour scheme. It was mostly white, with the exception of purple writing, which was only in the title of the CPC. The rest of the writing was in black font, however there were several photos on the homepage and throughout the website of babies and/or pregnant women's stomachs, more frequently than the other CPCs. Screen captures of all three CPC website home pages can be found as Appendix B.

3.4 CPC Website Content

On the homepage of each of the websites are different services offered by the CPCs. The large urban CPC homepage had a list of "Free and Confidential Services" that included pregnancy tests, abortion information, post abortion care, adoption information, parenting preparation, and community connections. They also provided a note stating that they are not a medical clinic and that they do not provide abortions, nor do they assist in arranging them. Further down on the homepage links to other sections within the website were located. Each of these six links are arranged as thumbnails with photos and the section titles attached to them.

The first section was titled "How can I check if I'm pregnant?" and this was paired with a photo of a young woman speaking to a man; however, only his back and part of his head were visible. The next section "I'm pregnant. What are my options?" contained a photo of a man and woman sitting together on a couch across from a woman holding a clipboard. The third section titled "How can men get help?" had a photo of a man on the phone. The section "How do I know if abortion is for me?" was populated with a photo of a woman speaking to another woman. The "What help is there in raising a baby?" caption was paired with a photo of two young women, one was smiling or laughing and the other had an unidentifiable item in her hands and her face not visible. The last section title, "What if I'm new to Canada?" was accompanied by photo of two women sitting together, one was smiling and the other had a neutral expression.

Further down the homepage was written "Others have been where you are" and beneath it three thumbnails for three videos of different personal stories were provided. The titles of the videos included "I didn't want to hurt her", "How things changed for me after pregnancy care centre", and "20 and pregnant". Toward the bottom of the homepage of the large urban CPC, the CPC provided its contact information, including their phone number and a map that pinpointed all of their locations in the area. As well, there was a box on the bottom right hand side of the webpage that repeatedly pops up and says "here to help" while it listed the CPC phone number, or provided the user the option to click a button that will automatically compose a text message to the CPC.

On the homepage of the mid-sized urban CPC, the website had written in large writing: "PREGNANT? WORRIED? OVERWHELMED? You are not alone. We are here to help!" Following that was a list of "who we help" with photos attached. The first on the list included "Moms" with a photo of a smiling woman and the back of a different woman reaching out with her hand on her shoulder. The adjacent "Dads" session contained with a photo of a man and a young boy playing at a park together. The "Families" section was paired with a photo of a man and woman, who appear to be older than the other people in the photos, and were standing with a young boy between them, all smiling and laughing. Last, the "Post Abortive Care" section contained a photo of a woman looking out of a rainy or wet window with her palm pressed against the window.

Further down the homepage for the mid-sized urban CPC was a list of services and programs that they offered. The list included: Pregnancy tests, options counselling, one-on-one support, post abortion grief support, programs (for moms and grandparents), sexual realities presentation (for schools and youth), referrals (medical care, adoption, community services, and professional counselling). Below that list, a small paragraph explaining what to expect at the CPC and how the client would meet with a trained support worker for their appointment was provided. They also wrote that the trained support worker would help to explain your options so that women could make an informed choice.

Below that was a "donate" section, where there was a list of the types of donations they accepted, such as financial donations, diapers, baby and maternity clothing, baby furniture and food, formula, blankets, and bedding. Below the donate section was contact information, where their phone number, email, location, and hours were listed. They also had a link to their Facebook page with the most updated status, and a list of their staff member names and their positions. In the bottom right corner they had a disclaimer that said that the CPC does not provide abortions, nor do they provide abortion referrals. They also wrote that they are not a substitute for counselling or medical care, and that they provide accurate information on all options.

On the homepage of the rural CPC website there was the CPC name in large letters with a YouTube video related to COVID-19 measures linked below the title. Further down the homepage there was a banner that rotated between three images. The first was a photo of a woman standing in the woods, with the following caption: "Explore your options. Helping you make an informed decision." The next image was a woman with a phone to her ear and written was their phone number as well as the words "Need to talk? We provide free, confidential support." The last image was a woman with a tissue in her hand with the words "In need of support? We offer pregnancy and post-abortion support for men and women." Below the banner included three small paragraphs regarding the centre, including discussion of confidentiality and reinforcement that the CPC site was a non-judgmental facility wishing to assist individuals. In this section, they

also provided a disclaimer noting that while they offer accurate information about all options, they did not offer abortion or emergency contraception referrals.

Scrolling further down the homepage, links to different sections of the websites, with each section paired with a photo, were provided. The first section was titled "Think you're pregnant?" with a photo of a woman, but only her bottom half was visible. She was sitting against a wall, with her knees to her chest and her arms wrapped around her knees, with a pregnancy test in her hand. After that, the section was called "She's pregnant, now what?" and this section had a photo of a man with his phone to his ear, and he was using his other hand to cover his face. The next section was "Thinking Morning After Pill?" with a photo of two white pills in a blister pack. The last section was titled "Considering Abortion?" with a photo of a woman with her head down and eyes closed. One hand was on her forehead and the other was on her stomach.

Further down the homepage was a photo of a pregnant woman's stomach with their phone number and "HELP US. Donate now". Down further there were four cartoon photos with links to parts of the website. The first said "Donate" with a photo of a currency bill growing off the stem of a plant. Next was "Volunteers" with four hands/arms connected in a square; and "Services" with a hand, palm facing up, with a heart hovering over overtop of the hand. A "Contact Us" image was located, with related contact information for the CPC. To conclude the homepage, a "News Letter" link provided an option to enter contact information details (i.e., name and email) to receive quarterly updates on the CPC.

3.5   The "Who" of CPCs

The CPC websites contained multiple sections dedicated to a variety of individuals, beyond just pregnant women. These included sections dedicated to students, people who speak languages other than English, people who are new to Canada, and men.

3.5.1   Age and Students

Age was mentioned eight times from four files. The Rural CPC mentioned age only once, stating that they "support women of all ages". The main website for the large urban CPC also only mentioned age once, and it was in relation to the stigmas that surround young mothers. The external URL link from the large urban CPC mentioned age six times, all in relation to their Sexual Integrity Program. The program is designed for youth, and the website mentioned that it was appropriate for people 14 years old and up. They also said that "Parents are welcome to attend, however we find that young people may not feel comfortable asking questions with their parents present." The mid-sized urban CPC did not mention age.

Students were a sub code of age, and were referenced 47 times from 10 different files. Only the large urban CPC and the mid-sized urban CPC mentioned students. The large urban CPC mentioned students 36 times on their main website, and they appealed to students of various ages. The large urban CPC discussed university students in detail, as they had two offices on two different university campuses in the area. Their website had sections with information and frequently asked questions for both of the campus offices. The frequently asked questions for both of the university campuses had a sentence on what the CPC's purpose was, and it was the same on both websites, "[CPC] purpose is to create a supportive environment that empowers pregnant and parenting students to continue their education."

The large urban CPC website also mentioned other kinds of students, as they explained that the CPC supports various types of students, not just university students, at all of their locations. They wrote that "Going to high school, college, or university with a baby might sound impossible, but people actually do it all the time." As well, the external URL link from the large urban CPC mentioned students once in a personal story that was written by someone who had used the CPC previously. The story was about a woman who was just finishing her high school credits, preparing to graduate, when she discovered she was pregnant.

The mid-sized urban CPC website referred to students 10 times, all in relation to their presentation called "SEX. THINK. DECIDE." The CPC described that this presentation was specifically designed for students and youth at the elementary school age level, namely grades 7 through 8 (ages 11-13). Further, the mid-sized urban CPC wrote that the program was a valuable addition to the health curriculum at schools, and that teachers could bring their classes to the CPC as a field trip. The mid-sized urban CPC also had a number of quotes from students who have seen the presentation before and have learned a lot, as well as quotes from teachers who said how helpful and educational the presentation was.

3.5.2   Languages

The Languages code had 14 references from 7 files. All of the references were from the large urban CPC websites, both the main website and the external URL link from the main website. 13 were from the main website while one was from the external URL link. The main large urban CPC website discussed the various languages that they offer services. The large urban CPC wrote that they offer services in English, Spanish, and Chinese. They also had a Hispanic night at a nearby Hispanic Centre on one day of the week.

As well as offering services in various languages, the large urban CPC mentioned offering support to people who were new to Canada, saying "Being pregnant as a newcomer to Canada can be a time for joy and celebration." Further, they mentioned being new to Canada and being an international student on both of the campus sections on the website. As well, the CPC mentioned being new to Canada in the personal stories; examples of the titles are "Unexpected Pregnancy in a Foreign Country" and "Chinese Culture and Unplanned Pregnancy". Neither the mid-sized urban nor rural CPC websites mentioned different languages or foreign culture.

3.5.3   Men

Men were mentioned 29 times from 9 files, and all of the CPC websites had sections for men. The large urban CPC had two different men's sections, one for if men are unsure of whether their partner is pregnant and what choice to make, called "How can guys get help?" The section offered advice on what men should say if their partner or someone else told them they were pregnant, writing "offer real support by letting her know you are there no matter what."

The other men's section on the large urban CPC website was called "Dad Network" and offered a variety of ways to help new or expectant fathers. The CPC helped fathers with tasks such as: employment networking, resume building, budgeting, help with diapering, feeding, and bathing, and how to provide a safe environment for the mother and baby. The external URL link from the large urban CPC website also mentioned men in regards to the previously mentioned First Response program. The CPC wrote that men can volunteer and help with deeds such as helping people move, picking up and delivering baby furniture, mentoring other fathers, offer assistance with professional skills, and raise awareness of the CPC.

The mid-sized urban CPC website had a section for men titled, "Who We Help-DADS" on which was a list of the ways that they help. The section offered men prenatal classes, one-on-one support, referrals, and advocate, under which they had written, "We advocate for our clients should they require assistance with any agencies regarding their child or require assistance with paperwork." Last, the mid-sized Urban CPC offered men post-abortion grief support, saying they offer support to people who need it due to an abortion decision made by someone they know.

The rural CPC website had a section for men called, "She's Pregnant, Now What?" with a quote directly below which read: "You're in shock! You thought you were so careful… this wasn't supposed to happen." The section proceeded to provide men faced with an unexpected pregnancy advice, telling them how to act and speak. The CPC said that the men should help women decide what to choose, give her plenty of support, and make sure she knows she will not be alone. The CPC also gave men a list of do's and

don'ts. Under "Do" they wrote that men should talk about the pregnancy with the woman who is pregnant and with trusted people, support the pregnant woman, and make sure she knows she can trust him. Under "Don't" the CPC wrote that men should not bail or look for a quick fix, men should not put pressure on the pregnant woman, and they should avoid blaming one another.

Overall, only the large urban CPC and mid-sized urban CPC referenced students, though both of those CPCs did so frequently and appealed to multiple kinds of students. Further, only the large urban CPC advertised that they offered services in languages other than English, and all of the CPCs had sections on their websites specifically for men.

3.6 Themes throughout CPC Websites

3.6.1 Religion

The Religion code had 44 references from 15 files, all of the CPC websites had some mention of religion, but some were subtle and infrequent. As previously mentioned, the large urban CPC had two different websites for the same CPC. The large urban CPC had the main website, and in the top right corner of the main website there was a link out to a different website for the same CPC; the information on the website (in regards to hours, locations, and contact information) was consistent with the main website. However, there were a few differences in other parts of the website. For example, the mention of religion was relatively low on all three CPC websites, with the exception of the external URL link from the large urban CPC. The external URL link from the large urban CPC mentioned religion 34 times, where the main website for the large urban CPC mentioned religion five times, the mid-sized urban CPC website mentioned religion twice, and the rural CPC website mentioned religion three times.

The external URL link from the large urban CPC initially mentioned religion when they were introducing themselves, saying that they were a Christian non-profit organization and that the CPC was a member of the Canadian Council of Christian Charities. Religion was also brought up in the section that contained personal stories from people who had used the CPC in the past. Almost every title in the thumbnails of the personal stories on the first two pages had some mention of religion. Examples of the

titles are, "God's provision in my unexpected pregnancy" and "I was so mad at myself because I felt like I disobeyed God's will for my life and now I was paying the price". The website also had a prayer section, on which the CPC listed groups of people that would benefit from prayers, such as mothers, fathers, babies, and the CPC itself. For each category, the CPC listed a few reasons that the group should be prayed for. An example from Mothers is, "Pray for mothers who desire to carry their child to term but lack the emotional or financial support from family and friends." Another example is, "Pray that God would use their time of crisis to reveal Himself to them and draw them to Him."

Religion was also mentioned on the website when the CPC's Sexual Integrity Program was introduced. The program stated it was designed for youth to learn about God's purpose for sex. The CPC wrote that the program would be taught from a biblical perspective, that it is based on biblical truths and it is gospel focused. In the description of the program, the CPC had written that the program would "uphold sexual purity with the help of the Holy Spirit." The main website for the large urban CPC mentioned religion when they were discussing their organization and who they are. The large urban CPC wrote that they are a Christian non-profit. The CPC also discussed religion in relation to community services, as some of their support groups were created and held in churches. As well as that, the large urban CPC mentioned religion again in the section of the website that discussed past abortions. The CPC also had a support group for women who have had abortions, which was a bible study group support group and was created from a "Christian perspective".

The mid-sized urban CPC website mentioned religion when they were explaining who they are. The CPC wrote that they are a charitable organization that rely, in part, on the donations of churches. On their website, the CPC had a section that showed a list of programs offered by the CPC, and one of the programs was called "GRIP- GOD REAL IN PEOPLE". The program was designed for mothers who need various kinds of support-physical, spiritual, emotional, or social.

The rural CPC included religion when they were explaining who they are as an organization; they wrote that they are an "inter-denominational group of Christian

volunteers". Their website had a section on the ways people can help their charity, on which they wrote that prayers for the mothers they serve were very helpful, which was the second mention of religion. After that, the only mention of religion was when the CPC discussed funding and donations, noting that they primarily receive their donations from churches.

3.6.2   Fear

Fear had 15 references from 9 files. Fear and nervousness were present throughout the websites, not only in one specific section as some of the other themes were. Fear and nervousness were most often mentioned in relation to the experience of an unexpected pregnancy. The large urban CPC website wrote that most of the women who have used their services said that they felt afraid about possibly being pregnant. In the section for students and the campus offices, the large urban CPC discussed fear, saying that it can be frightening to be pregnant while being in school, but they will support students. The external URL link out from the large urban CPC website discussed fear minimally, only mentioning fear when talking about how it can be frightening for women to tell their church that they are pregnant if they are not married. The mid-sized urban CPC only had one mention to fear or nervousness which was on the homepage. There were three boxes on the homepage, each with a word in them. The boxes read: "PREGNANT? WORRIED? OVERWHELMED?" The rural CPC website stated that it was normal to feel scared when facing an unexpected pregnancy, and that one's fears of the pregnancy and their circumstances may lead them to feel overwhelmed and pressured. The rural CPC also discussed fear in the men's section, stating that men often feel "terrified" when they find out their partner is pregnant. Both the rural and large urban CPC websites said that feeling scared or nervous is normal in their situation.

3.6.3   Free Services

Free services had the most references, with 67 from 24 files. All three websites offered various kinds of services, both emotional and physical. All three of the CPCs wrote that their services were free and confidential, and the CPCs offered support to

other people, not just pregnant women (men, grandparents). All of the CPCs offered free pregnancy tests and they all offered information on pregnancy options.

The large urban CPC offered classes about sex for youth as well as prenatal classes both in their main office and on their campus offices. The CPC offered a Parenting 101 program and a program called LifeBoat, which was intended to help people plan for the birth of their baby and consider any lifestyle changes they should make. As well, the large urban CPC said that they offer material supports to people who need them, but they did not specify what those supports are. The mid-sized urban CPC also offered classes about sex for youth, a "Mom Support Program" and a support program for grandparents who are raising their grandchildren. The Rural CPC offered clothes for newborns to size two, as well as baby equipment and diapers.

3.6.3.1   Community

All of the CPCs offered community connections, friendship, and support. The large urban CPC said "…connections to community are offered without judgment or discrimination to individuals…" while the mid-sized urban CPC wrote, "Are you a new, expectant, single mom or a mom needing a supportive community?" The rural CPC website said, "We offer ongoing friendship and support to moms in need." Community was an ongoing theme throughout each of the CPC websites, with 27 references from 15 files. Each CPC repeatedly offered friendship and community connections to help support people who use the CPC.

3.6.3.2   Counselling

Only the large urban and mid-sized urban CPCs mentioned counselling. The counselling code had 11 references from 6 files. The large urban CPC website mentioned that women who used the CPC would receive one on one support to help them figure out what the next step would be. The mid-sized urban CPC offered options counselling as well as one on one support. The CPC wrote, "Meet with one of our amazing Support Workers for one on one counselling sessions to discuss any of your needs."

3.6.3.3 Referrals

All three CPC websites offered referrals for medical care to confirm the pregnancy, counselling, adoption services, and community connections. None of them offered referrals for abortion services.

3.6.4 Health Information

Health Information had 22 references from 9 files. All three CPC websites mentioned health information in some way, but they were all slightly different. The large urban CPC main website offered information about pregnancy tests, including how and when to use them, their accuracy, and how quickly the pregnancy tests show results. The campus sections on the large urban CPC main website said that they would provide accurate information and practical help, and that the CPC would provide booklets about pregnancy options that have been peer reviewed by a Canadian physician. In the men's section they wrote that "a positive test is an indication of pregnancy, but not a confirmation." The CPC wrote that tests should be confirmed to see how far along she is and if there is a heartbeat. The external URL link out from the large urban CPC website did not offer health information online, but they did have information about their Sexual Integrity program which they said discusses sex.

The mid-sized CPC offered health information, but instead of being about pregnancy tests or options, they focused on baby health. The CPC discussed shaken baby syndrome and statistics surrounding deaths due to it. The CPC also discussed fetal alcohol syndrome and drug abuse while pregnant, emphasizing the risks associated. The rural CPC website did not offer health information online, but did suggest that they offered accurate information on all of the pregnancy options. The rural CPC also wrote that they have information about sexually transmitted infections (STIs), and they were the only CPC of the three that said they will offer any information on STIs.

All three of the CPCs also had disclaimers on their websites. The large urban and rural CPC websites both had disclaimers that were more central to the homepage, situated

in the middle, where the mid-sized urban CPC disclaimer was at the bottom of the page in the right hand corner. All of the disclaimers said that the CPCs did not offer or refer for abortions. Both the mid-sized urban and rural CPCs said that their information is accurate but that it should not be substituted for medical or health information. The large urban CPC disclaimer also said that they do not do blood work or ultrasounds, and they were the only CPC that specified on other kinds of health care besides abortion.

3.6.5   Choice

All three of the CPCs used the words choice and option, but the large urban and rural used them more frequently. There were 36 references from 19 files. The use of "choice" and "option" were most often in relation to pregnancy options for all three websites. The large urban CPC used the words "choice" or "option" 22 times on their main website and once on the external URL link out. The mid-sized urban CPC used them once, and the rural CPC used them 12 times.

The main website for the large urban CPC used "choice" and "options" mostly in relation to pregnancy options and saying that they would provide women with the information they need to make an informed choice. Under the campus office sections, the CPC said that their volunteers would provide you with accurate information on all of your options and to book a meeting to learn more about those options. On only one of the two campus sections the CPC also wrote that the campus office/group was created because students felt their choice was being taken away from them when it came to pregnancy, as the students felt they did not have the support or resources to parent. The CPC also mentioned choice under the men's section, saying that the choice of what to do with the pregnancy is ultimately up to the woman carrying it, and that "staying calm and helping her research all her options is one of the best things you can do."

The external URL link from the large urban CPC website only mentioned choice/options once. The CPC did this when they were explaining the duties of the volunteers for the First Response Network program they mentioned. One of the volunteer duties was explaining the options available to her when responding to someone who is experiencing an unexpected pregnancy. The mid-sized urban CPC website discussed

choice once when they said they will provide people with the information that they need to make an informed choice.

The rural CPC website used "options" frequently, writing that people should call in to discuss their options further, and that individuals need information and support to make an informed choice. This notion of receiving information from the CPC to help make a choice was repeated throughout the website. The rural CPC also wrote that individuals make their best choices when they feel safe and encouraged. As well as offering information, they said that their organization offers inspiration and empowers people to make positive decisions regarding their unplanned pregnancy. As well, the CPC wrote that regardless of what choice one makes, they will continue to support them. The CPC mentioned choice under the men's section as well, writing, "What choices, if any, do you have?"

3.6.5.1   Decision

Decision had 32 references from 15 files. The large urban CPC wrote that pregnancy decisions are a big deal and are big decisions to make. The CPC also said that women should reflect on what is important to them before making any decisions, and that it should be informed so that women will be proud of themselves in the future. The CPC wrote that "many people in your situation have shared they regret not taking time to consider the help available to them before and after making their decision." As well, both of the campus sections on the website talked about helping people make informed pregnancy decisions. The men's section on the large urban CPC website encouraged men to speak to their pregnant partner because they "can have a big influence on her decision." The CPC also wrote, "Before you begin worrying about what decision she is going to make, does she know if she is really pregnant?"

The mid-sized urban CPC website mentioned decisions when they wrote that the CPC would provide women with accurate information to help them make an informed decision. The Rural CPC website mentioned decisions when they wrote that it is important to get all of the information before making a decision. This was mentioned multiple times throughout the website. The rural CPC also said on two different

occasions that it is important to take time to make a decision. As well, the rural CPC wrote that every decision in regards to the pregnancy is a "life impacting decision" and that it is a hard decision to make. The website also said that a pregnancy-related decision will be one of the biggest decisions a person will ever make.

3.7   Abortion

All three CPCs mentioned abortion in a few ways. The first is general abortion information, followed by abortion consequences and then grief.

3.7.1   Abortion Information

The three pregnancy options discussed on each website were abortion, adoption, and parenting. There were 38 references from 16 files in the Abortion code, where the Adoption code had 16 references from 11 files and the Parenting code had 19 references from 12 files. All three of the CPC websites mentioned abortion as one of the three pregnancy options, but the large urban and rural websites also had different sections for abortion where they went into more detail about it.

The large urban CPC website said that their staff and volunteers would help women sort through any thoughts, feelings, or questions they might have about abortion. As well, the CPC provided discussion and information about abortion, and wrote that women should ask questions and express concerns they have about abortion and abortion procedures. The CPC also mentioned abortion in the personal stories section, as the stories had abortion in the titles, such as "Took Abortion Pill- My Pregnancy Story", "Our Abortion Story", and "We 'had to do something about it'- My Abortion Story Pt 1". As well, the CPC wrote that they were there to help women who do not have support because women often feel they have to terminate their pregnancy due to a lack of support, even if they do not want to. Specifically, the CPC wrote, "…so that [women] can thrive without seeing abortion as their only option." Under the "What to Expect" section of the website, the CPC had written that they are not an abortion clinic.

In the large urban CPC campus section under frequently asked questions, there was a question asking if the CPC would support students if they chose abortion (the CPC

wrote that they would support students who chose to terminate their pregnancy, but that the campus CPC is designed for people who want to keep their pregnancy). The external URL link out from the large urban CPC website wrote that "the [CPC] exists so that women and men making pregnancy decisions do not need to feel alone nor believe that abortion is their only option." The CPC wrote twice throughout the website that they provide support so that women do not feel they have to terminate their pregnancy. The CPC also mentioned abortion in the personal stories, as one of the titles said "I have always been against abortion". As well, the CPC discussed abortion in the prayer section, first asking for prayers for mothers who feel pressured to abort and then asking for prayers for fathers who are pressuring mothers to abort.

The rural CPC website had a section that asked if abortion was the right option and said to go into the CPC to discuss abortion with a support worker, learn about surgical abortion and the abortion pill. The CPC also asked if you have considered the benefits of an abortion and if you have someone you can trust to go through the process with. Under the men's section the CPC wrote, "…when women hear men say 'it's up to you', she often thinks that he means she should have an abortion." The rural CPC website also said that abortion is not a quick fix.

3.7.2   Abortion Consequences

The Abortion Consequences code had 15 references from 8 files. The large urban CPC website had a post abortion support program, and they had quotes from members of the program. "The [CPC] has been a lifeline through my whole post abortion experience." They wrote that the program allows women to speak to others "who have found healing following an abortion." The large urban CPC also wrote that an appointment should be made so that the person can meet others "who have come to a resolution with their past abortion." On the campus section of the website, the CPC said that they offer support to anyone who needs it after an abortion. As well, the external URL link out from the main website mentioned the same post abortion program that the main website discussed.

The mid-sized urban CPC website had a section called Post-Abortive Care, where they ask if "you find yourself in need of support due to an abortion decision made by you or someone you know". The rural CPC website asked what risks and benefits matter most to you, and to consider this before deciding to get an abortion. The rural CPC also said to consider your values and beliefs before getting an abortion, and they too had a post-abortion support program.

3.7.2.1   Grief

Grief was a sub-code of Abortion Consequences, and had 18 references from 11 files. All of the websites mentioned post-abortion grief. The large urban CPC website had a quote from someone who had used the CPC for their post-abortion program that read, "I felt such raw pain and tremendous guilt coupled with a deep sense of loss as if I had lost a family member." The CPC had also written that the post-abortion program offered gives people a safe place to grieve the loss, as well as discuss the pregnancy, abortion and the pain following the abortion.

The mid-sized urban CPC website had a section titled Post-Abortive Care. The CPC also had a program called Post Abortive Grief Support, where they would allow anyone who had been affected by an abortion decision to grieve. The CPC said that the program was intended to help women who have had an abortion, but also people who have been associated with an abortion. Further, the CPC wrote that they provide different kinds of support because people grieve differently. As well, the CPC said that some people feel "strong negative emotions" after an abortion, and while sometimes they feel them immediately after the abortion, other times the negative emotions will appear years later. Their Post-Abortive Care program will help "restore hope".

The rural CPC website said that some women find abortion to be a painful experience that is hard to get past, and that "women come to the centre hoping to resolve feelings of guilt, anxiety and depression." They mentioned multiple times that there can be grief following an abortion.

The main themes of the three CPC websites were religion, as all three websites had some mention of religion, but the link out for the large urban CPC mentioned religion more often than the others. As well, all three of the CPCs referenced fear or nervousness in relation to pregnancy. Another important theme was free services, as all three of the CPCs offer free services, most commonly community support and connections, as well as referrals. However, the large urban CPC and the mid-sized urban CPC also offered counselling services. All three of the CPCs provided some form of health information, though it varied greatly from one CPC to another. Each CPC also used the words "choice" and "options", and the large urban CPC and mid-sized urban CPC used the word "decision" throughout their websites. Last, all three of the CPC websites offered information on abortion and abortion consequences, including grief.

Chapter 4

4   Discussion

The main findings of the content analysis were who CPCs seem to be appealing to and the main themes found throughout the websites. Specifically, two of the CPCs consistently mentioned students; one of the CPCs offered services in multiple languages and services specifically for women and couples who are new to Canada; and all of the CPCs had sections on their website for men. Several important themes were identified as well, including the mention of religion, fear, free services, health information, the words "choice" and "options", and abortion information.

4.1   The Appeal

Not only do CPCs often appear neutral in their stance on abortion, but they have something to offer to many individuals; not just pregnant women. CPCs claim to offer various services to pregnant women, students, men, and families of pregnant women. The large urban CPC even offers their services in multiple languages. CPCs could be trying to attract multiple people in an attempt to reach a pregnant woman and sway their decisions.

Both the large urban and mid-sized urban CPC websites had a section for students. The approaches of the websites were different, as the mid-sized urban CPC information was aimed at younger, elementary school age children. The website stated that they offered a presentation for youth and that teachers would bring students into the CPC for field trips. This in itself is troubling, as it means that some people are being exposed to CPCs at a young age, and may not necessarily know what they are because of the lack of awareness of what CPCs are, and the potential lack of transparency from CPCs themselves.

The large urban CPC website was broad in its target audience. Not only did they have offices on two university campuses in the area, but they also wrote about students in other areas, such as high school or college. Their flippant language in relation to carrying a pregnancy could be problematic, as they wrote "Going to high school, college, or

university with a baby might sound impossible, but people actually do it all the time." It sounds like it would be simple for one to have a baby and continue their studies, and to an impressionable, young, or vulnerable person, that can be especially harmful information to disseminate (Duane, 2013).

The attempt to attract students and young adults is important to note as in the United States in 2014, the largest age group obtaining abortions were people in their 20s with 60% of abortions, and people under 20 years old accounted for 12% of abortions (Jerman, Jones, & Onda, 2016). Students are also a relevant group for CPCs to target, as in 2014, 24% of patients who had an abortion were currently attending school (Jerman, Jones, & Onda, 2016). Students and young adults account for a high percentage of abortions, so it is understandable that CPCs would push to promote their facilities to these groups.

As well, individuals under the age of 30 in Canada are more likely to travel 100 kilometers or more to obtain an abortion, and that travel is more likely to be difficult compared to people over the age of 30 (Sethna & Doull, 2013). An understanding of the barriers that young adults could face when trying to obtain an abortion can help one understand why a CPC may be an appealing choice; not only do they portray themselves to be helpful organizations that provide pregnancy options, but in many areas of Canada they are more accessible than abortion clinics. For example, in Ontario there are approximately 85 CPCs (Canada Adopts, 2014; Arthur et al., 2016). Conversely, there are 12 abortion clinics in Ontario, not including hospitals that perform abortions (Hassle Free Clinic, 2016) and 38 abortion providers when hospitals are included (Action Canada for Sexual & Health Rights, 2019).

CPCs also offer services to men. All three of the CPC websites had a section for men on them, and the large urban CPC website actually had two. The first section for men on the large urban CPC offered advice on what to do and how to speak to their partner when women find out they are pregnant and unsure of their decision, while the other section offered help to men who are already fathers or soon to be fathers. By appealing to both groups of men in this way, they are able to attract more people. Not

only could they potentially bring men into the CPC in either situation, but the men might bring their partner or a family member.

In an article written for Celebrate Life Magazine, Leaser (2006) writes that CPCs must appeal to men because they have the ability to change their partners mind if she becomes pregnant. After the Guttmacher Institute released a study stating that three-fourths of women obtained abortion due to a concern or responsibility to other people, Leaser claimed that women often chose abortion because they were afraid of their partner's reaction to finding out they were pregnant (2006). As a result of this interpretation, CPCs have recently begun to incorporate men into their programs and websites (Leaser, 2006). Leaser (2006) reports that CPCs that actively try to engage men in their facility and program are using several approaches to involve men and ensure that they are committed to crisis pregnancy resolutions, even asking women to include their partners when they contact the CPC for information. Further, CPCs have tried to create an environment that might seem inviting to men, including having magazines geared toward men in the waiting room. All three of the CPCs examined in this study appealed to men, possibly in an attempt to reach their partner.

4.1.1   Free Services

All three of the CPCs offered several free services. All of the CPC websites consistently mentioned that they offer many services free of cost, such as pregnancy tests, community connections, referrals, counselling, and various programs. The rural CPC also offered free clothing, diapers, and baby equipment. The offer of free services or items could be an attempt to draw individuals in, to make the CPC seem attractive and helpful.

However, not everyone is in need of the help they are offering, such as pregnancy tests and diapers, and to attempt to attract women with free equipment and supplies seems as though they are trying to lure in individuals who cannot afford such items. While it seems like CPCs are doing pregnant women a service by offering them these items and programs, they may be doing the opposite by targeting certain women and encouraging them to keep an unexpected pregnancy. CPCs may be targeting vulnerable women, and instead of offering them accurate information about their options or valuable

resources, they are attempting to persuade their pregnancy decision (Borrero, Frietsche, & Dehlendorf, 2019; Duane, 2013).

The free services offered by CPCs attract many of their clients. Kimport, Dockray, and Dodson (2016) conducted a study of CPCs in Indiana with the goal of understanding why people utilize the facilities. They found that CPCs were frequented because of the advertisement of free services, and most women stated that they went to a CPC for free diapers (Kimport, Dockray & Dodson, 2016). After diapers, the main reason women went was to obtain baby equipment or clothing. However, of those women, majority of them left the CPC with diapers and a small fraction of participants left with baby equipment. Very few of the study participants went to the CPC for pregnancy tests (Kimport, Dockray, & Dodson, 2016).

Similarly, another study conducted by Kimport (2020) also analyzed why women went to CPCs. All of the respondents stated they went to a CPC because they hoped to obtain one of their free services such as pregnancy tests, sonograms, counselling, or emotional support (Kimport, 2020). The women who used the CPC emphasized the importance of free materials, and most of the respondents stated they used a CPC because there is no cost (Kimport, 2020). However, many of the women found that the services and materials offered by CPCs were limited, or there was a catch to them, such as having to join groups or classes to obtain the materials (Kimport, 2020). Another study conducted by Chan, Korotkaya, and Sridhar (2020) examined online reviews of a CPC in California. Of the positive reviews, most of the reasons behind them were accessibility of the CPC, especially for those who did not have insurance, and the free services offered by the CPC. Of all of the reviews, a small fraction of study participants mentioned financial trouble and not having health insurance (Chan, Korotkaya & Sridhar, 2020).

Financial reasons are a common theme through many of the previously discussed studies surrounding why women utilize CPCs. Whether or not women consistently receive what they hope for when they enter into a CPC, these studies show that CPCs could be appealing to low-income women by offering multiple free services. Not only might CPCs be targeting low-income women, but these websites are meeting the needs of

pregnant low-income women by supplying them with services they might not be able to afford otherwise (Kimport, 2020). While this seems positive, the free services offered by CPCs are not enough to counteract the deceptive tactics they use. This is an issue that must be considered when discussing regulation of CPCs; women should not have to enter an anti-choice and deceptive facility to obtain necessary items for caring for their child. In regulating CPCs, there should be some understanding that baby equipment must also be more accessible. If such items were available at a lower cost, women may not feel the need to go to CPCs (Kimport, 2020).

4.1.2   Choice

The words "choice", "option", and "decision" were all consistently used on all three CPC websites. This is another tactic of the CPCs to draw people into their facilities. By repeatedly mentioning choices, they can lead people to believe that they offer pregnancy choices, or at the very least that they offer accurate information on pregnancy options. The term "choice" is often linked to abortion, many people hear the term and associate it with abortion rights (Sambaraju et al., 2017, p.267). Being told that a facility offers "pregnancy options" could lead one to believe that they will receive unbiased care and health information.

While on the surface CPCs look like they offer a wide variety of services to a broad audience, a deeper look shows that is likely not the case. CPCs create a choice environment with the intention of leading the pregnant woman in a specific direction (Bryant & Swartz, 2018). They often use language that seems neutral, but discourage abortion through their negative associations of abortion and grief, guilt, and mental health. The three CPC websites analyzed in this study all stated that they do not provide abortions or abortion referrals, and that is the case for almost all CPCs (Bryant & Swartz, 2018).

CPCs are commonly not transparent regarding their goals or purpose, as they use language that might lead people to believe that they are a pro-choice organization or a health care facility. Further, research shows that many American CPCs mention abortion in relation to a multitude of negative health consequences such as poor mental health

outcomes, infertility, and even breast cancer (Borrero, Frietsche & Dehlendorf, 2019). As a result, CPCs can have a negative effect on women's health by potentially delaying abortion (Borrero, Frietsche & Dehlendorf, 2019). Although the three CPC websites examined in this study do not mention infertility or breast cancer as a result of abortion, they do mention negative mental health outcomes and emphasize guilt as a consequence of abortion.

4.2   Guilt and Shame

4.2.1   Abortion Consequences

Abortion was mentioned more than twice as much as parenting and adoption on the three CPC websites, not including the references to grief and shame in association with abortion. The CPCs have different pages for abortion on their website instead of including abortion information when describing pregnancy options. The separate page seems informative at first glance, in that it seems as though the CPC is providing extra information about the abortion process. However, once navigating the pages, one can understand that abortion is most often discussed by CPCs in a negative fashion. CPCs associate abortion with grief, guilt, and shame. All three of the websites reviewed in this study mention post-abortion grief, outlining that abortion causes grief, anxiety, depression, and other poor mental health outcomes. The large urban and mid-sized urban CPC also operated programs to help people suffering from post-abortion grief, and they used language such as "healing after an abortion" implying that women are hurt in some way following abortion. They also wrote that post abortion grief does not always come immediately after an abortion, and sometimes can appear years later.

As well as the constant mention of grief following an abortion, the mid-sized urban CPC has a "Post-Abortive Care" section on their website, within which they offer a "Post Abortion Grief Support" program, where they list a set of symptoms that are associated with post abortion grief, such as: depression, eating and sleeping disorders, guilt, denial, anger, and self-blame. The CPCs examined in this study and their discussion of abortion in largely negative fashions reinforces the stigma surrounding abortion in an attempt to dissuade women from having one. Kimport (2019) conducted a study on CPCs

and their stigmatization efforts, finding that they seem to use religion to shame or guilt trip individuals out of considering abortion. Kimport (2019) reports that CPCs began discussing scripture and referencing the bible as a means to create uncertainty around abortion. Similarly, Kimport (2019) reports an incident where a pregnant woman mistakenly walked into an American CPC thinking it was a clinic. She made it clear that she had already decided to get an abortion, and said that as a result the CPC staff blocked the exit and said "God wants you to keep this baby. It's a baby, not a fetus!" (Kimport, 2019, p.628).

It would appear that many CPCs actively use fear as a mechanism to dissuade women from abortion. This was observed in the three CPC websites analyzed in this thesis. All three CPC websites mentioned fear in relation to choice, and then subsequently described purported poor health outcomes associated with abortion. Similar to Kimport (2019), pregnant woman considering abortion were told that they would "come out traumatized" and experience a range of negative side effects such as poor emotional, mental outcomes, and low sex drive (p.633). Further, another woman seeking abortion was told that she may get an infection in her cervix and die because of abortion (Kimport, 2019).

Chapter 5

5   Future Work and Implications

5.1   The Nudge

CPCs use a number of tactics to try to attract people and dissuade them from abortion. CPCs cater to a large variety of people, not only those who are pregnant. CPCs offer several services and supports, and they claim to offer accurate information on all pregnancy options. When CPCs have an individual's attention, they use this opportunity to start providing information about abortion that is intended to cause a negative opinion of that option and gently *nudge* the person to different decision options. CPCs do this by creating a choice environment that caters to their agenda. Any environment in which individuals make choices are a key part of the theory of nudging, which is a tool used to subtly influence or alter one's decision making behaviour (Vlaev, King, Dolan, & Darzi, 2016). *Digital nudging* is a similar concept, where the environment in which the nudging occurs is in online as opposed to offline or in-person (Weinmann, Schneider, & Vom Brocke, 2016).

The three CPCs analyzed in this study have created a choice environment on their websites, on which they associate abortion with grief, shame, guilt, depression, anxiety, regret, loneliness, and fear. In the same environment, they discuss parenting in relation to family, friendship, community, happiness, love, having help, receiving free services and materials. This is a compelling environment to be in, especially if someone does not know what a CPC is or what their agenda entails. While it is possible that the CPCs analyzed in this study are currently employing digital nudging strategies to purposely influence women's pregnancy decisions, further research should be undertaken to confirm these suspicions.

5.2   Regulation and Policy

Most literature on CPC regulation is based in the United States, specifically in relation to the First Amendment Right. The First Amendment guarantees Americans

freedom of speech, expression, religion, assembly, and the right to petition. Under the First Amendment, congress cannot prohibit individuals from speaking freely (U.S. Const. amend. I). Similarly, in Canada, The Charter of Rights and Freedoms under Section 2 allows Canadians various fundamental freedoms, such as freedom of expression, thought, religion, conscience, peaceful assembly, and association (*Canadian Charter,* 1982, s 2 (b)). Like the United States, the current lack of regulation of CPCs in Canada may also be resultant of Section 2 of the Charter of Rights and Freedoms, as CPCs might argue that they have a right to freedom of expression. Since CPCs are created and run by individuals who are not health care professionals, and therefore are not affiliated with any professional college standards, they cannot have their rights to free speech or expression impeded.

Many CPC websites state that their support workers are not medical professionals (Bryant & Swartz, 2018). This causes a barrier when attempting to regulate these organizations because they are generally non-profit organizations, meaning they do not have strict legal guidelines to follow (Arthur et al., 2016). If the volunteers or workers at CPCs in Canada were nurses, they would have not only the provincial college regulating them, but they also have to adhere to the Code of Ethics for Registered Nurses & Nurse Practitioners. This code was created by the Canadian Nurses Association to regulate nurses and protect the public. On the other hand, nurses have a responsibility to conduct themselves in an ethical manner based on the Code (Canadian Nurses Association, 2017).

Based on the Code of Ethics, if nurses were employed in CPCs, CPCs would be opposing the rules and regulations which would be deemed unacceptable. By highlighting some of the guidelines that registered nurses must adhere to in Ontario, the disconnect between ethical care and CPCs becomes clear. Specifically, Section A of the Code, titled "Providing Safe, Compassionate, Competent and Ethical Care" describes two guidelines relating to care that oppose CPCs and how they conduct their facilities. Section A, Number 4 says that nurses must "question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care" (Canadian Nurses Association, 2017, p.8). However, CPCs do not engage in ethical or safe care if they do

not provide a pregnant person with accurate information on all of their options, nor if they use tactics to delay a possible termination of pregnancy.

Physicians in Ontario have similar guidelines to follow for interacting with patients. The College of Physicians and Surgeons of Ontario (CPSO) have a Practice Guide where they state ethical (and other) guidelines that must be followed by physicians. Within the guide is a section titled, "Communicating with Patients and Others", under this section it states that "physicians should ensure that patients are appropriately informed about their medical care". This means that if a physician were employed at a CPC, the regulations imposed by the CPSO would restrict them from adhering to CPC values (College of Physicians and Surgeons of Ontario, 2007). Further, the same section states "physicians should demonstrate an awareness of their own values and how their values relate or differ from those of their patients" (College of Physicians and Surgeons of Ontario, 2007, p.7), which again directly opposes what CPCs stand for, as CPCs often give advice based on their values.

5.2.1   Regulation for Non-Profits in Ontario

All three of the CPC websites state that they are funded, in part, by a church organization. Further, both the large urban CPC and mid-sized urban CPC are part of the Canadian Council of Christian Charities. Non-profits in Ontario create their own bylaws, and as result, the rules and regulations that CPCs face could be set by their umbrella organizations and not by the government (Canada Not-for-profit Act, 2009). In 2010, when some individuals and groups began rallying for the regulation of CPCs in Ontario, they were met with a response from a spokesperson for the Ontario Ministry of Health and Long-Term Care that stated:

> We don't fund them, so we don't have a lot of oversight on them… As with these types of things that are sort of outside the ministry purview, it is 'buyer, beware' and a matter of people doing a bit of homework. (Smith, 2010)

Unfortunately, advising individuals to do their "homework" before visiting an CPC is not satisfactory, due to the subtle and subversive tactics used by these organizations to lure

individuals into a false sense of conform. For instance, Paperny (2016) published an media report for Global News exploring the experiences of a British Columbia woman who found herself unexpectedly pregnant and searched online for help. She did not realize that the CPC she later entered was not an abortion clinic because the website was deceiving and confusing (Paperny, 2016). The British Columbia woman's situation was not unique; CPCs are often mistaken for abortion clinics, and they position their websites and advertisements in a way that makes them appear neutral (Arthur et al., 2016).

5.3   Conclusion

This study revealed that the three CPCs analyzed use various tactics to appeal to women and their partners. Specifically, the CPCs offer a multitude of free services, both material and community supports, to pregnant women. CPCs also appeal to specific groups such as students, men, and for the large urban CPC, newcomers to Canada. The CPCs tend to use language that may appear neutral, and not pro-life, to some, such as the frequent use of the words "choice" and "options" in relation to an unexpected pregnancy.

All three of the CPCs had a religious affiliation, whether it was with a church or a religious umbrella organization. The CPCs also discussed abortion and they all mentioned post-abortion grief, which included a number of ways that abortion can negatively impact women, including experiencing grief, guilt, and poor mental health. While the CPCs might appear neutral on their website, a deeper look revealed that they are anti-abortion organizations, and the choices that they present to women are limited.

Results of this study show a need for better regulation of CPCs in Ontario, as regulation is necessary for women's health and autonomy. CPCs can be a barrier to reproductive services such as abortion, and their persuasive tactics could prevent women from accessing legitimate healthcare options. If CPCs had stricter regulatory oversight, perhaps women would better detect a CPC, instead of believing they are walking into a clinic or healthcare facility. Further, if women were able to understand what a CPC is and the differences between a CPC and a clinic, then they would be able to choose what facility they would rather use. Disguising a CPC to make it look like an abortion clinic deprives women of their choice to access care, and attempting to persuade a women to

make a pregnancy choice that potentially opposes their best interests deprives women of their autonomy.

References

Action Canada for Sexual Health and Rights. (2019, September 19). *Access at a glance: Abortion services in Canada.* https://www.actioncanadashr.org/resources/factsheets-guidelines/2019-09-19-access-glance-abortion-services-canada

Agunwamba, A. A., Kawachi, I., Williams, D. R., Finney Rutten, L. J., Wilson, P. M., & Viswanath, K. (2017). Mental health, racial discrimination, and tobacco use differences across rural-urban California. *The Journal of Rural Health, 33*(2), 180-189. https://doi.org/10.1111/jrh.12182

Ahmed, A. (2015). Informed decision making and abortion: Crisis pregnancy centers, informed consent, and the first amendment. *The Journal of Law, Medicine, & Ethics, 43*(1), 51-58. https://doi.org/10.1111/jlme.12195.

Aljassim, N. & Ostini, R. (2020). Health literacy in rural and urban populations: A systematic review. *Patient Education and Counseling, 103*(7). https://doi.org/10.1016/j.pec.2020.06.007

Arthur, J., Bailin, R., Dawson, K., Glenwright, M., Reinhardt-Simpson, A., Sykes, M., & Zimmer, A. (2016). Review of "crisis pregnancy centre" websites in Canada. *Abortion Rights Coalition of Canada.* https://www.safeabortionwomensright.org/wp-content/uploads/2016/06/CPC-Website-Study-ARCC-2016.pdf

Borrero, S., Frietsche, S., & Dehlendorf, C. (2019). Crisis pregnancy centers: Faith centers operating in bad faith. *Journal of General Internal Medicine, 34*(1), 144-145. DOI: 10.1007/s11606-018-4703-4

Brems, C., Johnson, M. E., Warner, T. D., & Roberts, L. (2009). Barriers to healthcare as reported by rural and urban interprofessional providers. *Journal of*

Interprofessional Care, 20(2), 105-118.
https://doi.org/10.1080/13561820600622208

Bryant, A. G. & Levi, E. E. (2012). Abortion misinformation from crisis pregnancy
centers in North Carolina. *Contraception, 86*(6), 752-756.
doi.org/10.1016/j.contraception.2012.06.001

Bryant, A. G., Narasimhan, S., Byant-Comstack, K., & Levi, E. E. (2014). Crisis
pregnancy center websites: Information, misinformation and disinformation.
Contraception, 90(6), 601-605. doi.org/10.1016/j.contraception.2014.07.003

Bryant, A. G., & Swartz, J. J. (2018). Why crisis pregnancy centers are legal but
unethical. *AMA Journal of Ethics, 20*(3), 269-277. doi:
10.1001/journalofethics.2018.20.3.pfor1-1803

Bryant-Comstack, K., Bryant, A. G., Narasimhan, S., & Levi, E. E. (2016). Information
about sexual health on crisis pregnancy center web sites: Accurate for
adolescents? *Journal of Pediatric and Adolescent Gynecology, 29*(1), 22-25.
https://doi.org/10.1016/j.jpag.2015.05.008

Campbell, B.A. (2017). The crisis inside crisis pregnancy centers: How to stop these
facilities from depriving women of their reproductive freedom. *Boston College
Journal of Law and Social Justice, 37*(1), 73-106.

Canada Adopts. (2014). *Crisis pregnancy centres in Canada.*
http://www.canadaadopts.com/adopting-in-canada/crisis-pregnancy-centres-
canada/

Canadian Charter of Rights and Freedoms, s 2, Part 1 of the *Constitution Act*, 1982,
being Schedule B to the *Canada Act 1982* (UK), 1982, c 11.

Canadian Nurses Association. (2017). *Code of ethics for registered nurses.*
https://www.cna-aiic.ca/~/media/cna/page-content/pdf-en/code-of-ethics-2017-
edition-secure-interactive

Carter, K. F. & Spear, H. J. (2010). Knowledge, attitudes, and behavior related to pregnancy in a rural teenage population. *Journal of Community Health Nursing, 19*(2), 65-75. DOI: 10.1207/S15327655JCHN1902_01

Chan, E., Korotkaya, Y., & Sridhar, A. (2020). Analyzing patient experiences from crowd-sourced reviews of crisis pregnancy centers in California. *Obstetrics & Gynecology, 135.* doi: 10.1097/01.AOG.0000664116.98551.c3

Chen, A. X. (2013). Crisis pregnancy centers: Impeding the right to informed decision making. *Cardozo Journal of Law Gender, 19*(3)*, 933-960.

College of Physicians and Surgeons of Ontario. (2007, September). *The Practice Guide: Medical Professionalism and College Policies.* https://www.cpso.on.ca/Physicians/Policies-Guidance/Practice-Guide

Cottrell, J. N., Thomas, D. S., Mitchell, B. L., Childress, J. E., Dawley, D. M., Harbrecht, L. E., Jude, D. A., & Valentovic, M. A. (2018). Rural and urban differences in prenatal exposure to essential and toxic elements. *Journal of Toxicology and Environmental Health, 81*(23), 1214-1223. https://doi.org/10.1080/15287394.2018.1547890

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43,* 1241-1300.

DeClerque-Skatrud, J., Bennett, T. A., & Loda, F. A. (2008). An overview of adolescent pregnancy in rural areas. *The Journal of Rural Health, 14*(1), 17-27. https://doi.org/10.1111/j.1748-0361.1998.tb00858.x

Dobbins, C. C., Kenney, B. N., Meier, C. E., & Taormina, V. V. (2016). Down with teen pregnancy, up with mobility. *North Carolina Medical Journal, 77*(6), 388-393. DOI: https://doi.org/10.18043/ncm.77.6.388

Duane, M. (2013). The disclaimer dichotomy: A first amendment analysis of compelled speech in disclosure ordinances governing crisis pregnancy centers and laws mandating biased physician counselling. *Cordozo Law Review, 35.*

Estacio, E. V., Whittle, R., & Protheroe, J. (2019). The digital divide: Examining socio-demographic factors associated with health literacy, access and use of internet to seek health information. *Journal of Health Psychology*, *24*(12), 1668–1675. https://doi.org/10.1177/1359105317695429

Finer, L. B., & Zolna, M. R. (2016). Declines in unintended pregnancy in the United States, 2008-2011. *The New England Journal of Medicine, 349*(9), 843-852. DOI: 10.1056/NEJMsa1506575.

Gallagher, A., Liu, J., Probst, J. C., Martin, A. B., & Hall, J. W. (2013). Maternal obesity and gestational weight gain in rural versus urban dwelling women in South Carolina. *The Journal of Rural Health, 29*(1), 1-11. https://doi.org/10.1111/j.1748-0361.2012.00421.x

Geske, S., Quevillon, R., Struckman-Johnson, C., & Hansen, K. (2016). Comparisons of contraceptive use between rural and urban teens. *Journal of Pediatric and Gynecology, 29*(1), 33-41. https://doi.org/10.1016/j.jpag.2015.06.002

Government of Canada. (2009). Canada not-for-profit corporations act. *Consolidated Acts.* https://laws.justice.gc.ca/eng/acts/c-7.75/

Grey Bruce Pregnancy Centre. (2017). *Home.* https://gbpreg.ca/

Guba, E. G., & Lincoln, Y. S. (1989). Fourth Generation Evaluation. Newbury Park, CA: SAGE.

Hale, T. M., Cotten, S. R., Drentea, P., & Goldner, M. (2010). Rural-urban differences in general and health-related internet use. *American Behavioral Scientist*, *53*(9), 1304–1325. https://doi.org/10.1177/0002764210361685

Hassle Free Clinic. (2016, August 15). *List of abortion clinics in Canada.* http://hasslefreeclinic.org/wp-content/uploads/2014/05/list-abortion-clinics-canada.pdf

Heaman, M. I., Martens, P. J., Brownell, M. D., Chartier, M. J., Thiessen, K. R., Derksen, S. A., & Helewa, M. E. (2018). Inequities in utilization of prenatal care: A population-based study in the Canadian province of Manitoba. *BMC Pregnancy and Childbirth, 18,* 430. https://doi.org/10.1186/s12884-018-2061-1

Heartbeat International. (2020). *Our Passion.* https://www.heartbeatinternational.org/about/our-passion

Hill, B. J. (2015). Casey meets the crisis pregnancy centers. *The Journal of Law, Medicine, and Ethics, 43*(1), 59-71. https://doi.org/10.1111/jlme.12196

Holtzman, B. (2017). Have crisis pregnancy centers finally met their match: California's reproductive FACT act. *Northwestern Journal of Law & Social Policy, 12*(3), 77-110.

Hsieh, H. & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288. DOI: 10.1177/1049732305276687

Jacobs, W., Amuta, A. O. & Jeon, K. C. (2017). Health information seeking in the digital age: An analysis of health information seeking behavior among US adults. *Cogent Social Sciences, 3*(1), https://doi.org/10.1080/23311886.2017.1302785

Jerman, J., Jones, R. K., & Onda, T. (2016). Characteristics of U.S. abortion patients in 2014 and changes since 2008. *Guttmacher Institute.*

Jones, R. K. & Jerman, J. (2013). How far did US women travel for abortion services in 2008? *Journal of Women's Health, 22*(8), 706-713. https://doi.org/10.1089/jwh.2013.4283

Kapral, M. K., Austin, P. C., Jeyakumar, G., Hall, R., Chu, A., Khan, A. M., Jin, A. Y., Martin, C., Manuel, D., Silver, F. L., Swartz, R. H., & Tu, J. V. (2019). Rural-urban differences in stroke risk factors, incidence, and mortality in people with and without prior stroke. *Circulation: Cardiovascular Quality and Outcomes, 12*(2). https://doi.org/10.1161/CIRCOUTCOMES.118.004973

Kelly, K. & Gochanour, A. (2018). Racial reconciliation or spiritual smokescreens?: Blackwashing the crisis pregnancy center movement. *Qualitative Sociology, 41,* 423-443. https://doi.org/10.1007/s11133-018-9392-0

Kimport, K. (2020). Pregnant women's reasons for and experiences of visiting antiabortion pregnancy resource centers. *Perspectives on Sexual and Reproductive Health, 52*(1). https://doi.org/10.1363/psrh.12131

Kimport, K. (2019). Pregnant women's experiences of crisis pregnancy centers: When abortion stigmatization succeeds and fails. *Symbolic Interaction, 42*(4), 618-639. https://doi.org/10.1002/symb.418

Kimport, K., Dockray, J. P., & Dodson, S. (2016). What women seek from a pregnancy resource center. *Contraception, 94*(2), 168-172. https://doi.org/10.1016/j.contraception.2016.04.003

Kimport, K., Kriz, R., & Roberts, S. C. M. (2018). The prevalence and impacts of crisis pregnancy center visits among a population of pregnant women. *Contraception, 98*(1), 69-73. doi: 10.1016/j.contraception.2018.02.016.

Leaser, M. (2006). Fathers in crisis: Dads are key to preventing abortion. *Celebrate Life Magazine.* https://www.clmagazine.org/topic/other-pro-life-topics/fathers-in-crisis-dads-are-key-to-preventing-abortions/

London Pregnancy & Family Support. (2019). *Home.* https://lonpfsc.com/

McCloud, R. F., Okechukwu, C. A., Sorensen, G., & Viswanath, K. (2016). Beyond access: Barriers to internet health information seeking among urban poor. *Journal of the American Medical Informatics Association, 23*(6), 1053-1059. DOI:10.1093/jamia/ocv204

Norman, W. V., Soon, J. A., Maughn, N., & Dressler, J. (2013). Barriers to rural induced abortion services in Canada: Findings of the British Columbia abortion providers survey (BCAPS). *PLOS One, 8*(6), 1-7. https://doi.org/10.1371/journal.pone.0067023

Paperny, A. M. (2016, May 20). Crisis pregnancy centres mislead women, report says. *Global News.* https://globalnews.ca/news/2703632/crisis-pregnancy-centres-mislead-women-report-says/

Patton, D. E. (1973). Roe v. Wade: Its impact on rights of choice in human reproduction. *Columbia Human Rights Law Review, 5*(2), 497-522.

Pong, R. W., DesMeules, M., & Lagace, C. (2009). Rural-urban disparities in health: How does Canada fare and how does Canada compare with Australia? *The Australian Journal of Rural Health, 17*(1), 58-64. https://doi.org/10.1111/j.1440-1584.2008.01039.x

Pregnancy Care Centre. (2019). *Pregnancy care centre: You are not alone.* https://iamnotalone.ca/

Rosen, J. D. (2012). The public health risks of crisis pregnancy centers. *Perspectives on Sexual and Reproductive Health, 44*(3), 201-205.doi: 10.1363/4420112

Sambaraju, R., Sammon, M., Harnett, F., & Douglas, E. (2017). 'Her choice of course': Negotiating legitimacy of 'choice' in abortion rights deliberations during the 'repeal the eighth' movement in Ireland. *Journal of Health Psychology, 23*(2), 263-276. https://doi.org/10.1177/1359105317741659

Schreier, M. (2012). *Qualitative content analysis in practice.* SAGE.

Sethna, C. & Doull, M. (2013). Spatial disparities and travel to freestanding abortion clinics in Canada. *Women's Studies International Forum, 38,* 52-62. https://doi.org/10.1016/j.wsif.2013.02.001

Simpson, K. R. (2020). Ongoing crisis in lack of maternity services in rural America. *The American Journal of Maternal/Child Nursing, 45*(2), 132. doi: 10.1097/NMC.0000000000000605

Smith, J. (2010, August 13). No plans to regulate Ontario's pregnancy crisis centres. *The Star*.https://www.thestar.com/news/ontario/2010/08/13/no_plans_to_regulate_ont arios_pregnancy_crisis_centres.html

Stulberg, D. B., Dude, A. M., Dahlquist, I., & Curlin, F. A. (2011). Abortion provision among practicing obstetrician-gynecologists. *Obstetrics and gynecology*, *118*(3), 609–614. doi:10.1097/AOG.0b013e31822ad973

Swartzendruber, A., Newton-Levinson, A., Feuchs, A. E., Phillips, A. L., Hickey, J., & Steiner, R. J. (2018). Sexual and reproductive health services and related health information on pregnancy resource center websites: A statewide content analysis. *Women's Health Issues, 28*(1), 14-20. https://doi.org/10.1016/j.whi.2017.10.007

The Canadian Council of Christian Charities. (2020). *Who is CCCC?* https://www.cccc.org/who_is_cccc

Tsevat, D., Miracle, J., & Gallo, M. (2016). Evaluation of services at crisis pregnancy centers in Ohio. Contraception, 94(4), 391-392. DOI: https://doi.org/10.1016/j.contraception.2016.07.037

United States House of Representatives Committee on Government Reform- Minority Staff Special Investigations Division. (2006). False and misleading health information provided by federally funded pregnancy resource centers.

U.S. Const. art. X, § 1.

Vlaev, I., King, D., Dolan, P., & Darzi, A. (2016). The theory and practice of "nudging": Changing health behaviours. *Public Administration Review, 76*(4), 550-561. https://doi-org.proxy1.lib.uwo.ca/10.1111/puar.12564

Weaver-Larsicy, R., Reber, B. H., & Paek, H. (2010). Examination of media channels and types as health information sources for adolescents: Comparisons for black/white, male/female, urban/rural. *Journal of Broadcasting & Electronic Media, 54*(1), 102-120. https://doi.org/10.1080/08838150903550444

Weinmann, M., Schneider, C., & vom Brocke, J. (2016). Digital nudging. *Business & Information Systems Engineering, 58*(6), 433-436. DOI 10.1007/s12599-016-0453-1.

Wood, J. T. (2014). Critical feminist theories. In D. O. Braithwaite & P. Schrodt (Eds.), *Engaging theories in interpersonal communication: Multiple perspectives* (pp. 203-216). SAGE Publications. https://books.google.ca/books?hl=en&lr=&id=K_vKBAAAQBAJ&oi=fnd&pg=PA203&dq=critical+feminist+theory+overview&ots=iz1WT_9Icr&sig=6oP07apXjSBfIHYRELFs1IeoSUQ#v=onepage&q=critical%20feminist%20theory%20overview&f=false

Appendix A: City Demographics

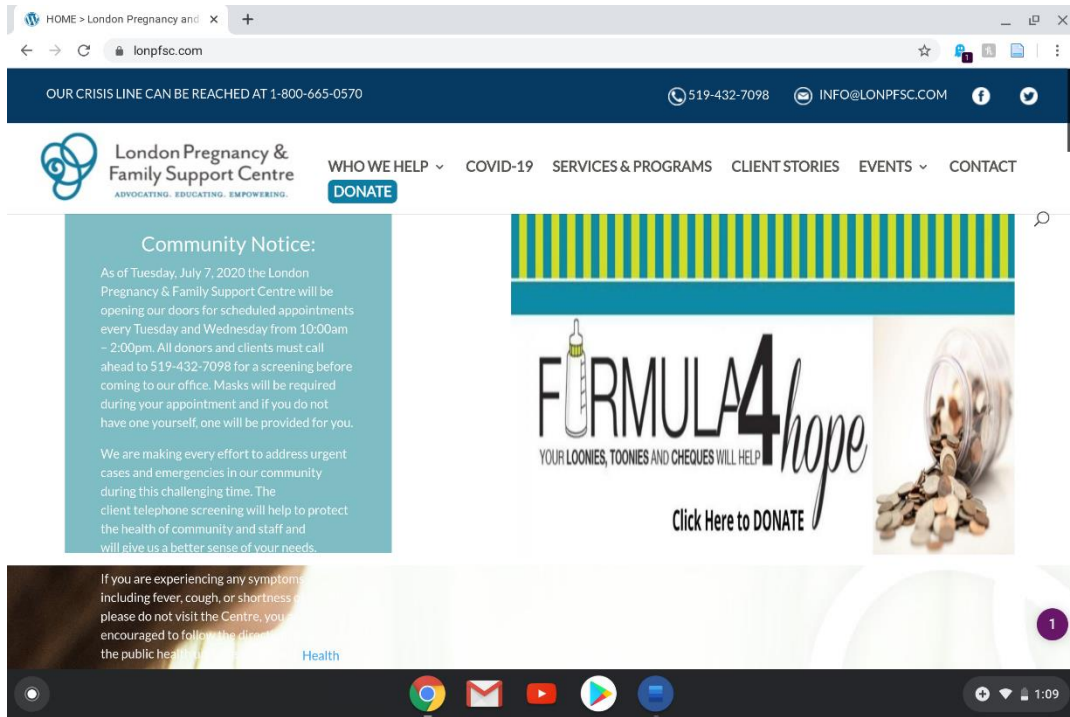|	**Urban**	**Mid-Sized Urban**	**Rural**
Population	2 731 571	383 822	21 341
Race	About 47.6% of the population are part of a visible minority	About 18.5% of the population are part of a visible minority	About 3.6% of the population is part of a visible minority
Religion- Most affiliation:	Christianity is the most common religion with 54% of the population affiliated, followed by Islam with 8%	Approximately 60% of the population is Christian, 29% do not have any religious affiliation, and 4% are Muslim	Christianity is the most common religion with 54% of the population affiliated, followed by no religious affiliation with 35%
Languages	Majority (86%) of the population speak English only	Majority (91%) of the population speak English only	Majority (93.2%) of the population speak English only
Age	The largest age group is 25-29, smallest is 80-84, median age is 39	The largest age group is 20-24, followed by 25-29, and the smallest age group is 80-84. The median age is 39	The largest age group is 55-59, the smallest age group is 80-84, and the median age is 48
Education	30.5% of the population have a university degree, 28.2% have a high school diploma/GED, and 13.8% do not	31.7% of the population have a university degree, 52% have a high school diploma/GED, and	11.5% of the population has a university degree, 25% have a high school diploma/GED (double check), and

	have any certificate	13.5% do not have any certificate	17.5% do not have any certificate
Income	Most of the population is above the poverty line or low income cut off, and the median household income is $65 829	Most of the population is above the poverty line or low income cut off, and the median household income is $62 011	Most of the population is above the poverty line or low income cut off, and the median household income is $51 042

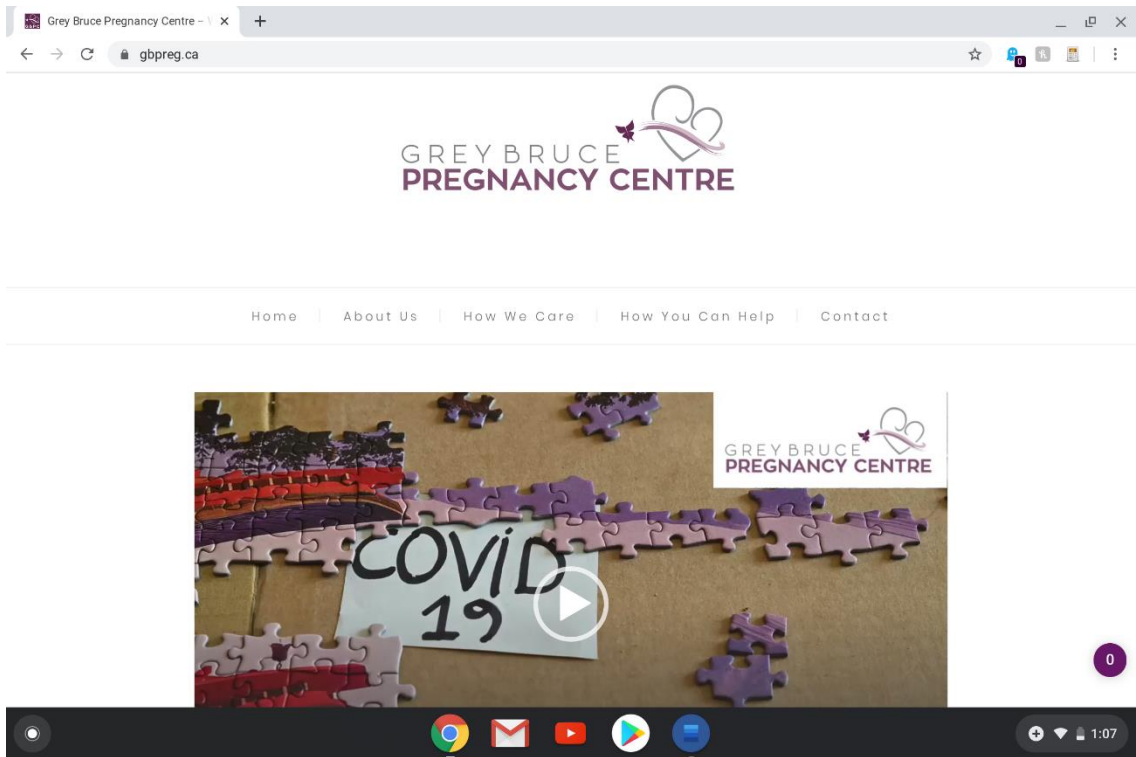*Note.* Data retrieved from the 2016 Canadian Census of Population by Statistics Canada.

Appendix B: Screen Capture of CPC Homepages
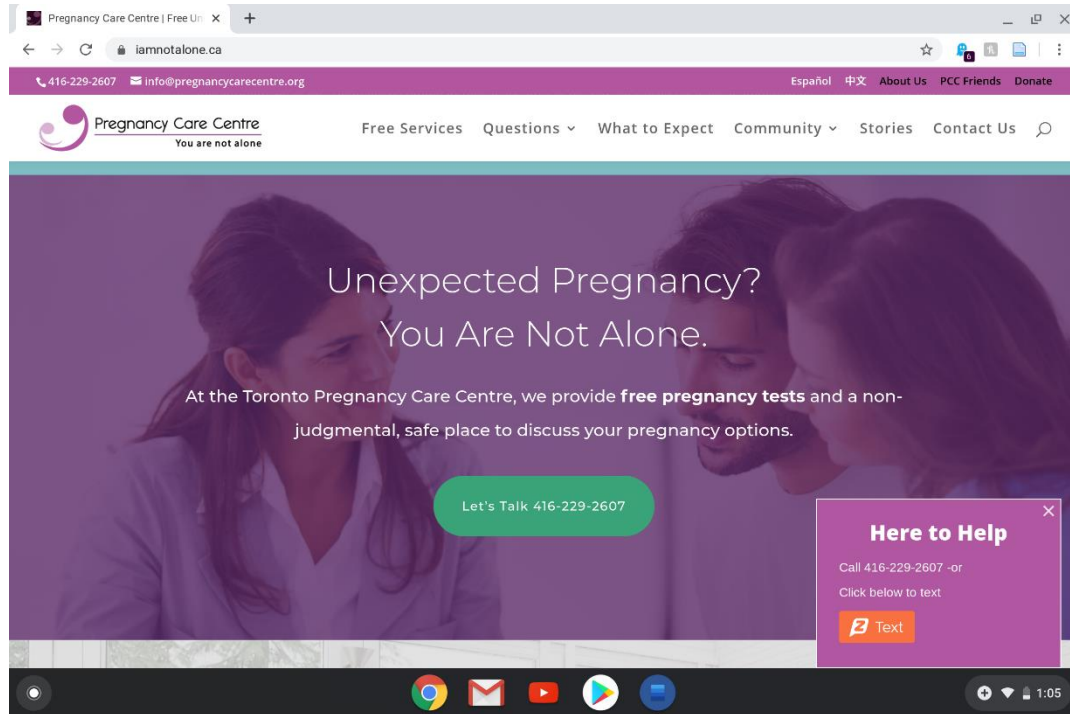
Homepage screen capture for large urban CPC (iamnotalone.ca)

Homepage screen capture for mid-sized urban CPC (lonpfsc.com)

Homepage screen capture for rural CPC (gbpreg.ca)

Appendix C: Coding Chart

Coding Chart

Code	Definition	Example	Number of References
Abortion	Data involving abortion & any terms associated with abortion (abort, terminate)	*Our support workers provide reliable abortion information.* *How do my values and beliefs impact an abortion decision?* *The Pregnancy Care Centre exists so that women and men making pregnancy decisions do not need to feel alone nor believe abortion is their only option.*	38 from 16 files
Abortion Consequences	Data that mentions any consequences of getting an abortion.	*Which risks and benefits matter most to me?* *We offer ongoing support after an abortion.* *We offer opportunities to talk with others who have found healing following an abortion.*	15 from 8 files
Grief	A subcategory of abortion consequences; grief associated with abortion	*Women come to the centre hoping to resolve feelings of guilt, anxiety and depression. If you or someone you know may be experiencing post abortion grief, please contact us.*	18 from 11 files

		For those who are working through the difficult emotions that can be felt following an abortion, we offer a safe place to grieve the loss	
		Post-Abortion Grief Support	
		For the first session you can expect a safe place to talk about the past pregnancy, the abortion experience and the pain experienced following the abortion.	
Adoption	Data associated with adoption, adoption plans, adoption counselling, etc	*We share information about different type of adoption options and answer questions and concerns about the adoption process.*	16 from 11 files
		Many people have never considered an adoption. Here are some reasons why adoption might be a good option to consider.	
		Personalized support for women preparing to place a child for adoption.	
Age	Mention of specific age groups	*We support women of all ages*	8 from 4 files
		The stigma of being a young mom	

		It is designed for youth and young adult groups (in reference to the sexual integrity program offered by Toronto CPC)	
Students	Mention of student services, groups, campus resources	*Ryerson Pregnancy Care Group* *A pregnancy with no OHIP on a student visa* *Our vision is for pregnant and parenting students to thrive personally and academically.* *Going to high school, college, or university with a baby might sound impossible, but people actually do it all the time.*	47 from 10 files
Choice	Data involving the word(s) "choice" or "option"	*We offer accurate information about all your pregnancy options.* *To be empowered to make a well informed choice, you need information and support.* *We help you look at all your options.* *We will assist you in exploring your options by providing information to help you make*	37 from 19 files

		an informed choice.	
Decision	A subcategory of choice; any data mentioning decision, informed decision, etc	*It's vital to get all the information to help you make your decision.* *Your body and your health are important, so take time to make the best decision.* *It is very important to reflect on what is important to you before making a decision.*	31 from 15 files
Contraceptives	Mention of any sort of contraceptive	*Emergency contraception is any type of birth control used after unprotected intercourse.*	1 from 1 file
Morning After	A subcategory of contraceptives; the only contraceptive specifically named	*The morning-after pill is a form of emergency contraception.* *One of the most common one is a pill called Plan B One-Step, which must be taken within 72 hours (3 days) after sexual intercourse.* *You can only become pregnant on certain days of the month- around the time that you ovulate. Taking the morning-after pill during a time when you cannot become pregnant needlessly exposes you to a large dose of hormones and costs you money.*	6 from 1 file
Disclaimers	Disclaimers on websites of any kind (usually in	*We do not offer or refer for abortion services or emergency contraception.*	5 from 5 files

	regards to referrals)	*We do not perform or refer for abortions.*	
		The Pregnancy Care Centre does not perform any medical procedures including blood testing, ultrasounds, and abortions.	
Donate	Asking for donations; financial or material objects (clothes, diapers, etc)	*As a small charity, we depend on, and are forever grateful to, donors just like you.*	22 from 6 files
		Needed items: Baby Wash- Socks- Undershirts (0-6 months)- Sleepers- Coffee Mugs- Quilts- Car Seats, manufactured after 2014- Double Strollers	
		You can donate online	
Fear	Alluding to or specifically mentioning fear in relation to pregnancy	*When faced with an unexpected pregnancy, many women and men feel overwhelmed and pressured- mostly by their circumstances and fears.*	14 from 8 files
		It's natural to feel nervous.	
		… and you're terrified.	
		I am scared. What are my next	

		steps?	
Free Services	Any sort of service offered by the CPC; may be material or a kind of program offered	*The Centre offers a wide variety of services all entirely confidential and free of charge.* *Free and confidential support, pregnancy tests.* *Our free pregnancy tests are urine-based and are 99.5% accurate within 7 days of fertilization.* *We provide gently used baby clothing for newborns to size 2, baby equipment and diapers to our clients.*	67 from 24 files
Community	A subcategory of free services; mention of community services & resources	*... connections to community resources are offered without judgement or discrimination.* *We offer connections to a strong base of community groups and volunteers throughout Toronto.* *Are you a new, expectant, single mom or a mom needed a supportive community?*	27 from 15 files
Counselling	*A subcategory of free services; any offer for counselling or one-on-one support*	*One om One Support- meet with one of our amazing support workers for one on one counselling sessions to discuss any of your needs.*	11 from 6 files

		Options counselling	
		Trained support workers will meet with you alone or with someone you trust.	
Referrals	A subcategory of free services; any offer of referral to medical services or adoption agencies	*We can provide referrals for Medical Care, Adoption, Community Services, Professional Counselling and Doula Services.*	9 from 9 files
		We can provide referrals for confirmation of pregnancy.	
		We also offer referrals for: Medical care, Adoption, Professional Counselling, Community Services, Spiritual Support	
Health Information	Any information given on the websites or an offer of "more info" elsewhere	*We utilize life-like simulators demonstrating: fetal alcohol syndrome, affects of drug abuse, shaken baby syndrome.*	22 from 9 files
		Did you know? Over 300 babies in Canada are born with FASD every year.	
		We also have information on S.T.I.s.	
Language	Mention of ESL, newcomers, and/or what	*The Pregnancy Care Centre offers their services in English,*	14 from 7 files

	languages they offer services in	*Spanish, and Chinese.*	
		Many newcomers to Canada want to find connections to their Ethnic Community in the city of Toronto.	
		Chinese Culture & Unplanned Pregnancy	
Life	The use of the term "life" in relation to pregnancy, religion, abortion	*...where parents and their unborn children are treasured by all.*	6 from 5 files
		Women across Toronto are hearing that they and their unborn children are precious.	
		New Life Gave Me Reason to Thrive	
		Pray for the protection of each and every life, from tiny beginnings and onward.	
Men	Pages or sections specifically made for men who have a pregnant partner	*The Pregnancy Care Centre offers support to soon-to-be, new, or existing fathers.*	29 from 9 files
		Listen to her and ask her to listen to you.	
		You can't do it all for her. Help her get the help she needs.	

Other	Data that does not fit into the other categories	*What can I expct if I make an appiointment?* *If you or someone you know are facing an unexpected pregnancy, or are pregnant and need support, we would love to hear from you.* *Will having a baby be expensive?* *What about my career?*	21 from 9 files
Parenting	Information geared toward people who intend to have and raise a baby, or trying to convince women to have and raise a baby	*Before and after birth support are needed. We offer ongoing prenatal classes and parenting support because we know both are tough.* *However, the majority of the services and resources we offer are for the care of pregnant and parenting students.* *Since 1984, the Pregnancy Care Centre has served over 6000 pregnant and parenting individuals.*	19 from 12 files
Personal Stories	Sections where people tell their stories about the experience they had at the CPC	*Janet's story: in March of 2010 I found myself here in London on my own, pregnant, homeless, and broke.*	7 from 3 files

		If you do not know anyone who has been where you are, the Pregnancy Care Centre provides opportunities to connect with other individuals who have been through similar circumstances.	
		We also have a collection of stories people have told about their abortion experiences here.	
Religion	Any mention of religion or churches, religious programs, funding from religious organizations	*We are an inter-denominational group of Christian volunteers providing unconditional love and support to women and their families.*	44 from 15 files
		Your prayers are especially important for the moms we serve.	
		We offer a faith based study and resource materials from a Christian perspective.	
		Pray that God would use their time of crisis to reveal Himself to them and draw them to Him	
		Pray for the healthy development and birth of baby	
Volunteer	Mention of current volunteers/thanking or	*Become a Volunteer: If you are interested in becoming involved in this life-affirming ministry,*	12 from 5 files

	applications for new volunteers	*please call…*	
		These volunteers have helped women and their families with tasks that can feel overwhelming on your own.	
		First Response Training is the initial step to join the First Response Network. Once training is completed an individual can volunteer as a First Response Advocate.	

Appendix D: Data Sources

Website Name & URL	Website Sections
Grey Bruce Pregnancy Centre (https://gbpreg.ca)	Home
	About Us
	How We Care
	How You Can Help
	She's Pregnant, Now What?
	Abortion Vs. Morning After Pill
	Contact
London Pregnancy & Family Support Centre (https://lonpfsc.com)	Home
	Who We Help: Moms
	Who We Help: Dads
	Who We Help: Families
	Who We Help: Post-Abortive Care
	Who We Help: Educators
	COVID-19
	Services & Programs
	Client Stories
	Events
	Contact
	Donate
Pregnancy Care Centre (https://iamnotalone.ca)	Home
	Free Services
	Questions
	Questions: How Can I Check if I'm Pregnant?
	Questions: I'm Pregnant. What are my Options?
	Questions: How Can Guys Get Help?
	Questions: How do I Know if Abortion is For Me?
	Questions: What Help is there in Raising a Baby?
	Questions: What if I am New to Canada?
	Questions: What If I am a Student?
	Questions: How Do I Know if Adoption is for Me?
	Questions: What if I Can't Stop Thinking About my Past Abortion?
	What to Expect
	Community
	U of T Pregnancy Care
	Local Pregnancy Support Teams
	Dad Network
	Connections to Ethnic Community
	Stories
	Contact Us
	Home
	Get Involved
	Churches
	PCC Events

Pregnancy Care Centre (link out: https://pccfriends.ca)	In Kind Donations
	About Us
	Services
	Staff
	Board of Directors
	History
	Contact Us
	First Response Network
	Give Now

Curriculum Vitae

Name: Alexandra Murdoch

Post-secondary Ryerson University
Education and   Toronto, Ontario, Canada
Degrees: 2014-2018 B.A.

                    Western University
                    London, Ontario, Canada
                    2018-2020 MHIS

Honours and   Western Graduate Research Scholarship
Awards: 2018-2020

Related Work   Graduate Teaching Assistant
Experience   Western University
                    2018-2020