

Our Bodies Are Our Own: Connecting abortion and social policy

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Abstract

It has been 25 years since abortion was decriminalized by the Supreme Court of Canada in 1988, as the court struck down Section 251 of the Criminal Code of Canada, and abortion was made available for women to access without the consent of a doctor. This amendment to the Criminal Code of Canada was a significant step for women, who were granted autonomy in reproductive health decisions. While women are able to access abortion in Canada, pro-life advocates continue to attempt to limit reproductive options through anti-abortion legislation and advocacy. Through critical discourse analysis, Canadian pro-life discourse has been examined to understand the strategies used to limit women's sexual health choices. This study has identified four themes, The Fetus has Rights, Abortion is Traumatic, Women are First and Foremost Mothers, and Women do not Really Need Abortion that are used to present a narrative about femininity, reproductive health choices, and abortion. Through understanding pro-life discourse and bringing abortion access into social policy, we can work to ensure that women continue to have access to abortion in Canada.

Résumé

Il ya 25 ans que l'avortement était décriminalisé par le Cour Supreme du Canada et l'article 251 de le Code Criminel du Canada a été invalidé. Depuis lors, les femmes ont eu accès à l'avortement sans le consentement d'un médecin. L'amendement de 1988 marque une étape importante pour les femmes qui, à ce moment là, elles étaient accordés l'autonomie dans leurs décisions [de] la santé de la reproduction. Bien que les femmes sont libre d'accéder l'avortement au Canada, les avocats pro-vie continuent à limiter les options reproducteurs des femmes à travers de la législation anti-avortement. Le discours pro-vie est examiné critiqueusement dans cet article afin de comprendre les stratégies utilisé pour limiter les choix de santé sexuelle des femmes. Il identifie quatre thèmes: les droits de fœtus; la avortement c'est traumatisant; les femmes sont d'abord et avant tout des mères; et les femmes n'ont pas besoin de l'avortement; qui sont utilisé pour présenter un récit négative sur la féminité, leurs choix de santé sexuelle, et l'avortement.

Introduction

The right to access abortion in Canada was shaped by feminist activists fighting for the protection of a woman's right to control her reproductive body. Abortion was decriminalized by the Supreme Court of Canada in 1988, as the court struck down the *Criminal Code of Canada*, which criminalized women accessing abortion without the consent of a doctor (Jenson, 1997). The court found that the criminalization of abortion infringed on the *Canadian Charter of Rights and Freedoms* that guaranteed security of the person; the court decided that security of the person included access to medical care and procedures (Jenson, 1997). This amendment was a significant step for women, who were granted autonomy in reproductive health decisions; however, access to abortion has been a struggle for women in Canada, and continues to be an everyday struggle for women all over the world.

While women are able to access abortion in Canada, pro-life advocacy and legislation attempts to limit a woman's right to choose. The demand for choice presents major challenges to dominant discourses of femininity and sexuality, and in particular, pro-life discourse. The goal of the pro-choice movement is to support women in choosing how to best respond to pregnancy, whether it be abortion, adoption, or becoming a parent, while the pro-life goal is to limit abortion as a reproductive option. Some pro-life advocates in Canada engage in public education through advocacy groups such as the *Campaign Life Coalition* (CLC), while others attempt to legislate change in the Parliament of Canada.

This paper examines themes within selections of pro-life advocacy materials, including CLC online materials, and seven bills that have been proposed in the Parliament of Canada. The purpose of this paper is to understand how women's reproductive choices are represented within pro-life discourse, how traditional views of femininity and sexuality are reinforced, and how pro-life advocates are attempting to shape the abortion debate and to create an anti-abortion climate in Canada. The four themes identified, *The Fetus has Rights*, *Abortion is Traumatic*, *Women are First and Foremost Mothers*, and *Women do not Really Need Abortion* present a particular narrative about women who access abortion. It is important to understand pro-life strategies to ensure that women have substantial, not merely formal, access to abortion.

Background: Abortion Access and the Pro-Choice and Pro-life Debate

Section 179c of the *1892 Criminal Code of Canada* stated that the sale or advertisement of any drug or material intended to prevent conception or to cause an abortion was an offence and liable of up to two years in prison (McLaren & McLaren, 1997). Homosexuality, the distribution of birth control information, and access to contraception were also prohibited (Pelrine, 1972). In response to the *Criminal Code of Canada*, an organized birth control movement developed in the 1930s, as a group of women and some doctors in Ontario organized around the need to regulate women's reproduction (Pelrine, 1972). Individual doctors, in the privacy of their offices, would hint at contraceptive options or help to induce miscarriages, but doctors would not publicly recommend the termination of a pregnancy by a surgeon (McLaren & McLaren, 1997). Many women sought illegal abortions, and those without the means to pay for an illegal procedure would take other dangerous measures.

The *Criminal Code of Canada* was reformed in 1969 because doctors wanted to provide abortions for women who faced medical risks (Jenson, 1997). Through this reform, women could have an abortion if a therapeutic abortion committee, consisting of a group of three doctors, approved the request as medically necessary (Jenson, 1997). The committee gave consideration to women whose pregnancy threatened their lives, physical health, and in some cases mental health, but never on the grounds of socioeconomic conditions or a woman's right to choose (Pelrine, 1972). Hospitals were not required to have therapeutic abortion committees or abortion services; thus, the reform in many cases was not put into practice (Jenson, 1997). Over time, it became clear that the possibility of legal abortions did not have meaning if no doctor agreed to perform an abortion or if a therapeutic abortion committee did not exist (Jenson, 1997).

The 1969 reforms opened the debate in Canada to abortion access without the permission of a doctor (McLaren & McLaren, 1997). Throughout the 1970s and 1980s, pro-choice activists fought for the right to access abortion as a part of the larger fight for women's equality and feminism. Sexuality was recognized as a key area of political struggle for women, and feminists critiqued societal understandings of the family, economic security, sexuality, reproduction, mothering, and gender (Macleod & Durrheim, 2002). During this time, feminists were resisting patriarchy and male privilege within social, cultural, and political institutions (Macleod & Durrheim, 2002). Dr. Henry Morgentaler was a key leader in the pro-choice fight for abortion access in Canada. He opened an abortion clinic in Montreal in 1969 because he believed that women had the right to a safe medical procedure upon request. Through opening this clinic, Dr. Morgentaler defied the law, faced incarceration, and fought legal battles to secure abortion access. Around this time, a report by the Royal Commission on the Status of Women in 1970 made the recommendation that women should be granted abortion on request within the first twelve weeks of pregnancy (Pelrine, 1972). The Canadian Abortion Rights Action League (CARAL) helped to organize women and provide information to activists about abortion access. Finally, after years of pro-choice, feminist activists fighting for a woman's right to control her reproductive body, women were granted complete access to abortion through the 1988 Supreme Court of Canada decision.

The Canadian Pro-Life Movement

While women are able to access abortion in Canada, pro-life advocates use various strategies to shape the abortion debate. Pro-life advocates will hold protests or speak with women outside of abortion clinics, hand out literature about fetal development, and provide information about the medical complications associated with the procedure (Munson, 2008). Organizations known as *crisis pregnancy centres* have been established across Canada to provide education and counselling for pregnant women (Boucher, 2004). While these centres are advertised as providing help for pregnant women, the staff encourage women to continue with the pregnancy or to consider adoption, and provide inaccurate information about the medical risks of the procedure (Boucher, 2004).

Pro-life activism has had a presence in the abortion debate in Canada; however, research and literature is limited on the strategies within the Canadian context. Research about pro-life strategies outside of Canada highlights the fact that much of the pro-life discourse focuses on fetal rights, with no distinction between pre- or post-natal life (Cannold, 2002; Wiecko & Gau, 2008). In addition to the focus on fetal rights, pro-life advocates emphasize the medical complications of the procedure and the emotional

aftermath of abortion, claiming that abortion is linked to breast cancer and infertility (Cannold, 2002). Advocates claim that abortion is wrong because it hurts women, and that medical providers are forcing women into choosing abortion (Cannold, 2002).

Shortly after the decriminalization of abortion in 1988, Bill C-43 (1989) was proposed in the Parliament of Canada seeking the re-criminalization of abortion (Cross, 2008). The bill passed through the House of Commons by a narrow vote, but was defeated by the Senate in 1991 (Cross, 2008). Since then, there have been approximately 45 private members' bills proposed in the Parliament of Canada (Abortion Rights Coalition of Canada, 2012). Most recently, Motion-408 was presented in 2012 to condemn sex-selective abortion and discrimination against females (Abortion Rights Coalition of Canada, 2013). These government bills demonstrate subtle attempts to limit a woman's right to choose through decreasing abortion funding, re-criminalizing abortion, advocating for the rights of the fetus as equal to women's rights, and preventing abortion as a medical procedure available to Canadian women.

Methodology

Critical discourse analysis is the methodological approach used to examine and analyze pro-life discourse. Selections of private members' bills (C-266, 1989; C-268, 1989; C-208, 1996; C-515, 1999; C-484, 2007; C-537, 2008) and one government bill (C-43, 1989) have been studied, along with the content of the *Campaign Life Coalition* (CLC) website (<http://www.campaignlifecoalition.com/>). The proposed legislation covers a variety of topics such as the re-criminalization of abortion, public funding of abortion, fetal rights within the *Criminal Code of Canada*, and the ability to exempt health care providers from providing abortion services. Although these bills were not passed as legislation in the Parliament of Canada, they reflect ongoing attempts to limit the availability of abortion.

Table 1. Bills Presented to the Parliament of Canada

	Bill	Date and Session of Parliament	Member of Parliament	Description
1	Private Members' Bill Bill C-266	October 10, 1989 Second Session, 34 th Parliament	Ralph Ferguson Liberal	To propose a reorganization of the <i>Criminal Code</i> to give clear protection to the unborn child from the time of conception
2	Private Members' Bill Bill C-268	October 26, 1989 Second Session, 34 th Parliament	Don Boudria Progressive Conservative	To penalize provinces that pay for abortions in the case when the life of the mother is not in danger
3	Government Bill Bill C-43	November 3, 1989 Second Session, 34 th Parliament	Brian Mulroney Conservative Government	To re-criminalize abortion except where the doctor deems an abortion necessary to preserve the woman's life or health
4	Private Members'	February 29, 1996	Tom Wappel	To include a human fetus or embryo in the definition of 'human being' in the <i>Criminal</i>

	Bill	Second Session, 35 th Parliament	Liberal	<i>Code</i>
	Bill C-208			
5	Private Members' Bill Bill C-515	June 2, 1999 First Session, 36 th Parliament	Jim Pankiw Reform	To provide a referendum on whether public funds should be used for medically unnecessary abortions
6	Private Members' Bill Bill C-484	November 21, 2007 Second Session, 39 th Parliament	Ken Epp Conservative	To amend the <i>Criminal Code</i> to make it an offence to injure or cause the death of a child before or during its birth while attempting or committing an offence against the mother
7	Private Members' Bill Bill C-537	April 16 th , 2008 Second Session, 39 th Parliament	Maurice Vellacott Conservative	To protect the right of health care providers to refuse without risk of reprisal, to participate in medical procedures that offend a tenet of their religion.

Critical discourse analysis uses methodological steps that first involve getting to know the data through identifying themes (Carabine, 2001). The second step is to identify interrelationships within discourse such as how abortion is discussed, or how discourses of femininity, sexuality, motherhood, and reproduction are represented (Carabine, 2001). The third step is to highlight the absences and silences within text through identifying the missing perspectives. Finally, pro-life discourse is situated within a political context through identifying the potential impact of pro-life discourse on the abortion debate in Canada (Carabine, 2001).

The inclusion of both legislation and pro-life activist materials allows for a broad examination of pro-life discourse that is present in both public advocacy and Canadian politics. This study is limited by the inability to study a larger sample of pro-life text such as additional private members' bills or the content of other pro-life groups' advocacy material; however, this study recognizes the need for future research on pro-life discourse in the Canadian context.

Pro-Life Themes

As identified through critical discourse analysis, four themes emerged from the pro-life text examined, including *The Fetus has Rights*, *Abortion is Traumatic*, *Women are First and Foremost Mothers*, and *Women do not Really Need Abortion*. These themes highlight how pro-life discourse aims to limit access to abortion as a reproductive option for women, and to present a particular view on abortion. Pro-life discourse describes how women will feel about the abortion procedure, presents an image of women who have abortions, and describes the appropriate choices that women should make about their bodies.

The Fetus has Rights:

“The child that has been conceived but not born is a reality that must be taken into account. It is not an inanimate object, nor property, but a living entity distinct from the mother and has the right to life and protection from those who conceived it.” (Campaign Life Coalition, 2002, p.10:8)

The fetus is a significant focus of pro-life discourse in arguing for the prevention of women's access to abortion. The CLC campaign materials and private members' bills examined present the view that life begins at conception, and that the fetus is a living being who needs protection. Throughout the CLC (2011; 2002) advocacy materials, the fetus is referred to as the 'pre-born' and the 'unborn,' with the emphasis that the fetus is sacred. Bill C-37 (2008) defines life as a human organism at any stage of development, beginning at fertilization or creation. Through defining when life begins, Bill C-37 (2008) argues for the exemption of healthcare practitioners from providing services that offend their religion; in other words, the bill seeks to prevent women from receiving support with abortion or information about services.

Pro-life discourse argues for the protection of fetal rights through using human rights discourse. This gives power to the foetus, and seeks to recognize fetal rights as equal to women's rights. Bills C-266 (1989) and C-208 (1996) argue for the protection of fetal rights as human rights within the *Criminal Code of Canada*. Bill C-484 (2007), *The Unborn Victims of Crime Act*, argues for recognition of harm to the fetus as an offence within the *Criminal Code of Canada* if injury or death occurs against the mother. The purpose behind these bills is to recognize the fetus as a distinct being that is separate from the woman who is pregnant. Through recognizing fetal rights as distinct, pro-life discourse presents an image of a woman who has denied life to the fetus if she has an abortion.

Abortion is Traumatic:

“Abortion advocates argue that legal means safe, and that by abolishing legal abortions, we would be leading women 'to the slaughter.' Legal or otherwise, abortion has its inherent risks, and these risks can be severe.” (Campaign Life Coalition, 2002, p.8:2)

Pro-life discourse presents abortion as a procedure that is traumatic and harmful to women. Abortion is described as a major life event that touches the most intimate part of a woman's being, and is a choice that a woman can never take back (Campaign Life Coalition, 2011). The CLC (2011; 2002) campaign materials describe abortion as a procedure that has a negative impact on women's physical, mental, and emotional health. Medical risks such as infertility, future miscarriages, and breast cancer are described as a consequence of the abortion procedure. Women who have had an abortion are described as developing 'post-abortion syndrome;' a condition that is characterized by emotional stress, suicidal ideation, depression, and anxiety (Campaign Life Coalition, 2011). Pro-life discourse presents a view of how women will feel and the impact that the procedure will have on their bodies.

“While it is true that many pregnant women reject their pregnancies and react with feelings of resentment, frustration and depression, these feelings (due to hormonal changes) are normal in early pregnancy and usually pass as the pregnancy progresses.

Unfortunately, many women, while going through a period of depression, are offered an abortion, rather than counselling and support.” (Campaign Life Coalition, 2002, 8:1).

Women are First and Foremost Mothers:

“Femininity is connected to, and defined by, the potential for motherhood. At some level, the destruction of a pregnancy is felt as a deprivation.” (Campaign Life Coalition, 2011, Harm to women section)

Pro-life discourse is shaped by the idea that all women want to be mothers. The core belief is that children deserve the right to life, and women naturally want to provide for their children. The CLC (2011; 2002) describes a woman's femininity as being connected to her ability to become pregnant and to be a mother. As such, a woman who has an abortion is rejecting her biological destiny (Campaign Life Coalition, 2011; 2002). This focus on femininity and motherhood intersects with abortion being portrayed as a medically harmful procedure. The CLC (2011; 2002) focuses on the impact of abortion on a woman's future reproductive capacity through naming potential risks such as repeated miscarriages, pre-term deliveries, and fetal abnormalities. This relies on the assumption that all women want to be mothers, if not now, then in the future; as such, abortion is described as a deprivation, and as an act of violence against women that women are inflicting on themselves (Campaign Life Coalition, 2011; 2002). The pro-life position is that abortion is the wrong choice, no matter the circumstance, and all women should embrace their natural roles.

Women do not Really Need Abortion:

While it is true that many pregnant women reject their pregnancies and react with feelings of resentment, frustration and depression, these feelings (due to hormonal changes) are normal in early pregnancy and usually pass as the pregnancy progresses. Unfortunately, many women, while going through a period of depression, are offered an abortion, rather than counseling and support.” (Campaign Life Coalition, 2002, 8:1)

Pro-life discourse argues that abortion is not a procedure that women in Canada need. The belief is that if society were more encouraging and supportive then women would not need access to abortion (Campaign Life Coalition, 2011; 2002). The CLC (2011) argues that women with supportive families, husbands, boyfriends, and medical professionals will realize that abortion is the wrong choice. Most women access abortion as a 'convenient' option, and not because they really need it (Campaign Life Coalition, 2011). The pro-life position, identified in the CLC materials and some pro-life legislation such as Bill C-43 (1989) is that abortion should be re-criminalized and only available when a woman's life is medically in danger. Bills C-268 (1989) and C-515 (1999) also argue that abortion is not medically necessary and aim to limit funding and penalize provinces that pay for abortion services. The pro-life position is that women have other options, including becoming a mother or choosing adoption. Pro-life advocates provide support to

women through Christian organizations and crisis pregnancy centres across Canada (*Campaign Life Coalition*, 2011).

Critical Discourse Analysis

The Political Implications of Pro-Life Discourse

The goals of pro-life discourse are to re-criminalize abortion, limit women's access, and to regulate the decisions that women make about their bodies. Pro-life discourse presents a singular image of femininity, sexuality, and the role of women in society. In how pro-life discourse describes abortion, there are potential implications for how women may perceive their reproductive choices. This study demonstrates that access to abortion is highly contested and that pro-life discourse and traditional views of femininity and sexuality could have an impact on women feeling that they have to justify and validate their reproductive choices.

There are connections between the CLC materials, pro-life bills, and the maintenance of traditional family structures and patriarchal institutions. For example, the CLC (2011) argues for a return to the 'true family,' one that consists of a heterosexual, monogamous union that is shaped by the institution of marriage. This notion of the 'true family' creates a discourse of normal and abnormal family structures, which serves to maintain women's traditional roles in femininity, sexuality, and marriage. The maintenance of traditional structures reinforces a system of patriarchy, and the social interactions, processes, and relations within society that serve to marginalize women. There are tensions between pro-life text and pro-choice, feminist beliefs about women's reproduction and autonomy in decision-making.

Absences and silences within discourse are powerful, as they highlight who is being marginalized. The most striking absence within the pro-life text is the perspective of women and a critical understanding of how women's multiple realities are shaped by gender, race, socioeconomic status, religion, geographic location, ethnicity, sexual orientation, or ability. There is no mention of the male role within reproduction, pregnancy, or abortion. This absence of male responsibility places the onus of guilt, shame, and decision-making about abortion on women.

Pro-life discourse assumes that all women should want to have children, that abortion is immoral, and that children should be raised in a 'true family.' This marginalizes those women who do not fit into this construction, including women who decide to have an abortion, choose to be single mothers, or want to be in a same-sex partnership. This leaves no room for discussion about alternative realities or ways of resisting these taken-for-granted assumptions. Without a discussion of women's life experiences and identities, pro-life discourse homogenizes women and silences the complex realities of women's lives.

Progressive Action: Countering Pro-Life Discourse

Women's access to abortion centres on the vital question of whether women are entitled to be self-determining. The denial of women's ability to control reproduction and sexuality is to be denied complete personhood (Copelon, 1990). When the fetus is given more rights than the woman, the woman is deprived of bodily integrity, without the acknowledgment that to be a mother requires responsibility during the pregnancy and

after (Copelon, Zampas, Brusie, & deVore, 2005). Unlike the claims made in the pro-life text, it is scientifically and medically impossible to determine when conception of human life begins. Access to safe and legal abortion is essential for women's equality and rights as human beings, and no one should have the power to control how or when women make choices about their bodies (Copelon et al., 2005).

When considering the mental and emotional impact of abortion, there are many factors that affect women; however, social stigma is one of the main factors in women feeling guilty about abortion (Pedersen, 2008). When abortion is portrayed as something that is unnatural, not normal, and unfeminine, abortion becomes something that is perceived as shameful. It is important to consider the emotional and social harm that is caused when women are pressured to continue with a pregnancy. Abortion is a safe medical procedure when it is performed under regulated conditions, which is the case in Canada. If abortion was re-criminalized, the reality is that women would continue to terminate unwanted pregnancies, even if the conditions were unsanitary or unsafe (Torres-Sanchez, Carillo-Lopez, Espinoza, & Langer, 2004). This raises questions about the pro-life concern about the health and safety of women. If the goal of the movement is to limit women's access, this would cause further harm to women.

The Importance of Social Policy in Creating Choice

Currently, within the field of social policy in Canada, including social work practice and some women's services, there is a silence surrounding women's access to abortion. This is concerning, as the pro-choice movement becomes more vulnerable when women's rights to access abortion are isolated from other issues. Social policy can play a role in addressing the distortions that pro-life discourse generates. Social policies need to reflect that women's reproductive freedom includes the ability to choose when, how, and with whom to have children; thus, having choice means not only having the legal option, but also the economic and social conditions to make that choice possible (Kolbert, 1990). Access to abortion is a social policy issue, as it has implications for public health, medical practice, cultural and social politics, and women's experiences with pregnancy, motherhood, and social justice. The role of social policy involves breaking this silence and supporting women in reframing abortion as a right.

It is important to acknowledge the history of the women's movement in Canada, the fight for equality, and the reality that women's access to abortion was something that had to be fought for. We need to be aware of the tensions between the pro-life and pro-choice activists that shaped abortion history, and how even subtle shifts in Canadian legislation could have an impact on abortion politics and women's access. There is a need for broad coalitions and future research on pro-life discourse that not only reflects the diversity of women and reproductive experiences, but also embraces choice and reproductive justice as basic social values. We must not assume that women are unaffected by pro-life discourse or how femininity, abortion, motherhood, and reproduction are discussed. As a society, we must engage in a critical questioning of the pro-life discourse that is embedded within societal values and beliefs.

Conclusion

Pro-life discourse in Canada aims to tell us that abortion is wrong, often displacing women's rights with the rights of the fetus, and constructing false truths about the role of women as mothers and the medical implications of abortion. If the right to access abortion is not embedded within a political, legal, and social understanding of women's rights in Canada, then it will be easier to undermine the legal right to access abortion. From the perspective of many women, the right to control sexual desires, pleasures, and choices are necessary to women's political, social, and economic liberation. There is a need for a strengthened pro-choice movement that resists pro-life discourse and incorporates pro-choice values into policies and practice. Without resistance to pro-life discourse, dangerous assumptions will continue to be constructed about women's bodies, contributing to power over women in intimate relations at the individual level, and destructive discourse at the institutional level that continues to subordinate women and limit their rights.

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