Student Encounters with a Campus Crisis Pregnancy Centre: Choice, Reproductive Justice and Sexual and Reproductive Health Supports

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Abstract. Taking a reproductive justice approach to understanding student needs, I explore student experiences of an on-campus crisis pregnancy centre (CPC), drawing on data from a small mixed methods study. Participants contacting the CPC sought testing, counselling, and referral to abortion; instead, they encountered religious, anti-choice messages, and were left distressed and with delayed access to health care. These findings underscore the imperative that campuses provide accessible sexual and reproductive health services while simultaneously limiting campus access to anti-choice organizations.

Keywords: reproductive justice; justice; sexual health; students; pregnancy; choice; health supports; reproductive health; crisis; health centre; campus.

Introduction

University students have particular social and health care needs in relation to sexuality and reproduction. Typically in geographic and social transition, students may also be in flux when it comes to sex, relationships and contraception (Bogle 2008; Reid 2020). Psycho-social and health supports are required in order to meet these needs, with campus resources particularly important to those who study outside of well-served cities. For university students in Canada, reproductive and sexual health services exist but may be difficult to access. For example, describing the Nova Scotia context, Cassidy and colleagues (2018) find that lack of awareness of sexual health services, stigma, and conflict between a clinic schedule and course schedules are barriers to access. At the same time, university campuses are often a focal point for anti-abortion activities. Though seldom allowed on campus, crisis pregnancy centres, the focus of this article, are one form of such anti-abortion activism (Thomsen & Morrison 2020).

Acadia University had been in the unusual position of allowing a (CPC) to operate on campus for several years, amid controversy which ultimately led to its closure in 2018. Both the unusualness of a campus CPC in Canada and its implications for students' reproductive health and rights made the Centre and its closure and important site for sociological study. In this context, in the 2019-2020 academic year, I carried out a mixed-methods, primarily qualitative, study investigating university students' experiences with and perceptions of a crisis pregnancy centre operating on their campus. This timing allowed me to capture the experiences of students who had been on campus at the same time as the CPC. My goal was to understand how students who had contacted the Acadia Pregnancy Support (APS) experienced their encounters as well as to consider the role Canadian campuses should play in supporting the sexual and reproductive health and rights of students and limiting anti-abortion activities on campus.

2020 marks the 50th anniversary of the Abortion Caravan, in which women protested in Ottawa to demand the right to abortion access (Sethna & Hewitt 2009; CBC Radio). While there have been many gains over the intervening half century, women's rights to reproductive health services remain contested and constrained. From a reproductive justice perspective, access to abortion is only one aspect of reproductive rights, best situated within the broader context of reproductive and sexual health and lives (Price 2010; SisterSong n.d.). In this study, the context of participants' experiences of pregnancy or a pregnancy scare were shaped by multiple social dimensions alongside access to health care and health

information. These included stigma about sex, pregnancy and abortion; their student status and position within the institution; and their relationships, living situations, and families. This paper examines the particular experiences of university students with an on-campus crisis pregnancy centre, contributing to the sociological literature on CPCs as well as to the understanding of how students' reproductive and sexual health needs can be better met, a consideration shared among Canadian universities.

Background

Sexual and reproductive health care

Students' processes of seeking pregnancy support are best understood within the broader context of access to health care and through a reproductive justice lens. Despite Canada's universal health care system, Canadians face various barriers when seeking medical services, barriers shaped by rurality, physician shortages, and social inequities among other factors. A reproductive justice approach centers on how access to sexual and reproductive health and rights is shaped by social forces. Reproductive justice is a women-of-colour led movement to expand the movement for reproductive rights; as well as abortion access and contraception access, the right to deliver and parent children safely in one's own "safe and sustainable" community is central (SisterSong n.d.). A reproductive justice approach articulates how structural barriers constrain women's reproductive choices, and situates individual choice-making within a structural analysis of access to resources including income, education, and health care (Price 2010). In addition to the formal presence of rights, a reproductive justice lens focuses on how to foster "structural conditions that give those rights their lived reality" (Saurette & Gordon 2015:339). This focus on social structure elucidates the limits of centering choice, which has an inherently individualized focus and assumes access to options. Social contexts affect how people experience the process of seeking health care as well as their likelihood of experiencing barriers or stigma within this process. The right to sexual and reproductive health care cannot be understood outside these contexts.

Access to sexual and reproductive health services is hindered in part by the stigma that remains surrounding sexual and reproductive lives and health, particularly those of young women; stigma relating to abortion (Shaw, 2013); and the politicization of abortion. Kumar, Hessini and Mitchell (2009) discuss abortion stigma as a "compound stigma" shaped by inequitable power structures from the personal to transnation-

al level. Abortion is legal and publicly funded in Nova Scotia as in the rest of Canada, with self-referral available by calling a toll-free number. Hospital-based surgery is available, as is medication abortion, using prescription Mifepristone. This availability is important given the context of a predominantly rural population with limited geographic access to hospital services (Munro et al. 2020). Nevertheless, access to abortion is constrained and contested. Given the centralization of health services, rural Canadians have to travel for many kinds of specialist care (Kornelsen et al. 2016; De Leeuw 2016; Sutherns and Bourgeault 2008) including abortion (Sethna, Palmer, Ackerman & Janovickek 2013). Lack of access to care in the community affects students and their expectations of campus supports. Without easily accessible local health care, students tend to rely on the on-campus health centre as well as healthcare-adjacent services including counselling. Awareness of how to access abortion is limited among students, as demonstrated in part by their reliance on the APS. The abortion referral phone number is not widely advertised. Poor or difficult-to-access services contribute to abortion stigma; as Jessica Shaw points out, in situations where there are "multiple gatekeepers" women "risk encountering anti-abortion sentiment" (2013b:153). As I explore below, participants who accessed the APS did so in the absence of a clear route to care, information, or counselling, hence experiencing gatekeeping.

Anti-abortion sentiment also shapes the accessibility of abortion and other sexual and reproductive health services. In 2020 Bill 242 "*Protecting Access to Reproductive Health Care Act"* was passed in Nova Scotia, creating protest exclusion zones around abortion provision sites to protect patients from harassment (Rankin 2020). While the rights of those seeking care were ultimately upheld, the debate over the bill demonstrates the contentious nature of abortion in the province and wider region. Within Canada, abortion has been less available and more politicized in Atlantic Canada than elsewhere, with Nova Scotia having a less combative and restrictive environment for care than its Atlantic neighbours New Brunswick and Prince Edward Island (Ackerman & Stettner 2019; Johnstone 2014, 2018). For decades after abortion laws changed in Canada, there was no access to abortions in Prince Edward Island (McQuarrie, MacDonald and Chambers 2014); on-island abortions have only been available since 2017. New Brunswick has also restricted access (Johnstone 2014; Rodimon 2014). Clinic 554 in Fredericton, NB offered reproductive health services, including abortion, but was under constant threat due to the province's refusal to fund abortion and closed in 2020 (Urquhart 2020). A study of abortion tourism, the practice of leaving one's home community for the procedure, describes women in

the Atlantic region as marginalized and among those groups who "have tended to travel farthest within Canada to access abortion services" (Sethna & Doull 2012, p. 470; Sethna, Palmer, Ackerman & Janovickek 2013). Within these contexts, and despite a universal health system in which abortion provision is free and legal, abortion and other reproductive and sexual health services can be difficult to understand and access, including among students at Acadia University.

Crisis pregnancy centres

Crisis pregnancy centres (CPCs) are anti-choice organizations that promote themselves as a first point of contact for those experiencing unexpected pregnancy (Thomsen & Morrison 2020). CPCs are not currently regulated in Canada, but cannot provide medical care, despite often working to create the impression that they are medical clinics or counselling centres. In some cases, CPCs in the United States provide free ultrasound, which sociologist Kendra Hutchens (2021) identifies as a form of biopower, used both to draw in people continuing a pregnancy and to coerce those considering abortion. The general patterns and problems of crisis pregnancy centres in Canada have been documented primarily by non-profit groups (such as Abortion Rights Coalition of Canada [ARCC]. In a study of Canadian reproductive justice organizations' responses to CPCs Haiqi Li (2019) identifies a paucity of Canadian-focused studies of CPCs, despite a robust Canadian scholarship on reproductive issues, including abortion. In her work positioning abortion access as a social justice issue, social work scholar Jessica Shaw identifies CPCs as "powerful and pervasive venues" for "anti-abortion sentiment" and the dissemination of "judgement and misinformation" on abortion (2013a, p.11). Typically associated with conservative Christian ministries (Thomsen & Morrison 2020), CPCs will not refer for abortion or provide information on how to access abortion; they offer testing using commercial pregnancy kits and non-professional 'counselling' that is anti-abortion (ARRC 2018). The promotion of their services is frequently misleading, positioning groups as a first point of contact for unexpected pregnancy, and their materials tend to include medically inaccurate information about consequences of terminating pregnancy (Arthur et al. 2016; LaRoche & Foster 2015; Li 2019, Shaw 2013a, McLeod 2018). In sum, CPCs "impede women's fully-informed decisions and threaten women's reproductive autonomy" (Li 2019:28) and are therefore a site of concern for feminists who support access to sexual and reproductive health services, including abortion .

In both the United States and Canada, CPCs outnumber facilities that provide abortion and are increasing in number (Li 2019, Shaw 2013a). Reproductive justice groups in both countries work with university governance to bar CPCs from advertising on campuses (Li 2019; Thomsen & Morrison 2020). While CPCs often are situated near university campuses to facilitate targeting students, it is rare for a CPC to operate on a Canadian campus, as APS did. Affiliated with a CPC in a nearby town, APS operated as a student club. [1]

APS first became a student club with a space on campus at Acadia in 2014 (Bower 2019; Markan 2018). The University's student union governs clubs, defined as student-run groups with access to funding and a campus space. APS advertised widely on campus, including in women's bathrooms. The practice of widespread advertising with a misleading message of "nonjudgmental support" for people who are pregnant and need help is a key strategy of CPCs (Li 2019). In September 2018, a student went public with her experience, telling the CBC how:

> She was taken aback when the representative […] pulled out a pamphlet containing what [she] says appeared to be medical information that outlined abortion risks — including a claim that terminating a fetus increases the risk of breast cancer. She was told God would judge her if she went through with an abortion. (Markan 2018)

Shortly thereafter, APS lost its club space and status, with the student union stating that the APS was "not in compliance with the union's bylaws" (CBC News 2018).

Methodology

This study sought to investigate the experiences of students who contacted an on-campus CPC. I employed a mixed methods design, beginning with a survey of students who had contacted APS and, in a second phase, interviewing participants about their experiences. Mixed methods research allows researchers to place questions and findings from quantitative design, "where one must anticipate what needs to be measured," in dialogue with questions and findings from qualitative design, "where one can gain unexpected but nevertheless important insights" (Louie 2016: 3). It is important to note that this study takes place in a small, rural, university and there are relatively few students who would have had

1. The only other campus-based CPC in Canada, to my knowledge, is at Toronto Metropolitan University (Kirkwood & Macintosh 2018). That centre also used the university's (previous) name and was also under scrutiny for misleading advertising (Kirkwood & Macintosh 2018).

the occasion to contact APS. Persistent stigma around sex, pregnancy, and abortion may also have limited the number of respondents. Nevertheless, the survey allowed me to learn from students with experience of APS who felt that they had something to say, but did not necessarily want to be interviewed. Created in the university's web survey platform, the survey included thirty-three questions, including demographic questions, questions about student experiences with the APS, and open-ended questions. A message was sent out to an "all students" email list in November 2019 with a link to the survey and a note identifying the study's purpose and inclusion criteria and identifying myself as the researcher. Nineteen students answered "yes" to the initial question on whether they had contacted APS and completed the survey. Data analysis of surveys was completed in SPSS. Given the small number of participants, my use of the survey data is descriptive.

Participants who completed the survey were invited to indicate (in a separate survey) whether they would like to be interviewed. To mitigate privacy concerns or embarrassment participants might have in relation to the interview, and to allow them to anticipate the general age range, gender, and affiliation of the interviewer, those who answered yes were invited to answer the question "Who would you like to conduct the interview?" by selecting from the following options. 1) A sociology professor 2) A male graduate student 3) A female graduate student 4) A researcher external to Acadia University 5) It doesn't matter. In each case, participants answered "it doesn't matter." I interviewed participants myself, setting up interviews via my university email account which indicates my departmental affiliation, rank/job title, and gender. I interviewed seven people, five in person and two by phone (due to the pandemic). Interviews lasted between 30 and 60 minutes and focused on encounters with the APS. Interviews followed a semi-structured question guide with open-ended questions focused on participants' experiences and were completed in March and April 2020. Interviews were subsequently hand-coded for repeated themes. All interview participants were self-described women in various years of studies and a range of academic programs. I selected their pseudonyms. Ethics approval was from Acadia University Research Ethics Board (REB 19-22).

Findings and Discussion: An upsetting and unhelpful process

The main reason for participants reaching out to APS was the need for testing, counselling, or both. Participants shared details of unwanted religious arguments, anti-choice messaging, and misinformation as well as

insights and experiences particular to their context, such as discomfort with purchasing a pregnancy test, a lack of familial or peer support, and unfamiliarity with the local reproductive health care setting. Participants discussed the misleading nature of advertising and pamphlets, unwanted religious messages, and messages of shame or blame in relation to abortion. They were overall dissatisfied with APS. Nine out of eleven of the write-in comments on the survey and six out of seven interviews expressed opinions about APS that were overall negative. Nine out of thirteen survey respondents felt "more upset" after their visit than before seeking help. Participants described what social and health care supports would be helpful in the context of their sexual and reproductive lives as university students, articulating a need for pregnancy support services in both quantitative and qualitative responses. Ultimately, the crisis pregnancy centre operated in a void where students did not have a clear path via which to seek pregnancy testing or advice. This absence limited reproductive justice for students.

Advertising and pamphlets

The pervasiveness of APS advertisements throughout campus and the failure of these ads to mention a religious and anti-choice position were cited as reasons participants felt comfortable contacting APS for help. APS' use of the University's name also lent it apparent legitimacy and led to the assumption that there was a formal affiliation between APS and the University. Katrina said: "it seems like it wouldn't be that sketchy because it's affiliated with the University, " adding: "because of the prevalence of their advertisements, I […] assumed that that was the most accessible place to go." Similarly, a survey respondent wrote: "They sound like an official [university name]- run service you can trust; none of their advertising says it's faith-based and anti-abortion. Their materials are not based on science, they are inflammatory and misleading." Promotion strategies included the presence posters throughout campus with the text "providing love, acceptance, and non-judgemental support" (McLeod 2018). APS materials also included pamphlets which, unlike the posters, were not widely distributed but were shared with students who met with APS representatives. Pamphlets were anti-choice and had titles including "the first nine months" (positioning pregnancy as the first nine months of life). This is consistent with the widespread practice among CPCs of using misleading advertising (Li 2019; ARCC 2018, Thomsen & Morrison 2020). Participants identified these advertisements as the first point at which their initial expectations of the APS were at odds with what was later offered. Access to health information is highlighted

as an important reproductive right by the reproductive justice movement (George 2019); misleading advertising by CPCs is problematic in part because it circumvents access to non-judgemental information about health services.

The need for testing and counselling meets a religious, anti-choice message

When they reached out to APS the majority of participants were seeking a pregnancy test, abortion referral, or someone to talk to. Six of ten participants who answered a survey question about pregnancy status were worried that they might be pregnant and two had a confirmed pregnancy that they intended to terminate. However, there was some confusion as to the services provided by APS. Nine out of eighteen survey respondents indicated that they thought APS provided pregnancy-related health care, although crisis pregnancy centres cannot legally provide health care. Fifteen out of nineteen respondents believed APS would provide "information about reproductive health services" while fewer – only six out of eighteen – believed that the staff were counsellors. The confusion over what was offered helps to explain why some participants were seeking services that APS did not offer such as abortion referral, a test with no discussion, or judgment-free counselling.

Testing was something that APS did provide. It was offered with conversation before and after, as respondents address in greater detail below. Pregnancy tests are widely commercially available at drug stores for about ten dollars. At Acadia University, free tests were also available through various services: at the health centre testing was available but required a visit, and take-home tests were inconsistently available via student-run services including the Women's Centre. Some participants were expecting to be simply given a kit by APS, rather than having to go through an intake process and discussions.

As well as testing, it was common for participants to have been seeking abortion information or referral when they reached out to APS. Asked about what kind of support they were looking for, nine out of fifteen survey respondents indicated "information on abortion." Survey respondents indicated that when abortion was discussed, it was done in the absence of clear information on how to access abortion or clear information on "what is abortion"; no respondent indicated that there was clear information explaining abortion or how to access it. In a response to an open question on the survey, one respondent wrote:

> this service was extremely judgemental. APS posters around campus advertised free pregnancy tests. I hoped to access this service, but I was unaware that I would only receive this test if I met with a member privately beforehand. Although I stated that I did not wish to discuss religion, the representative proceeded to spew false medical 'information' about abortion and state that God would judge that decision. Fortunately, the test came back negative and I was able to leave the meeting. I recall leaving in tears over the pre-emptive judgement […]. This service is not ethical; I hope that no one else has to be scared and judged by this group.

This survey participant's experience of leaving upset was shared by several interview participants.

If the need for testing, counselling, and/or abortion referral was what led to initial contact, what subsequently transpired was religious or judgemental in tone and content and did not conform to participants' expectations. These experiences were consistent with a previous study of CPC tactics (Thomsen & Morrison 2020; Li 2019). Religion was not mentioned in posters advertising the service, and as a result, participants explained that it came as a generally unwelcome surprise. This response to an open-ended survey question characterized participant views on the religious message: "They tried to talk me into keeping a baby if I were pregnant because Jesus loves me. I said 'I'm not Christian, I don't believe in Jesus,' she then tried to question my beliefs. Horrible service." This experience was echoed by participants in interviews, whose narratives are explored below.

Katrina contacted APS because she needed a pregnancy test. Before being offered the test, she had to speak with a staff person and fill in a form. As she filled in a form, questions on marriage status and religion felt "kind of weird". She went on to describe the meeting:

> Then we had, like I guess, a counselling session. That was really uncomfortable. At that point, it was very apparent that it was not a non-denominational organization. […] they were very Christian-oriented and very pro-life oriented and that's not… I wasn't comfortable. [. . .] Then she asked: 'Okay, we have the test here and if it is positive, what are you going to do?' …I don't know. I'll get to that when, you know, if that's the outcome, I'll deal with it then. The she said: 'Would you consider abortion?' And I was like, well, I'm not convinced that I'm pregnant at this point. I just, kind of, want to know, but if that is the outcome then yeah I think I would consider that. I'm in my first year of university; it doesn't make sense for me to carry out a pregnancy right now. And then she said: '[It's my duty] to inform you of the risks of that decision.' And she brought out this pamphlet, which I noticed was published by a church, […] about abortion and the risks. But […] in my opinion, it was pseudo-medical. It described

> the correlation between cancer and abortion, and, like, the fetus' anatomy being out of the uterus or something and you might get an infection, like septicemia or whatever it's called, […] but it was really scary. I started to get emotional and upset.

The widespread practice of drawing on unfounded claims of medical risk is labelled by Saurette and Gordon as a strategy of "discursive medicalization" (2015:206), a rhetorical device relying on repeating false information so frequently that it gains familiarity and authority such that people will increasingly believe it. Katrina felt overwhelmed - she had believed she would be able to simply receive a pregnancy test and take it privately. Instead, she was asked to go to a bathroom in the building to take the test and then return. She didn't want to return but did so, recalling, "I just didn't really feel like I had a choice". She was not pregnant, but nevertheless "left in tears" feeling "blindsided, and judged, and just a little queasy that there were maybe other people that were having this experience." Several participants mentioned worry over the wellbeing of their peers; sharing their experiences with me was, for them, a political act that they hoped would protect future students.

Jess reached out to APS when she was having severe morning sickness while waiting for an abortion. Even after being prescribed an antinausea medication, it was difficult to keep food down. She wanted privacy and had not told her family or her roommates about the pregnancy. She had ended a difficult relationship with a man who was aware of her pregnancy but not a source of support. She contacted APS because she needed support, including with navigating academic accommodations and disclosure to professors. She explained:

> I was hoping to just talk about all of this with somebody and explain, you know, the situation I was in, because I really had nobody else. […] And also I was looking for help with approaching my professors, because I knew that I wasn't going to be able to participate fully in class with the illness. The nausea and vomiting. So, I wanted to […] know if they had any advice about how to go about, you know, maybe helping me contact my professors or just if they knew any routes that people take with getting a medical leave of absence.

The mismatch between what she was looking for and what APS provided exemplifies that misleading advertising is effective, in that those contacting CPCs tend not to understand that their goal is anti-abortion.

As with other participants, Jess found the conversation to be religious and upsetting:

> I remember […] starting to explain to them my situation, that I was planning to have a termination of pregnancy and that I was really sick and that I wasn't able to keep down any food and that I wasn't sure what to do. […] their response was to talk about have I thought about keeping this child. And um, you know, the other options that there are, for adoption. I was reading a pamphlet too, like while they were talking, and it kind of just clicked, at a certain point, that there was something to do with Christianity and this was definitely a pro-life environment that I was in. So I don't really remember how I left the situation, but I know that I was upset with how that went. And I definitely wasn't feeling supported.

Katrina and Jess's experience of leaving more upset than when they had arrived was also reported by nine out of thirteen survey respondents. After Jess's initial appointment, the staff emailed saying that they were going to deliver a care package. She told me: "I really didn't want them coming to the house and I was definitely worried because I filled out an information form and they had my address." Since her roommates only knew that she was sick but not why, she was worried about the staff people or care package arriving at her home. She did not reply and did not receive anything from APS.

Cass's experience with APS occurred when she was supporting a friend who had independently tested for and confirmed a pregnancy. Cass recalled: "She didn't know if she wanted to keep the baby, abort the baby. Her head was spinning in circles, so I think she went to APS to almost look at options." Her story illustrated the potential mental health consequences of a judgemental and unhelpful interaction with APS. Cass described the meeting:

> We went into the centre and immediately the women who were working there kind of started pushing a more of a religious side of things and asking: what does she believe? And her exact words were, that really kind of stuck with me, were 'this is God's plan for you.' […] And it was very obvious it was making my friend extremely upset, because she doesn't come from a religious background [. . .] and I said: okay, maybe it's time for us to go. [. . .] and the woman stopped me and said: Is this making you uncomfortable? *Me.* And in my head I was like, there's this young girl who's pregnant sitting next to me, who I'm just here to support, and you're asking *me* if I'm uncomfortable? It's like, this isn't about me. So, I felt slightly, not attacked, I don't know what's the right word, but I felt like, why does it matter what my beliefs are? When we're here to find resources and ways to help her through this. And when we left the pregnancy centre, [my friend] was very upset, and that night she actually tried to take her own life.

Cass explained that her friend called her and told her about the suicide attempt, and Cass called 911. She stayed at her friend's bedside in the intensive care unit while awaiting both their parents from out of province. Cass's friend recovered and tried to return to Acadia University the following semester, but was unable to continue. Cass wanted me to understand the wide-reaching effects of APS, telling me, "it just felt extremely like evil, like in that moment. Like, how dare you? […] I want it to be known that it doesn't always just affect the one person. I wasn't her partner and I wasn't the person who was pregnant; I was just a friend. But it's been two years and I'm still not over the experience." Cass's story demonstrates the potential for traumatic consequences of campus CPCs and the lack of a clear route to services for students with unwanted pregnancy.

Annie was a participant who learned of APS when she was worried that she might be pregnant and was seeking information on testing and referral to abortion. She had missed a period, which was of particular concern because she had a copper IUD and understood that a pregnancy would be dangerous. An out-of-province student in her first year, she didn't know many people locally. She was referred to APS by a resident assistant, who had a brochure. This was in 2019, a year after APS had lost their club status and space and was supposed to have left campus. She set a deadline to reach out for help if she didn't get her period, but it arrived and she therefore did not contact APS. She explained that she had focused on finding campus-based care, "because obviously that was my first choice." She found APS but was upset by their lack of services:

> I found that they were very pro-life and more of an organization that said 'we will help you with your child or with your pregnancy once you've decided to keep it.' And that wasn't what I needed. I needed an ultrasound as soon as possible, if I was pregnant [. . .] And I would need a referral […] for an abortion. And I didn't think they would give me those resources, unfortunately.

She had considered her situation and had a detailed picture of the steps she would have needed to take if pregnant, but noted that there were gaps preventing a clear path to care, including referral and transportation. Although she did not ultimately contact APS, she was interested in participating in this research because of her close call and her concern for other students who might need abortion referral; she saw her participation as a form of advocacy.

Interview narratives and survey data both demonstrated that APS was not the service that students were seeking. The consequences of this were negative and, in some cases, long-lasting.

The need for student services on pregnancy

The accounts of participants, both interviewees and survey respondents, elucidate the harmfulness of APS's campus presence. Participants were seeking a clear step to take when worried about pregnancy. They needed basic services including a pregnancy test, someone non-judgemental to speak with, and abortion referral, services a reproductive justice approach would position as rights. Instead, participants faced barriers that related to their student status, lack of familiarity with the health care system, a culture of stigma and silence around sexual health issues including pregnancy and abortion, and other factors – exacerbated by a well-promoted CPC on campus. While the survey and interviews primarily focused on experiences of APS, I also solicited participants' views on existing campus services for pregnancy and for sexual and reproductive health more generally and what was needed. The main existing services mentioned by participants are formal counselling and health care services offered via the university, as well as informal services including peer counselling and provision of safe sex supplies and pregnancy tests offered by student union groups, including a women's centre, a peer support group, and an LGBTQ pride group. The barriers to reproductive and sexual health services raised by participants included lack of services, stigma relating to sex, pregnancy, and abortion, poor information on health care access, and weak or absent sexual education.

In write-in answers on the survey, respondents framed their access to APS in terms of a lack of other services and support, a finding of previous research on university campuses in the province (Cassidy et al. 2018). For example, one participant wrote: "I wasn't aware of any other supports for pregnant students planning on terminating their pregnancy, and I went through the experience alone." Another wrote about a lack of access to pregnancy tests:

> I had gone to the Peer Support Centre on the recommendation of a friend saying I could get a test without having to talk to anyone for free and each time I went there were no tests out. […] Since then, out of curiosity, I have gone at varying days and times throughout the year to see if [Peer Support] ever put them out and I've only seen them out once. So, for those who cannot buy a pregnancy test and do not want to talk to a nurse/doctor about it yet, there seems to be a lack of free tests.

Access to free tests was a service that participants needed and expected to find on-campus.

Another factor limiting access to services was the need to overcome existing shame around pregnancy and sex. Having access to a pregnancy test was one example of these shame-related dynamics, as buying a test

felt like a public declaration about sex or irresponsibility to some participants. Katrina said, "I was probably like three weeks into moving to university and I was just feeling really shy and felt a lot of shame about going to the local drug store to buy a test." In a small town where about half of residents are students, professors, or university staff, the fear of scrutiny is pronounced. She clarified that cost was not a factor for her. Shame, however, contributes to the pernicious nature of the anti-abortion message and religious judgement: students who were already well-organized for an abortion, students who were pregnant and confused, and students who were relieved at a negative pregnancy test all found the encounter upsetting. While the content of the APS discussion was designed to unsettle anyone considering abortion, its effectiveness in doing so can be related to existing social isolation due to secrecy and shame that can be associated with both sex and pregnancy.

Students, particularly those from rural areas, may be unaware of the existence of CPCs and therefore vulnerable to being caught unaware by the religious anti-choice message. Interview participants had not previously known of the existence and strategies of CPCs. Many assumed from the name that this was a university-sponsored service and would therefore be secular and non-judgmental. Those seeking testing were dissatisfied with how it was provided, due to a setting in which they could not avoid religious talk, an anti-choice agenda, or misinformation. Those seeking information about how to get an abortion did not have their needs met. No participant was in fact seeking out religious counselling or material supports with continuing pregnancy. As such, there was very little 'fit' between what students were seeking and what APS offered. Some participants indicated that they felt they could accept APS's presence on campus if the group had been more transparent about their religious and anti-choice values (in which case they could have avoided their encounter). However, transparency is at odds with a crisis pregnancy centre's mission to persuade individuals out of terminating their pregnancy or otherwise considering abortion as a viable, safe option altogether. Participants tended to be confused about what APS was and which services it provided. This demonstrates how young women at university, as a group, can be vulnerable to being misled by CPC advertising, and how limiting the advertising and presence of CPCs on campus is necessary to facilitate sexual and reproductive health and freedoms.

Participants indicated that one problem with campus-affiliated services was that, unlike APS, they were not well promoted. A survey respondent put it succinctly: "[reproductive and sexual health services on campus] suck, Not enough info, no one knows anything about [them]" Asked what services were needed, Jess told me, "I guess a place like

what I imagined APS would be." She had been seeking guidance during a period in which she was waiting for an abortion, feeling isolated, and struggling to attend class due to severe nausea. Similarly, Katrina, who was a new student when she suspected a pregnancy, was looking for help navigating her situation. She said "It was hard with everything else going on to start to do research and not really know where to start." These participants would have welcomed a straightforward pathway to information and care; accurate and comprehensive information is part of reproductive justice (George 2019). APS became a first point of contact primarily via their widespread advertising. Campus services, which are not evangelizing and which are already oversubscribed, may not feel the need to promote themselves. However, participants were clear about the need for better communication. Promotion of campus services is particularly important in contexts where there is a paucity of local services such as sexual health clinics or women's centres. Better services and better communication from existing services are necessary to ensure that students receive supports that are accurate, judgement-free, and that can facilitate health care, ensuring that the sexual and reproductive rights of students are upheld.

As well as access and information, some participants framed the need for better sexual and reproductive health programming in relation to a weak high school sex education curriculum or to conservative family backgrounds that limited dialogue around sex. Emma said that at her high schools, some students would "opt out of any sex-ed classes" and added that "public high schools don't do a good job covering much." Taylor characterized her educational background as "10 years of bible study" and had appreciated the availability of "open" programs about sexual health at the University, as they were her first point of access to education on sexuality and sexual health. However, she felt there had been less programming at the University over time. She said, "seeing that stuff just die down over the years has been a bit disappointing," Like other participants, she expected that a university would offer sexual health education and services.

The need among students for a clear place to turn when pregnant or worried about pregnancy was, in part, what facilitated the operation of an on-campus CPC. By advertising using the University's name and words such as "nonjudgmental," the APS set itself up as a first point of contact. However, the religious and anti-choice message were unwanted and harmful, and participants left without the information, support, or referral they sought, and more upset than they had been prior. These negative experiences are place from which to develop better future practices, as is a reproductive just tenet.

Conclusion

Participants spoke clearly to the harms of having a crisis pregnancy centre as the advertised first point of contact for a suspected pregnancy. Among these harms were the barrier created to needed services and information; potential mental health trauma; and additional stigma and intrusion. The findings also reveal a particular interest among student participants in having campus services that are clearly targeted towards pregnancy but not anti-choice or religious. A reproductive justice approach centers the needs of women of all ages and at all stages in their sexual and reproductive lives; currently the particular needs of students are overlooked. Students may be facing factors such as the difficult gender dynamics of negotiating contraception (James-Hawkins et al. 2019), stigma around sexuality and sexual health; financial, employment, and housing precarity; being away from their home community; and reliance on campus communications and services. The provision of sexual and reproductive health services, as well as decisions regarding campus access to anti-choice groups, should consider such factors. Despite the Canadian context of universal health care and free, legal abortion, access to sexual and reproductive health care remained difficult and confusing for this group of students.

There is a ghost story that circulates about Seminary House, a residence on campus originally built to house female students. Early residence life for women was designed to mimic the domesticity and hierarchy of home, and their architectural style often reflected this as Catherine Gidney (2007) has described in the case of residences around the end of the nineteenth century. That is the case with this seminary house, a complex late-nineteenth-century wooden building (Canada's Historic Places, n.d. While Acadia University continues to celebrate its early female graduates, this story also circulates:

> A young female student in the late 1800s discovered she was with child and hanged herself, to spare herself and her family the embarrassment of an out-of-wedlock pregnancy, taking her life in an area on the building's second floor that's known as "The Well," a large opening with a banister in the second floor under the skylight (Paranormal Caretakers).

This young woman is said to still haunt the building. Over the decades, this ghost story has carried a cautionary message for new generations of students. For young women who experience unwanted pregnancy, much has changed since the late 1800s, when women first lived and studied at Acadia University. However, learning from students who reached out for pregnancy support, it is clear that social and health supports remain

inadequate. To meet the needs of students who are pregnant or fear they might be, university health and counselling services need to improve their accessibility, including by mentioning unintended pregnancy when advertising their services. Most Canadian universities do not invite CPCs on campus; continuing this practice is essential to avoiding harm and stigma to students.

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