Distribution Agreement

In presenting this thesis or dissertation as a partial fulfillment of the requirements for an advanced degree from Emory University, I hereby grant to Emory University and its agents the non-exclusive license to archive, make accessible, and display my thesis or dissertation in whole or in part in all forms of media, now or hereafter known, including display on the world wide web. I understand that I may select some access restrictions as part of the online submission of this thesis or dissertation. I retain all ownership rights to the copyright of the thesis or dissertation. I also retain the right to use in future works (such as articles or books) all or part of this thesis or dissertation.

Signature:

_____   _____
Nisha Verma   Date

A Qualitative Exploration of a Six-Week Abortion Ban in Georgia

by

Nisha Verma, MD

Master of Public Health

Prevention Science – Rollins School of Public Health

_____
Melissa Kottke, MD, MPH, MBA
Thesis Committee Chair

_____
Carrie Cwiak, MD, MPH
Thesis Committee Member

_____
Peggy Goedken, MPH
Thesis Committee Member

A Qualitative Exploration of a Six-Week Abortion Ban in Georgia

by
Nisha Verma

Doctor of Medicine
University of North Carolina
2015

Thesis Committee Chair: Melissa Kottke, MD, MPH, MBA

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Prevention Science
2021

Abstract

A Qualitative Exploration of a Six-Week Abortion Ban in Georgia

by
Nisha Verma

OBJECTIVES: To gain a deeper understanding of opinions on abortion and early abortion bans, focusing on the complex underpinnings that shape these views.

STUDY DESIGN: We conducted a qualitative study using semi-structured Zoom interviews with residents of Georgia's 6th Congressional District. Potential participants first completed a screening tool to allow for recruitment of people who demonstrated internal conflict around abortion based on their answers to two abortion questions on a 5-point Likert scale. The interviews focused on participants' thoughts and feelings on abortion and Georgia's six-week abortion ban. We transcribed, coded, and analyzed the interviews, and are presenting a subset of our themes.

RESULTS: We interviewed 28 people from March to May 2020. Many interviewees discussed feeling alienated by the polarizing nature of public discourse around abortion. They described personally experiencing internal conflict around abortion, which often emerged as they attempted to reconcile their own values with what they thought should be regulated for others. Participants described feeling like others approached abortion decisions too casually, and described the value of early abortion bans in acting as a deterrent to irresponsible behavior. Limited pregnancy literacy also affected participants' understanding and support of early abortion bans. Finally, many people described the shifting of their abortion opinions, which was often motivated by their own experiences, the experiences of those around them, and learning about different perspectives.

CONCLUSIONS: Our study suggests that shifts in abortion opinions frequently occur. By conveying the thoughtfulness and intentionality with which many people seek and provide abortion, addressing limited pregnancy literacy among the general public, and validating areas of internal conflict, we invite people to exit the polarization and embrace their own complex views.

IMPLICATIONS: More research is needed to better understand people's feelings about and areas of internal conflict around abortion and early abortion bans. With this understanding, we can potentially communicate more effectively about these issues with the general public.

A Qualitative Exploration of a Six-Week Abortion Ban in Georgia

by
Nisha Verma

Doctor of Medicine
University of North Carolina
2015

Thesis Committee Chair: Melissa Kottke, MD, MPH, MBA

A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Prevention Science
2021

Verma

Acknowledgements

I would like to thank my thesis committee and research team, Dr. Kottke, Dr. Cwiak, and Peggy Goedken, and the Emory Division of Family Planning and Emory Department of Gynecology. I would also like to thank the Society of Family Planning Research Fund for supporting this project. Finally, I would like to express my deep gratitude for all the participants who shared their stories and allowed this research to take place.

Table of Contents

Chapter 1: Introduction and Statement of the Problem and Purpose

<u>**Introduction and Rationale**</u>

The Supreme Court's 1973 case, *Roe v. Wade*, established the constitutional right to abortion in the United States (US). As part of this case, the Supreme Court determined that states could not prohibit abortion before fetal viability, or the point at which the pregnancy can live outside the uterus [1, 2]. While the Supreme Court has consistently upheld the right to abortion since 1973, some state policymakers have used a recent wave of early abortion bans to challenge the *Roe v. Wade* ruling [1].

Six-week bans or "heartbeat bills" first emerged in the American political landscape in 2011, when Ohio introduced a law to prohibit all abortions after six weeks from the last menstrual period (LMP) [3]. Most pregnancies are not confirmed until after five weeks [4], when a heartbeat is often present, so Ohio's law represented an almost complete abortion ban. The law did not pass, but it initiated a wave of early abortion bans across the country. In 2013, North Dakota became the first state in the US to enact a six-week ban, followed by Iowa in 2018 [3]. In 2019, 15 states introduced, moved, or enacted six-week abortion bans [5]. That year, Georgia passed House Bill (HB) 481, the "Living Infants Fairness and Equality Act." [6]. HB481, which bans abortion in nearly all cases after a heartbeat is detected, was signed into law in 2019. However, HB481, like many similar laws in other states, was temporarily enjoined and then deemed unconstitutional in federal court before ever going into effect [7].

Even though most of these pre-viability abortion bans have been enjoined, each new law holds major significance because it presents an opportunity to challenge the federally-protected right to abortion in the US [8, 9]. In light of accelerated legislative efforts to restrict abortion and the current debate about its constitutionality, it is especially important to understand how the

general public feels about the issue. The national conversation tends to oversimplify abortion, assuming people must identify as either "pro-life" or "pro-choice." At the same time, recent survey and qualitative data have suggested that many people in the US feel alienated by the polarized discourse around abortion [10, 11]. These data suggest that people, in more nuanced discussion, demonstrate areas of internal conflict where the values, beliefs, emotions, identities, and lived experiences that shape their opinions are at odds [11, 12]. They can sometimes hold complicated and even conflicting views on abortion, acknowledging that abortion both ends a potential life and allows a person to determine the course of her own life. Recent data suggests that allowing space for these areas of internal conflict may allow us to shift away from the polarization and provide opportunities for more productive, engaged, and peaceful conversations about abortion [12]. However, there is limited data specifically exploring the way the general public forms opinions on abortion and early abortion bans in restrictive states. Therefore, we aimed to gain a better understanding of opinions on abortion and early abortion bans in Georgia, focusing on the complex underpinnings that shape these views.

Problem Statement

Georgia recently passed House Bill 481, the "Living Infants Fairness and Equality Act," an almost complete abortion ban. This law is just one of many six-week abortion bans that have been proposed or passed around the country over the last year. Despite the increase in the number of early abortion bans being proposed and passed in recent years, research examining the general public's knowledge and perceptions of these laws remains limited. More research is needed in Georgia to better understand residents' feelings about and areas of internal conflict around HB481. Our qualitative exploration could produce insights as to how advocates can

communicate more effectively with the general public about early abortion bans being passed in Georgia and in other states around the country.

<u>Theoretical Framework</u>

Our research study used an approach to qualitative research called the heartwired research approach, developed by two public opinion research groups: Goodwin Simon Strategic Research and Wonder: Strategies for Good [12]. Wonder: Strategies for Good is a network of experts in messaging, storytelling, psychology, and public opinion research that uses audience insights to develop storytelling and messaging strategies to influence the behavior of target audiences. Goodwin Simon Strategic Research is a national public opinion research firm that focuses on communication around emotionally complex, socially controversial issues. Together, they developed this theory to guide their approach to communication and messaging aimed at shifting public opinion.

This approach is built on the idea that people's decision-making comes from the ways in which they are "heartwired," or the ways in which their emotions, values, beliefs, identity, and lived experiences intersect. Many people have areas of internal conflict that arise from the ways in which these many forces come together, and people's internal conflicts serve as opportunities to shift their opinions [11]. This approach has been used in the past to shift public opinion around issues such as same-sex marriage and medical aid-in-dying. Most recently, Dr. Lisa Harris and colleagues employed a heartwired approach to the qualitative exploration of public opinion on abortion in multiple states around the country. They found that this approach to interviewing allowed them to move past people's initial response to abortion, and explore the more nuanced and often conflicting ideas they have about the issue. From this research, Harris et. al. developed recommendations for how physicians can message to the general public about abortion more

effectively [11]. Our project built on this past research, and focused specifically on how the general public in Georgia relates to early abortion restrictions.

The heartwired approach is particularly useful when communicating about polarized topics. Polarization can be dangerous because it triggers our emotional responses, which drive our ability to hear and connect with people who feel differently [13]. According to the heartwired approach, to communicate effectively with people around emotional, polarized issues, we need to engage our upstairs brain, which allows for decision-making and planning, control over emotions, and empathy. To engage the upstairs brain, we need to calm the downstairs brain, or the part of our brain that is responsible for basic functions, impulses, and strong emotions. When our downstairs brain is calm, our upstairs brain has the capacity to pause, be reflective and aspire to be our better selves and connect with others. However, when the downstairs brain is triggered, it produces emotional noise that makes it difficult for the upstairs brain to listen to and hear thoughtful reasons to understand another perspective [14]. The heartwired approach focuses on communication strategies that aim to move away from the polarization and engage people's "upstairs brains" [12].

Stories are uniquely powerful at shaping attitudes and influencing behaviors on tough social issues, and are central to "heartwired." This approach focuses on strategic storytelling, which is based on the idea that audiences are most likely to be persuaded not by *any* story, but by the *right* story. Heartwired stories feature familiar and relatable people and create a shared sense of identity, lived experiences, values and beliefs. Therefore, developing stories that are most effective requires first understanding the identity, lived experiences, values and beliefs of our audience [12].

Finally, the heartwired approach emphasizes that our goal is not to shift a person's opinion from one end of the spectrum to the opposite end. Instead, we are attempting to speak to their areas of internal conflict and shift them to the "adjacent possible" [12]. In the case of abortion access, we are not attempting to change a person's opinion from "abortion is murder" to "abortion is a woman's choice and should be allowed in all situations." Instead, we are trying to shift people from "abortion makes me uncomfortable and I don't agree with it so I don't think it should be allowed for anyone" to "abortion makes me uncomfortable, but I understand why some people may need it and my feelings should not prevent someone else from getting the care she needs." Overall, we felt that the heartwired framework allowed us to approach our research interviews in a way that enabled a deeper understanding of how people's values, beliefs, emotions, identities, and lived experiences come together to shape their views on abortion.

In addition, data was analyzed and coded using social constructivist grounded theory. Traditional grounded theory employs a "blank slate" approach to code generation and analysis of emerging themes. These themes may be elevated to constructs while developing a new theory or framework to explain and predict behavior [15, 16]. However, a social constructivist lens to grounded theory allows and acknowledges that the research may have an initial theory or framework that guides the data collection. Analysis continues through the same iterative process of coding for emerging themes and generating a new framework for the context of study [15]. In this case, because we developed our interview guide under the heartwired framework, a true "blank slate" grounded theory approach cannot be used. A social constructivist grounded theory approach allowed us to use this framework, while also identifying and investigating other constructs at work through the qualitative process.

Research Question and Purpose Statement

The main objective of this qualitative study was to examine the current state of knowledge and opinion on HB481 among residents of GA's 6th Congressional District, and explore any areas of internal conflict that exist. We hypothesized that residents have limited baseline knowledge of HB481, and that in more nuanced discussion, many participants demonstrated internal conflict around HB481 and its effect on abortion access.

Specifically, we aimed to:

1. Explore current knowledge of HB481 among residents of GA's 6th Congressional District. This was addressed with qualitative questioning during the in-depth interviews.

2. Investigate the ways in which participant's values, beliefs, emotions, identities, and lived experiences interact to shape their opinions on HB481, and explore areas of internal conflict that may exist. This was achieved through qualitative in-depth interviews with responses coded to generate a framework of understanding.

Significance Statement

This study addresses gaps in our understanding of the general public's opinions about abortion and early abortion bans, and is particularly relevant given accelerated efforts to restrict abortion in recent years. Currently, no known studies explore the general public's opinions on early abortion bans using a heartwired research approach. Our research allows us to better understand people's feelings about and areas of internal conflict around abortion and early abortion bans. With this understanding, we can potentially communicate more effectively about these issues with the general public, shift away from the polarization that characterizes the noisy national discourse, and promote policies that better reflect people's complex lives and values.

Definition of Terms

1. heartwired: circuits and connections between their emotions, identities, lived experiences, values, and beliefs, and all these factors come together to shape their opinions [12]

2. internal conflict: conflict that arises from a person's emotions, identities, lived experiences, values, and beliefs being at odds [12]

3. strategic storytelling: storytelling that focuses on speaking to shared values and a shared sense of identity with a target audience [12]

4. polarization: division into sharply contrasting groups or sets of opinions or beliefs

5. six-week ban: law that bans abortion in most cases after six-weeks from the last menstrual period (LMP)

6. last menstrual period (LMP): the first day of the last menses before becoming pregnant; used to date pregnancies

7. estimated gestational age (EGA): the estimated duration of pregnancy in weeks, typically defined from the first day of the last menstrual period (LMP) and/or ultrasound measurement

8. viability: the point in gestation at which, if born, the neonate is capable of sustained life in >50% of cases (specified as 24 weeks EGA in most states)

9. autonomy: principle of medical ethics that honors the capacity and responsibility of people to make their own medical decisions; "a norm of respecting and supporting autonomous decisions"[17]

10. health literacy: the degree to which individuals have the capacity to obtain, process, and understand health information [18]

11. thematic saturation: the point during qualitative data collection at which no new thematic

ideas emerge, and data collection becomes redundant [19, 20]

Chapter 2: Literature Review

Abortion in the US

Almost half of all pregnancies in the United States (US) are unintended, with about 40% of these unintended pregnancies ending in abortion [21]. While overall abortion rates in the U.S. are currently at their lowest level since the legalization of abortion in 1973 (47), data suggests that about one in four people in the US will have an abortion by the age of 45 [22, 23]. However, abortion rates and abortion access vary across the US based on multiple factors, including geographical area of residence, race, and socioeconomic status.[48,49] According to the Guttmacher Institute's 2014 data, approximately 75% of people seeking abortion services were considered poor or low-income.[50] In addition, Black and Hispanic women have consistently had higher abortion rates than White women in the US, reflecting larger system inequalities.[49,51] Multiple studies have suggested that continuing an unintended pregnancy to delivery is associated with low birth weight infants, negative effects on social relationships, and increased societal costs [24-26]. These findings demonstrate the importance of abortion remaining an available healthcare service for people across the country.

According to the Guttmacher Institute, about 862,320 abortions were performed in 2017 in the US. Based on most recent data, about two-thirds of abortions occur at eight weeks estimated gestational age (EGA) or less, and over 90% occur in the first trimester [23]. Medication and surgical abortion are considered safe procedures with low complication rates [23, 27]. Abortion is considered about ten times safer than carrying a pregnancy to term and delivery [28].

Impact of Legislation on Abortion in the US

In 1973, the Supreme Court determined through Roe v. Wade that states could not prohibit abortion prior to fetal viability, or the point at which the pregnancy can live outside the uterus [1,

2]. Since that time, the US has seen a rapid increase in abortion restrictions around the country.[15] These restrictions include counseling mandates and waiting periods, ultrasound requirements, targeted regulation of abortion providers (TRAP laws), gestational age limits, personhood laws, and insurance coverage limitations [29, 30]. In addition, many Planned Parenthoods have had to deal with significant funding cuts, forcing some clinics to close entirely [31]. Most of these laws are not built on evidence-based medical practice and instead aim to restrict abortion under the guise of patient care [32]. As an example of the extent of current abortion restrictions, according to the Guttmacher Institute, 38 states require abortion to be performed by a licensed physician, 43 states prohibit abortion after a specified point in pregnancy, 18 states have mandated counseling laws, and 25 states have waiting periods for people attempting to access abortion [33].

With increasing abortion restrictions in many states and the resulting clinic closures, many people face disparities in access based on where they live [34, 35]. In a 2016 study by Gerdst et al. investigating the impact of a 2013 restrictive law in Texas resulting in the closure of nearly 50% of the state's abortion clinics, researchers found a four-fold increase in the distance patients had to travel for abortion services. Women who faced closure of their nearest abortion-providing clinic reported major hardships, such as larger out-of-pocket expenses, delayed ability to get to appointments, and need to stay overnight in hotels [34].

Similarly, White et al. explored the impact of a 2013 abortion restriction in Alabama that required women to undergo a consultation visit 24-hours before their abortion. The researchers found 21% of patients were forced to travel 50 to 100 miles and 8% travelled more than 100 miles for these required consultations. Those who reported needing to travel further as a result of this law also reported a significantly longer waiting period between visits. However, despite the increased burden of travel faced by many women, there was no difference in the number that

returned for their abortion procedures based on distance travelled, highlighting that the law only resulted in procedures being delayed [35].

Since 2011, many states have proposed and passed laws to prohibit all abortions after six weeks from the last menstrual period (LMP). Most recently, in 2019, there was a rapid increase in the number of these laws that were proposed or passed around the country [5]. The Supreme Court has consistently upheld the fundamental right to abortion on a federal level, and most of these laws have been enjoined given their violation of the constitutionality of abortion established in Roe v. Wade. However, the Supreme Court is now preparing to hear its first pre-viability abortion ban case since 1973, which could revoke the constitutionality of abortion in the US and allow state bans to go into effect [8, 9].

Accessing Abortion in Georgia

Georgia is currently facing a crisis in maternal and reproductive health. The unintended pregnancy and teen pregnancy rates in Georgia surpass the national average, and Georgia leads the country in maternal mortality rate [36-38]. In 2014, 96% of Georgia counties had no clinics that provided abortion, and 58% of GA women lived in those counties [38]. Georgia has been labelled a "severely restricted" state, with current restrictions including mandated counseling, waiting periods, parental notification, ultrasound requirements, the twenty-two week gestational age limit, and insurance coverage limitations [37].

In 2012, the Georgia state legislature passed a law limiting abortion after 20 weeks post-fertilization (i.e. 22 weeks after last menstrual period (LMP)). The 22-week ban includes exceptions for pregnancies that are "medically futile" or would endanger the patient's life [39]. Before the law was enacted, multiple obstetrician-gynecologists and the American Civil Liberties Union (ACLU) filed civil action, arguing against the constitutionality of the law due to its violation

of Roe v. Wade. As a result of legal action, the 22-week ban was under injunction from 2013-2017, but the Georgia Supreme Court rejected the appeal in 2017. Therefore, the law was fully enacted and enforced in June 2017 [40]. This law has had major impacts as, prior to the 22-week ban, Georgia and Florida were the only states in the Southeast that performed abortions over 22 weeks EGA. Georgia has long been a large referral site from other states in the Southeast and Midwest for abortions past 22 weeks EGA, and performs 9% of the nation's abortions beyond 22 weeks, compared to the 5% national average [41]. The 22-week ban in Georgia therefore forces people to travel further and deal with increased barriers to access the abortion care they need [42].

Most recently, Georgia passed House Bill (HB) 481, the "Living Infants Fairness and Equality Act," an almost complete abortion ban. This bill is referred to as the "six week ban" or "heartbeat bill" in public discourse, and attempts to redefine the concept of personhood. It establishes unborn children as natural persons that would be included in population-based determinations such as the census, and bans abortion after a heartbeat can be detected. There are exceptions established in the case of medical emergency, rape or incest if an official police report has been filed, and medically futile pregnancy [6]. HB481 passed the House and Senate in Georgia in March 2019, and was signed by Governor Kemp in May 2019, with the plan to go into effect on January 1st, 2020 [43]. Civil action was filed against the law shortly after it was passed, and an injunction was granted in September, 2019 [44]. This law has not gone into effect in the state of Georgia. However, recent survey data indicates that, even when these abortion restrictions do not go into effect, the resulting public conversations about the legislation leads some people to believe that abortion has become illegal in their state. These misconceptions can cause delays for people attempting to access abortion care [45].

Abortion Knowledge and Opinions

Past research has explored the general public's knowledge of and opinions about early abortion bans in various states around the country, but the majority of this research has used survey methodology. There is a lack of qualitative research to explore the factors that shape participants' opinions on early abortion bans, and understand any areas of internal conflict that exist. Our research study is able to fill some of these gaps in existing knowledge.

White and colleagues explored women's awareness of and support for abortion restrictions passed in Texas through an online, statewide representative survey in 2015. They found that overall only 31% of respondents stated they would support a law making it more difficult to obtain an abortion, and over half of respondents reported knowing little to nothing about recent Texas abortion restriction laws that had been passed [35]. Similarly, PerryUndem, a communications and marketing company, conducted a nationally representative survey of 1029 voters in the United States in 2017, and found that 72% of participants self-reported that they did not know what laws about abortion existed in their area [10].

National polling data from suggests that 48% of Americans felt having an abortion is morally wrong, At the same time, this poll suggests 70% of Americans still felt the Supreme Court should uphold the Roe v. Wade decision allowing people to access abortion care [46]. On a state level, recent polling data suggests that the public opinion around HB481 in Georgia remains divided. In a poll conducted by The Atlanta Journal-Constitution that included a total of 774 registered voters in Georgia, 43% of respondents reported supporting the bill and 48% reported opposing the bill. Of these respondents, 64% reported feeling strongly about their stance [47].

Chapter 3. Methodology

Introduction

We conducted semi-structured interviews with residents of Georgia's 6th Congressional District, a historically Republican-leaning part of the state composed of the northern suburbs of Atlanta and a mix urban and rural communities. Georgia's 6th Congressional District recently elected its first Democratic representative since 1978, and is currently considered a community in flux [48]. The dynamic nature of this area and the recent passage of HB481 in the state make Georgia's 6th Congressional District a valuable place to explore complex and shifting opinions about abortion.

Population and Sample

We recruited potential participants using Facebook advertisements. All participants had to be 18 or older, residents of Georgia's 6th Congressional District, and English-speaking. The screening tool was used to obtain demographic information and assess where respondents fell on a spectrum of opinion on abortion and other social issues such as climate change and immigration (see Appendix for copy of screening tool). We asked questions about multiple social issues to reach people that may be less willing to complete a screening tool focused on abortion only. The screening tool assess participants' level of agreement/disagreement with the following statements about abortion on a 5-point Likert scale: "Abortion is morally wrong" and "A person should have the right to decide whether or not to have an abortion." The screening tool aimed to avoid recruitment of participants who strongly agreed or strongly disagreed with these two abortion questions on a 5-point Likert scale, as we felt interviews with those people would be less productive for our research goals.

<u>Research Design and Procedures</u>

The Facebook advertisements directed interested people to the informed consent form and study screening tool in Emory's RedCap (see Appendix for examples of Facebook advertisements used and for informed consent form). Those that completed the screening tool were asked to provide their contact information if they were interested in participating in the qualitative interviews. We contacted screening tool respondents who qualified for interviews over phone or email to invite them to participate, informing them of the completely voluntary nature of participation. We collected screening tool responses from February to July 2020, and conducted interviews between March and May 2020. All participants provided written and verbal informed consent. While we initially planned to conduct interviews in-person, due to the COVID-19 pandemic we completed all interviews over Zoom. Interviews lasted between 40 and 90 minutes.

We initiated purposive sampling about halfway through our interviews to attempt to recruit a diverse range of perspectives, and stopped conducting interviews when we started hearing similar themes from participants, suggesting we had reached thematic saturation. We audio-recorded and professionally transcribed verbatim all interviews. Transcripts were be de-identified and electronically stored on a secured server in password-protected files. De-identified transcripts were uploaded into MAXQDA for analysis. Additional software (e.g., Microsoft Excel, Microsoft Word) was used to track recruitment and participation. Access to all files associated with the research project was only be granted to research staff. All research personnel agreed to protect participant confidentiality, stating that they will not disclose any information associated with the project. Audio recordings were be destroyed once transcripts are verified and de-identified.

Two members of the research team (NV and PG) conducted the interviews together. The interview questions focused on participant experiences living in their current community, an exploration of a social issue named important by the participant, a discussion of thoughts and feelings on abortion, and an exploration of the participant's understanding of Georgia's six-week abortion ban (see Appendix for full interview guide). Participants received a $50 gift card in appreciation of their time. The institutional review board at Emory University approved this study.

Analysis

We conducted analyses of the screening tool responses with SPSS Statistics, Version 27 (IBM Corp, Armonk NY) and used χ^2 tests for categorical comparisons. For our analyses, we collapsed the 5-point Likert scale into three categories: agree, from the combination of strongly agree and agree; undecided; and disagree, from the combination of strongly disagree and disagree.

Two investigators (NV and PG) with qualitative research experience independently reviewed transcripts line-by-line and created a codebook of themes based on a mix of *a priori* codes and emergent codes. Investigators met weekly and used an iterative process and inductive approach to guide the analysis [49, 50]. The two investigators independently coded each interview, and resolved discrepancies with team discussion. After applying codes to the transcripts, we established key themes and identified quotes that were representative of those themes. We used MAXQDA 2020 to manage our data during the analytic process.

Chapter 4. Results

<u>Introduction</u>

Results presented include findings from the analysis of screening tool responses and major themes from the qualitative analysis. We are presenting a subset of key themes from the qualitative analysis here, which include the following: (a) abortion as polarizing; (b) internal conflict; (c) casual abortion; (d) limited pregnancy literacy; and (e) shifting abortion opinions. These findings enrich our understanding of the complex and often conflicting underpinnings that shape abortion opinions among the general public.

<u>Screening Tool Results</u>

Out of our 223 participants, 59% were aged 55 or older, 61% identified as female, 86% identified as White/Caucasian, 52% identified as Christian, and 49% identified as Democratic. Christians identified as Republicans at higher rates than non-Christians (p<0.001) while individuals who identified as female reported higher rates of Democratic party affiliation compared to males (p=0.001).

Overall, 189 (85%) of the respondents agreed that a person should have the right to decide whether to have an abortion and 12 (5%) were undecided. In addition, we categorized survey respondents based on their opinions on the morality of abortion (Figure 1). Of the 61 respondents (27% of survey participants) who thought abortion is morally wrong, 56% agreed that a person should have the right to decide to have an abortion and 15% were undecided. Of the 24 respondents (11% of survey participants) who were undecided on whether abortion is morally wrong, 88% agreed that a person should have the right to decide to have an abortion and 8% were undecided.

We then looked at the demographic factors associated with participant responses to the two abortion questions (Table 1). Religion and political affiliation had significant associations with opinion on abortion. Overall, 42% of Christian-identifying individuals agreed that abortion is morally wrong compared to 12% of non-Christian identifying individuals (p<0.001). Similarly, 77% of Christian-identifying individuals agreed that a person should have a right to decide whether to have an abortion compared to 94% of non-Christians (p<0.001). Out of Republican-identifying individuals, 74% agreed that abortion is morally wrong; this was higher than among those who reported Democratic, Independent, or other party affiliation (6%, 16%, and 6% respectively; p<0.001). Similarly, 64% of Republican-identifying individuals agreed that a person should have a right to decide whether to have an abortion, compared to 99% of Democrat-identifying individuals and 80% of Independent-identifying individuals (p<0.001). Other demographic factors such as gender identity, race, age, and education did not show a statistically significant association with how respondents answered the abortion questions.

<u>Interview Sample Characteristics</u>

223 residents of Georgia's 6th Congressional District completed the screening tool, and of these people, 145 were eligible for an interview based on their screening tool answers. We invited 56 people for interviews, and conducted 28 total interviews. Table 2 demonstrates participant characteristics based on self-reported data. The majority of participants identified as female, White and non-Latino/a, Christian, over the age of 45, and had a college or graduate/professional degree.

Major Interview Themes

1. Abortion as Polarizing

Participants discussed the polarizing nature of abortion, and often described avoiding conversations about the topic. For example, one male participant aged 55-64 stated: *"I'd say the majority of the folks seem to be either left tail or right tail of the curve and either you're very, very emotional one way or the other way, but there are probably a lot of folks in the middle but because you don't talk about it, it's hard to gauge."* This participant recognized that the national dialogue about abortion centers primarily on people that are strictly pro- or anti-abortion, and causes people to assume that others must identify on a particular end of the spectrum of opinion. However, he also recognized that many people have more complex views on abortion that are drowned out by the noisy and polarized public discourse.

Participants often discussed avoiding discussions about abortion because the topic can be so inflammatory, assuming others could not engage productively about it. For example, a male participant aged 55-64 stated: *"I try to avoid talking about abortion, just because people are so – you know, they just get so emotional about it."* At the same time, when reflecting on their own views on abortion, participants felt they were able to recognize complexity and be open-minded towards other perspectives. One female participant aged 35-44 discussed how her own experience having a "miracle baby" after she was told she was infertile allowed her to empathize with those who oppose abortion, even though she personally feels every person should be able to make that choice for themselves. However, she contrasts her own open-mindedness with her feeling that others are not able to understand different perspectives, stating: *"I mean there are definitely always some people who can see both sides, but I would say that by and large the majority of people are pretty stuck in their views [on abortion]. It's almost like a tribalism."*

Like this participant, interviewees frequently assumed that others had polarized views on abortion, even though they acknowledged that their own views were more complicated.

2. Internal Conflict

Many participants demonstrated internal conflict in their thought processes around abortion. For some people, internal conflict emerged as they attempted to put together competing values, beliefs, emotions, identities, and lived experiences. One female participant aged 35-44 described the various factors that shaped her abortion opinions as follows: *"As a woman, I feel like it's my choice. I don't personally think, because of my Christian background, that it's the right choice…but I want to also value other people's beliefs…If you do end up having a child, even if you do decide to give it up for adoption, your body, it takes years to recover and to heal from that. And that's really important that a woman would have that right to choose what to do with her body and what to do with her baby."* This participant discussed that, based on her Christian identity, she feels abortion is not the right choice for her. However, she also described how her identity as a woman enables her to understand the impact of pregnancy on a person's body and life. These identities allow her to hold her personal belief that abortion is wrong together with her valuing of individual autonomy when thinking about her abortion opinion. Like this interviewee, other participants often described competing identities and values that together informed their abortion opinions.

For many participants, areas of internal conflict emerged as they attempted to reconcile their own values with what they felt should be regulated for others. One female participant aged 55-64 described having an unplanned pregnancy while she was deciding to leave her husband. She discussed her doctor bringing up abortion, and described how she did not even consider it because she feels abortion is wrong, but she also endorsed that each person needs to make that

decision for themselves. She stated: *"It's up to the woman, it's between her and God, that final decision, and I just don't think that any lawmaker has any business interfering with that, even though it is taking a life."* Another female participant aged 21-34 whose sister has Down Syndrome stated: *"I mean, it's a hard decision no matter what….I wish people wouldn't choose abortion because of a developmental abnormality diagnosis, but I can't tell them that they can't."* These quotes demonstrate that, in many cases, participants were able to make distinctions between what they would do or what they feel is right and what they feel can be dictated for others.

In addition, participants often recognized that the polarized "black-and-white" public discourse about abortion oversimplifies the issue. For example, one female participant aged 55-64 described struggling to answer survey questions about abortion, including those on our screening tool, because she does not feel the reality of abortion easily fits into the question categories. She stated: "*I've seen surveys posed before, where the answers seem – you know, the question is posed that you can only answer in very black-and-white terms, you know, like, the questions are too nonspecific. And I kind of noticed that on your entry questionnaire, like, there were a couple of questions I put 'undecided,' because there are circumstances that may change the way you feel."* This participant described living in a "gray" area where she is able to acknowledge the complex and conflicting nature of abortion in many people's lives.

3. Casual abortion

Casual abortion was a common theme that emerged from our interviews. Participants discussed people having multiple abortions, using abortion "like birth control," and trying to make abortion "cool" by speaking about it too casually. Participants often described feeling alienated by what they saw as the glamorization and trivialization of abortion. For example, one

female participant aged 45-54 stated: *"I'm a little put off by the current state of how – maybe it's Hollywood or women are sort of sensationalizing it…And Hollywood actresses are saying, 'Oh, I became a star because I was able to do this.' And it's sort of just like nothing…That really bothers me a lot because I don't think it's just a nothing decision."* This participant described her own experience having an abortion in her 20s, and stated: *"It was really hard. It was terrible. And I still think about it a lot, and that's why I think it bothers me that people act the way they do about it."* This participant described feeling particularly alienated by the "casual abortion" because she feels it contrasts so starkly with her own experience obtaining an abortion. She discussed that for her, the decision to have an abortion was difficult and has continued to affect her life. In contrast, she feels many others do not approach the abortion decision with the intentionality and consideration she feels it deserves.

In addition to feeling like abortion is glamorized in the media, many participants described internalizing the "casual abortion" narrative from an early age based on their upbringings. For example, one male participant aged 35-44, when asked where he initially heard the "casual abortion" narrative, stated: *"That is the way that I was taught that abortions were used. I was never really – you know, it was never explained to me that there are times when it's medically necessary to do one."* Other participants described absorbing the "casual abortion" narrative after hearing about community members who had multiple abortions. For example, one female participant aged 45-54 stated: *"I know of some women that have had more than two. And that know better, I would think,"* while a male participant aged 35-44 stated: *"I've known some people in the past that have had multiple abortions and it just sounds like a convenience thing, you know?"* These quotes suggest that participants made assumptions about the motivations

driving people to have multiple abortions, often concluding that they must be acting carelessly and without intention.

Participants discussed a need for regulations like early abortion bans to act as a deterrent to the casual abortion. One female participant aged 45-54 reflected: *"So, you know, you've gotta have some kind of…a deterrent, so that not everybody is just randomly…being promiscuous or whatever, and having children, getting pregnant and then just thinking, 'Well, there's an easy fix.'"* Another male participant aged 55-64 described: *"It [HB481] forces a woman and it forces a physician to have to consider the magnitude of what they're doing. It's hard to say that cause for reflection is a bad thing."* These participants imply that, without external forces like early abortion bans, people will not make intentional, conscientious decisions to have and provide abortions.

4. Limited pregnancy literacy

Participants often demonstrated assumptions around pregnancy that impacted their opinions on abortion legislation. Some participants felt like abortion access is important, but also agreed with HB481 because they presumed it regulates abortion while not banning it completely. One male participant aged 35-44 stated: *"I mean, the benefit [of the 6-week ban is] to be able to perform the abortion up until a point – I think that's still giving the person a choice, up until a point. And six weeks after your missed period is – I think that's quite a bit of time to figure things out."* This participant demonstrated a lack of understanding of the six-week designation, assuming it is from the first missed period instead of the last menstrual period. The limited understanding of the six-week designation in HB481 contributed to some participants feeling like the law allows sufficient time for people to find out they are pregnant and get an abortion.

In addition, participants demonstrated a lack of understanding of the steps required to access an abortion within six weeks from the last period. During the interviews, many participants acknowledged that they had not previously thought through the process of accessing an abortion or the time that may be required to do so. Some participants described initially agreeing with HB481, but discussed feeling less comfortable with the six-week timeline after better understanding the meaning of this designation and the steps required to get an abortion. For example, one female participant aged 65+ stated: *"I remember having a good feeling about it from the sense of [Governor Kemp] wanting to make sure – to safeguard the sanctity of human life. I remember feeling good about that. Now that…I've had more time to brainstorm…about what could happen if things just don't go perfectly in a six-week timeline, now I don't feel so good about it."* This quote demonstrates the potential impact of limited pregnancy literacy on some participants' initial impressions of early abortion bans like HB481.

5. Shifting abortion opinion

Participants discussed shifting abortion opinions, and shared how their own experiences, the experiences of those around them, and learning about different perspectives contributed to shifting their abortion opinions over time. One female participant aged 21-34 described growing up in a community where she heard from an early age that abortion was wrong, and everyone had a very similar perspective. She described an experience with a friend who tried to induce her own abortion, and reflected: *"My friend that ended up in the ER for drinking that tea, it's like 'Well, that's stupid. Why would you do that? I didn't realize you had no other option.' I think once you actually experience something for yourself, it becomes a lot easier to not vilify the other side."* Another female participant, also aged 21-34, described her experience with her best friend disclosing to her that she had an abortion. This participant described growing up thinking

that women who have abortions are immoral and selfish, but that her friend's disclosure was a transformative moment in shifting her abortion opinion. She stated: *"I will always remember where we were, what day it was when she told me, what our conversation was. And knowing her, knowing the kind of person she is and how difficult that decision was dispelled any notion that I had that women make that decision flippantly or selfishly or that these are evil people."* For both these participants, understanding the abortion stories of people close to them played a key role in shifting their own opinions.

Summary of Findings

In summary, multiple themes emerged from our data that demonstrate the complexities of abortion opinions among the general public. Our screening tool results suggest that we cannot draw a straight line between a person's personal stance on abortion and desired policies on the issue. Our qualitative interview results expand on our screening tool analysis, and provide greater insight into the many underpinnings that shape views on abortion. Many of our participants felt abortion is polarized in the national discourse, and felt alienated by this polarization. Participants demonstrated areas of internal conflict, which often emerged as they attempted to reconcile what they would do and what they felt needed to be regulated for others. The idea of the "casual abortion" came up frequently in our interviews, and often pushed participants to feel deterrents like early abortion bans were necessary to push people to make intentional reproductive decisions. However, many people did demonstrate shifts in their abortion opinions over time, which often happened through experiences that allowed them to truly "walk in another's shoes" and build empathy. Finally, limited health and pregnancy literacy contributed to many participants' initial impressions and support of early abortion bans like HB481. Understanding the many factors that

contribute to people's abortion opinions provides insight into effective communication and policymaking about abortion.

Table 1. Responses to abortion questions by demographic group.

	Abortion is morally wrong. N= 223 N (%)			A person should have the right to decide whether or not to have an abortion. N= 223 N (%)		
	Strongly Agree/Agree	Undecided	Strongly Disagree/Disagree	Strongly Agree/Agree	Undecided	Strongly Disagree/Disagree
Gender identity (n=222)†						
Male	30 (36)	8 (10)	45 (54)	65 (78)	8 (10)	10 (12)
Female	30 (22)	16 (12)	91 (66)	121 (88)	4 (3)	12 (9)
Different Identity	2 (100)	0 (0)	0 (0)	0 (0)	0 (0)	2 (100)
Ethnicity (n=219)						
White/Caucasian	52 (27)	22 (12)	117 (61)	161 (84)	11 (6)	19 (10)
Black/African American	2 (13)	2 (13)	12 (74)	16 (100)	0 (0)	0 (0)
Other	4 (33)	0 (0)	8 (67)	10 (83)	0 (0)	2 (17)
Age (n=223)						
18 - 34	3 (11)	2 (8)	21 (81)	25 (96)	0 (0)	1 (4)
35-54	21 (32)	9 (14)	36 (54)	60 (91)	1 (1)	5 (8)
55-65+	37 (28)	13 (10)	81 (62)	104 (79)	11 (8)	16 (12)
Highest level of school completed (n=220)						
High school degree or less	12 (39)	2 (6)	17 (55)	22 (71)	3 (10)	6 (19)
College or more	49 (26)	22 (12)	118 (62)	164 (87)	9 (5)	16 (8)
Present Religion (n=218)						
Christian	49 (42)*	18 (16)*	49 (42)*	89 (77)*	12 (10)*	15 (13)*
Non-Christian	12 (12)*	5 (5)*	85 (83)*	96 (94)*	0 (0)*	6 (6)*
Did you vote in last presidential election? (n=222)						
Yes	55 (27)	21 (10)	127 (63)	172 (85)	10 (5)	21 (10)
No	6 (32)	3 (16)	10 (52)	16 (84)	2 (11)	1 (5)
Political party (n=220)						
Republican	31 (74)*	4 (9)*	7 (17)*	27 (64)*	3 (7)*	12 (29)*
Democrat	6 (6)*	11 (10)*	92 (84)*	108 (99)*	0 (0)*	1 (1)*
Independent	16 (30)*	8 (15)*	30 (55)*	43 (80)*	6 (11)*	5 (9)*
Other	6 (40)*	1 (7)*	8 (53)*	10 (67)*	2 (13)*	3 (20)*

†n for each demographic group excludes those that did not answer that question.
*Denotes statistical significance between groups based on p-value of 0.05.

Figure 1. Responses to survey question "A person should have the right to decide whether or not to have an abortion" categorized by opinion on morality of abortion.
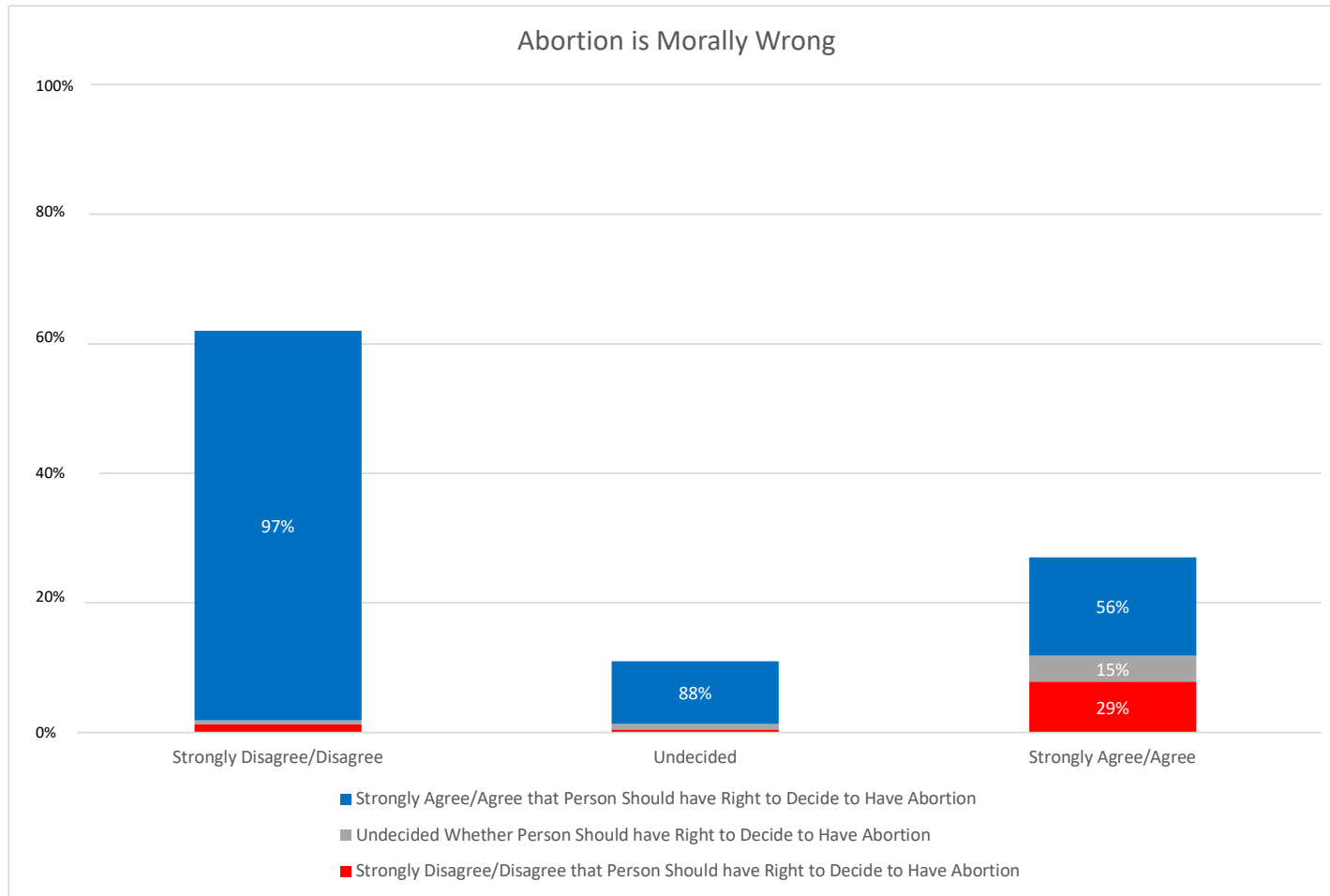
Table 2. Interview participant characteristics, N=28.

Characteristics	n (%)
Gender	
Male	12 (43)
Female	16 (57)
Race/ethnicity	
White, non-Latino/a	22 (78)
Black, non-Latino/a	3 (11)
Latino/a	1 (3)
Asian	2 (8)
Education	
High school degree	6 (21)
College degree	12 (43)
Graduate/professional degree	10 (36)
Age	
Under 21	2 (8)
21-44	8 (28)
45-64	14 (50)
65+	4 (14)
Religion	
Christian	17 (61)
Non-Christian	11 (39)
Political party	
Republican	11 (39)
Democrat	7 (25)
Other	10 (36)

*Demographics based on self-reported information from screening tool.

Chapter 5. Discussion

<u>Introduction and Summary of Study</u>

The primary aim of the current study was to understand the complex underpinnings shaping people's knowledge and opinions on abortion and early abortion bans. Our study focused specifically on Georgia's 6th Congressional District, which is considered a community in flux and is an important place to explore shifting opinions in the state, and HB481, an early abortion ban passed in Georgia in 2019. We conducted an analysis of our screening tool results from 223 residents of Georgia's 6th Congressional District. We also conducted semi-structured, in-depth interviews with 28 6th Congressional District residents whose opinion on abortion fell in the middle three points on a five-point Likert scale. Our results provided important insights into people's feelings about and areas of internal conflict around abortion and early abortion bans.

<u>Discussion Screening Tool Results</u>

The US has seen a rapid increase in early abortion bans proposed and passed around the country. While many of these bans have been deemed unconstitutional and enjoined before going into effect, they have called into question the fundamental right to abortion established in the US in 1973. In addition, recent survey data indicates that, even if these abortion restrictions do not go into effect, the resulting discourse about the legislation leads some people to believe that abortion has become illegal in their state. These misconceptions can cause delays for people attempting to access abortion care [45]. Given the role of the recent wave of early abortion bans in challenging the federal right to abortion and creating confusion about the legality of abortion in certain states, it is important for us to better understand the views of the general public and to promote laws that reflect these views.

Our screening tool analysis demonstrates that most of our survey respondents support a person's right to decide whether to have an abortion, even when they personally feel abortion is morally wrong. These results are consistent with prior survey [51, 52] and qualitative data [12] and indicate that constituents' complex views on abortion are often not fully represented in political and public discourse. For example, a 2019 Pew Research Center survey demonstrated that while 48% of Americans felt having an abortion is morally wrong, 70% still felt the Supreme Court should uphold the Roe v. Wade decision allowing people to access abortion care [46]. These results suggest that people may hold multiple values like freedom, personal autonomy, privacy, and others, and that these values work collectively to inform their abortion opinions.

The polarized discourse around abortion in the US often attempts to exploit people's sense of identity, suggesting that people who identify as Christian or Republican should oppose access to abortion and people that identify as non-religious or Democrat should support access to abortion. One model of decision-making argues that people make decisions based on their sense of identity, asking themselves three questions particularly when making political decisions: "Who am I? What kind of situation is this? What do people like me do in this kind of situation?" [53] However, our study suggests that there is not a straightforward or linear connection between any one of these identities and a person's opinion on abortion. These results indicate that we cannot easily put people into categories like "pro-choice" and "pro-life" or make assumptions about their views on abortion policy based on what they feel is right or wrong for themselves. Instead, many people likely hold opinions that are shaped by complex and conflicting identities, beliefs, values, and lived experiences [12].

Discussion of Interview Results

The national dialogue about abortion remains polarized, reducing complex questions of healthcare, personal morality, autonomy, privacy, and the role of government into all-or-nothing stances [13]. Discourse in the media and in politics often presents the abortion debate as a "war" between pro- and anti-abortion groups, using language that promotes an "us vs. them" mentality [54, 55]. Research suggests that this "us vs. them" mentality, fueled by polarization, weakens our ability to feel empathy for those that we consider "other" [56, 57]. For example, one study explored the response of soccer fans witnessing a fellow fan, either on their own team or a rival team, experiencing pain. In this study, participants were more likely to feel empathy and volunteer to endure physical pain themselves to reduce the pain of a fan of their team, compared to a member of a rival team [58]. Similarly, prior studies have suggested that the polarized discourse around abortion promotes stigma and prevents empathy-building for people whose experiences we may not intuitively understand [59-61].

Consistent with prior data, our participants discussed feeling alienated by the polarized discourse around abortion. They often described assuming, based on how abortion is presented in politics and media, that others must identify as strictly pro- or anti-abortion. At the same time, our participants recognized that this polarized discourse did not reflect their own complex feelings about abortion. Instead, our participants held views about abortion that were shaped by their multiple values, beliefs, emotions, identities, and lived experiences and did not fit neatly into categories like "pro-life" and "pro-choice." As in prior survey and quantitative data, participants described holding beliefs like "life begins at conception" and "every person has a right to make decisions about their bodies" simultaneously and were often able to separate what they felt was right for themselves and what they felt needed to be regulated for others [11, 12,

59, 62]. When given space to grapple with this complexity, our participants often demonstrated the ability to live in a "grey" area that allowed them to shift away from the "us vs. them" empathy-reducing mentality.

While allowing people the space to grapple with the complexity of abortion may facilitate empathy-building, prior research suggests that people are more likely to make assumptions about others when not given the opportunity to understand their experience [63]. Our participants often described making assumptions about the intentionality of other's abortion decisions based on their own experiences, the experiences of those close to them, and polarizing discussions of abortion in politics and media. Based on their experiences and assumptions, some participants interpreted attempts to normalize and destigmatize abortion by emphasizing how commonly it occurs as a glamorization of abortion [64, 65]. Participants frequently described assuming that others made decisions to end a pregnancy casually and carelessly, as they filled in their knowledge gaps about abortion with their isolated experiences and impressions from the media. We may be able to shift the casual abortion narrative by addressing these assumptions and conveying the thoughtfulness and intentionality with which people seek and provide abortion. People may be less likely to feel that deterrents such as early abortion bans are necessary if they trust others to be as thoughtful and intentional as they are in making their own reproductive decisions.

Similarly, our findings indicate that people make assumptions about abortion regulations like early abortion bans based on their limited pregnancy literacy. Some of our participants demonstrated a lack of understanding of the six-week designation in HB481, and made assumptions about whether this law allowed people enough time to access an abortion based on their limited pregnancy literacy. Participants also demonstrated a lack of understanding of the

steps required to access as abortion and the barriers people may face in this process. These results build on prior studies that suggest that people have poor knowledge of abortion laws in their state and limited ability to discern accurate information on abortion from misinformation [35, 66, 67]. Just as people make assumptions about the casualness of others' abortion decisions, our data suggests that they fill in their knowledge gaps about early abortion bans and the process of accessing an abortion based on their own experiences. We as clinicians can address limited pregnancy literacy by having pragmatic conversations with people, for example, that six weeks of pregnancy is just two weeks after a missed period, and helping them understand all the steps that need to happen between recognizing a pregnancy and receiving an abortion.

Finally, while we often assume that people must be fixed in their abortion opinions, either identifying as strongly pro- or anti-abortion, our research suggests that shifting opinions on abortion frequently occur. For our participants, these shifts in opinion usually took place through experiences that built empathy, such as a personal encounter with pregnancy or an interaction with a close friend disclosing an abortion experience. The participants who discussed shifts in abortion opinions described experiences that pushed them to truly understand another's reality and move past the "us vs. them" mentality. In contrast, participants who discussed the "casual abortion" frequently described making assumptions about the intentions of people they saw as "other." Our results suggest that efforts to enhance empathy with our discussions of abortion may be valuable and could allow us to bridge polarization around the issue. These results are consistent with prior evidence that indicates that, in particular circumstances, interpersonal storytelling can effectively reduce abortion-related stigma [68, 69]. Specifically, communication that emphasizes the shared identities, experiences, values, and beliefs of people we may initially

consider "other" could allow us to diffuse the polarized national discourse around abortion and enable more productive and empathetic conversations.

<u>Strengths and Limitations</u>

This thesis provides new insight into the general public's opinions on abortion and early abortion bans, with a focus on residents of Georgia's 6th Congressional District. Our study includes strengths such as a rigorous qualitative design, novel approach to abortion discussion, and incorporation of the heartwired approach to communication. These strengths allow for thick, rich description of participants' complex opinions on abortion.

For this study, we conducted qualitative interviews with 28 residents of Georgia's 6th Congressional District. In qualitative research, study completion is defined by thematic saturation. While there are no firmly established criteria for data saturation in qualitative research, some prior researchers have attempted to define thematic saturation in various ways. In one sample involving a homogenous population, twelve was defined as the minimum number of interviewees required for thematic saturation [70]. Another study described code saturation as occurring when researchers had "heard it all," which they felt was achieved in their sample after nine interviews. However, they stated that meaning saturation, or the point at which no new insights were discovered (when researchers have "understood it all"), required significantly more interviews, about 16 to 24 in their sample [19]. Based on their criteria and our experience with our qualitative interviews, our study achieved thematic saturation and meaning saturation, which is a major strength of our results. In addition, the heartwired approach provided a novel way to frame the abortion discussion, and likely allowed for participants to feel more comfortable disclosing their own beliefs and experiences. This approach has been used successfully in other settings, and has

similarly been found to allow for more nuanced conversations about difficult social issues [11, 12].

While generalizability does not apply to qualitative research, the idea of transferability of the data to other settings is important [71, 72]. Our data focused on a population of people in Georgia, and likely is transferrable to some other politically-conservative parts of the country where six-week abortion bans have been proposed and passed. However, these results may not be transferrable to more politically-liberal parts of the country. In addition, we focused on opinions of people who landed in the middle three points on a five-point Likert scale based on a screening tool questionnaire. Additional research is needed to further explore complex and conflicting abortion opinions in diverse parts of the country and among people along a full spectrum of opinion.

The results of this thesis are limited by several important considerations. One limitation of our study was that our sample did not have the level of diverse representation we aimed for, particularly in terms of racial breakdown. While the 6th Congressional District is about 73% white, our interview sample was 78% white [73]. We did attempt to do purposive sampling to achieve a diverse range of perspectives, but many of the people from minority groups who filled out our screening tool screened out of the study for being on the far pro-abortion side of the spectrum.

In addition, as with any interview-based research, our results are limited by what interviewees chose to share with us and by recall bias. In addition, the primary author and interviewer for this study (NV) is a practicing OB/GYN and abortion provider. Therefore, personal bias towards increased abortion access may have influenced interpretation of the results.

<u>Implications, Recommendations, and Conclusions</u>

      This study allows us to better understand people's feelings about and areas of internal conflict around abortion and early abortion bans. Our results suggest that, by validating areas of internal conflict, conveying the thoughtfulness and intentionality with which many people seek and provide abortion, and addressing limited pregnancy literacy, we can invite people to exit the polarization and embrace their own complex views. Therefore, this study provides guidance for communication techniques that can potentially build empathy and allow for more effective conversations about abortion among the general public.

      Some examples of efforts to promote reflective public conversations include Civic Dinners and physician training initiatives [11, 74]. Civic Dinners is an engagement platform that aims to bring people together to for meaningful discussions about complex issues like abortion, with the goal of creating real and lasting change. Through this platform, people can engage in connection-building and storytelling that allows them to understand others' realities and build empathy. Similarly, there has been a recent wave of training efforts that aim to teach physicians to communicate using the heartwired principles to build empathy and connection among target audiences [11, 75]. Our study supports these efforts and provides additional guidance for shifting the public conversation on abortion to one that is curious, allows for individual perspective, and that ultimately better reflects the complex lives and values of the public. These more reflective public conversations are especially important as the US faces a surge of abortion restrictions that affect the practice of medicine and people's ability to access care.

References

1.   *Guttmacher Institute. State Bans on Abortion Throughout Pregnancy*. June 1, 2021;

      Available from: https://www.guttmacher.org/state-policy/explore/state-policies-later-

      abortions#.

2.   Cornell. *Legal Information Institute. Roe v. Wade (1973)*. n.d.; Available from:

      https://www.law.cornell.edu/wex/roe_v_wade_(1973).

3.   *Planned Parenthood Action Fund. Bans on Abortion at 6 Weeks*. 2021 [cited 2021 June

      8]; Available from: https://www.plannedparenthoodaction.org/issues/abortion/6-week-

      bans.

4.   Finer, L.B., et al., *Timing of steps and reasons for delays in obtaining abortions in the*

      United States. Contraception, 2006. **74**(4): p. 334-44.

5.   Nash, E. *A Surge in Bans on Abortion as Early as Six Weeks, Before Most People Know*

      They Are Pregnant. May 30, 2019 [cited 2021 June 8]; Available from:

      https://www.guttmacher.org/article/2019/03/surge-bans-abortion-early-six-weeks-most-

      people-know-they-are-pregnant.

6.   *Houe Bill 481 (As passed House and Senate)*. n.d. [cited 2020 October 8]; Available

      from: http://www.legis.ga.gov/Legislation/20192020/187013.pdf.

7.   Prabhu, M. *Federal judge throws out Georgia's anti-abortion law*. The Atlanta Journal-

      Constitution, 2020.

8.   Totenberg, N. *In Challenge To Roe, Supreme Court To Review Mississippi Abortion Law*.

      NPR, May 17, 2021. **2021**.

9.   Liptak, A. *Supreme Court to Hear Abortion Case Challenging Roe v. Wade.* . New York
        Times, May 17, 2021.

10.   PerryUndem. *45 Years After Roe V. Wade*. January 11, 2018; Available from:
        https://view.publitas.com/perryundem-research-communication/perryundem-report-on-
        public-opinion-toward-abortion/page/1.

11.   Amy Simon, R.O., Lisa Harris, *Shifting Culture: Messaging Research for Doctors who
        Provide Abortion Care*. 2019.

12.   Robert Perez, A.S., *Heartwired: Human Behavior, Strategic Opinion Research, and the
        Audacious Pursuit of Social Change*. 2017.

13.   Peters, J. *As Passions Flare in Abortion Debate, Many Americans Say 'It's Complicated'*.
        The New York Times, June 15, 2019.

14.   Siegel, D.J. and T.P. Bryson, *The whole-brain child : 12 revolutionary strategies to
        nurture your child's developing mind*. 2011, New York: Delacorte Press. xiii, 176 p.

15.   Charmaz, K., *'Discovering' chronic illness: using grounded theory.* Soc Sci Med, 1990.
        30(11): p. 1161-72.

16.   Charmaz, K., *Teaching Theory Construction With Initial Grounded Theory Tools: A
        Reflection on Lessons and Learning.* Qual Health Res, 2015. **25**(12): p. 1610-22.

17.   Beauchamp, T.L. and J.F. Childress, *Principles of biomedical ethics*. 2001: Oxford
        University Press, USA.

18.   HRSA. *Health Literacy*. Available from:
        https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/index.html.

19.   Hennink, M.M., B.N. Kaiser, and V.C. Marconi, *Code saturation versus meaning saturation: how many interviews are enough?* Qualitative health research, 2017. **27**(4): p. 591-608.

20.   Kerr, C., A. Nixon, and D. Wild, *Assessing and demonstrating data saturation in qualitative inquiry supporting patient-reported outcomes research.* Expert review of pharmacoeconomics & outcomes research, 2010. **10**(3): p. 269-281.

21.   Finer, L.B. and M.R. Zolna, *Declines in unintended pregnancy in the United States, 2008-2011.* N Engl J Med, 2016. **374**(9): p. 843-52.

22.   Jones, R.K. and J. Jerman, *Population group abortion rates and lifetime incidence of abortion: United States, 2008–2014.* American Journal of Public Health, 2017. **107**(12): p. 1904-1909.

23.   Jatlaoui, T.C., et al., *Abortion surveillance—United States, 2015.* MMWR Surveillance Summaries, 2018. **66**(25): p. 1.

24.   Sonfield, A., et al., *The public costs of births resulting from unintended pregnancies: national and state-level estimates.* Perspect Sex Reprod Health, 2011. **43**(2): p. 94-102.

25.   Kost, K. and L. Lindberg, *Pregnancy intentions, maternal behaviors, and infant health: investigating relationships with new measures and propensity score analysis.* Demography, 2015. **52**(1): p. 83-111.

26.   Mauldon, J., D.G. Foster, and S.C. Roberts, *Effect of abortion vs. carrying to term on a woman's relationship with the man involved in the pregnancy.* Perspect Sex Reprod Health, 2015. **47**(1): p. 11-8.

27.   Wadhera, S. and W.J. Millar, *Second trimester abortions: trends and medical complications.* Health reports, 1994. **6**(4): p. 441-454.

28.   Raymond, E.G. and D.A. Grimes, *The comparative safety of legal induced abortion and childbirth in the United States.* Obstetrics & Gynecology, 2012. **119**(2): p. 215-219.

29.   Rachel Gold, L.M., Zohra Ansari-Thomas, Olivia Cappell. *Policy Trends in the States, 2017. Guttmacher Institute*. January 2, 2018; Available from: https://www.guttmacher.org/article/2018/01/policy-trends-states-2017.

30.   *Regulating Insurance Coverage of Abortion. Guttmacher Insitute.* July 1, 2021; Available from: https://www.guttmacher.org/state-policy/explore/regulating-insurance-coverage-abortion.

31.   Hawkins, S.S., et al., *Impact of State-Level Changes on Maternal Mortality: A Population-Based, Quasi-Experimental Study.* Am J Prev Med, 2020. **58**(2): p. 165-174.

32.   Gold, R.B. and E. Nash, *Flouting the Facts: State Abortion Restrictions Flying in the Face of Science.* Guttmacher Policy Review, 2017. **20**.

33.   *An Overview of Abortion Laws.* Guttmacher Policy Review, 2017. **20**.

34.   Gerdts, C., et al., *Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas.* Am J Public Health, 2016. **106**(5): p. 857-64.

35.   White, K., et al., *Women's Knowledge of and Support for Abortion Restrictions in Texas: Findings from a Statewide Representative Survey.* Perspect Sex Reprod Health, 2016. **48**(4): p. 189-197.

36.   Finer, L.B. and K. Kost, *Unintended pregnancy rates at the state level.* Perspect Sex Reprod Health, 2011. **43**(2): p. 78-87.

37.   *State Facts About Abortion. Guttmacher Institute.* . Available from: https://www.guttmacher.org/fact-sheet/state-facts-about-abortion.

38. *Pregnancy Mortality Surveillance System. Centers for Disease Control and Prevention (CDC)*. Available from:

     http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pmss.html.

39. *H.R. 954*. 2012, 151st GA General Assembly.

40. *Ga. Supreme Court rejects challenge to 20-week abortion ban*, in *Atlanta WABE*. 2017:

     https://news.wabe.org/post/gaa-supreme-court-rejects-challenge-20-week-abortion-ban. .

41. Pazol, K., A.A. Creanga, and D.J. Jamieson, *Abortion Surveillance - United States, 2012.*
     MMWR Surveill Summ, 2015. **64**(10): p. 1-40.

42. Roberts, S.C., H. Gould, and U.D. Upadhyay, *Implications of Georgia's 20-Week Abortion Ban.* Am J Public Health, 2015. **105**(8): p. e77-82.

43. Patricia Mazzei, A.B. *Georgia Governor Signs 'Fetal Heartbeat' Abortion Law*. The New York Times, May 7, 2019.

44. Ellis, N.T., *Federal judge blocks Georgia's abortion ban, stopping 'heartbeat bill' from becoming law.* USA Today, October 1, 2019.

45. Gallo, M.F., et al., *Passage of abortion ban and women's accurate understanding of abortion legality.* Am J Obstet Gynecol, 2021.

46. Carrie Blazina, M.L., John Gramlich. *Pew Research Center. Key facts about the abortion debate in America*. June 17, 2021; Available from: https://www.pewresearch.org/fact-tank/2021/06/17/key-facts-about-the-abortion-debate-in-america/.

47. *Poll of Georgia voters, April 2019*. The Atlanta Journal-Constitution.

48. Ballotpedia. *Georgia's 6th Congressional District Election, 2020. Retrieved October 7, 2020*. n.d. [cited 2021 June 9]; Available from:

     https://ballotpedia.org/Georgia%27s_6th_Congressional_District_election_2020.

49.   Jessica DeCuir-Gunby, P.M., Allison McCulloch, *Developing and using a codebook for the analysis of interview data: An example from a professional development research project.* Field Methods, 2011. **23**(2): p. 136-155.

50.   Juliet Corbin, A.S., *Basics of qualitative research: Techniques and procedures for developing grounded theory*. 4th ed. ed. 2015, Thousand Oaks, California: Sage Publications, Inc.

51.   Gallup. *Abortion*. September 25, 2020 [cited 2020 October 7]; Available from: https://news.gallup.com/poll/1576/abortion.aspx.

52.   Prabhu, M. *AJC poll: Strong support for Roe; opinion closer on 'heartbeat bill.'*. The Atlanta Journal-Constitution, April 11, 2019. **2020**.

53.   Chip Heath, D.H., *Made to Stick: Why Some Ideas Survive and Others Die*. 2010, New York, NY: Random House Books.

54.   Glenza, J. *Progressive groups urge US media to 'prioritize accuracy' in culture war topics*. The Guardian, July 7, 2021.

55.   Brownstein, R. *A culture war with real consequences is coming*. CNN, May 25, 2021.

56.   Kaufman, S.B. *Can Empathic Concern Actually Increase Political Polarization?* Scientific American, November 6, 2019.

57.   Cikara, M.B., Emile; Saxe, Rebecca *Us and Them: Intergroup Failures of Empathy.* Current Directions in Psychological Science, November 13, 2017. **20**(3): p. 149-153.

58.   Hein, G., et al., *Neural responses to ingroup and outgroup members' suffering predict individual differences in costly helping.* Neuron, 2010. **68**(1): p. 149-60.

59.   Herold, S., K. Kimport, and K. Cockrill, *Women's Private Conversations about Abortion: A Qualitative Study.* Women Health, 2015. **55**(8): p. 943-59.

60.   Kimport, K., A. Perrucci, and T.A. Weitz, *Addressing the silence in the noise: how abortion support talklines meet some women's needs for non-political discussion of their experiences.* Women Health, 2012. **52**(1): p. 88-100.

61.   Major, B. and R.H. Gramzow, *Abortion as stigma: cognitive and emotional implications of concealment.* J Pers Soc Psychol, 1999. **77**(4): p. 735-45.

62.   Cohn, N. *Politicians Draw Clear Lines on Abortion. Their Parties Are Not So Unified.* The New York Times, June 8, 2019.

63.   Hodges, S.D., et al., *Giving birth to empathy: the effects of similar experience on empathic accuracy, empathic concern, and perceived empathy.* Pers Soc Psychol Bull, 2010. **36**(3): p. 398-409.

64.   North, A. *How the abortion debate moved away from "safe, legal, and rare".* Vox, October 18, 2019.

65.   DeSanctis, A. *How Democrats purged 'safe, legal, rare' from the party.* The Washington Post, November 15, 2019.

66.   Swartz, J.J., et al., *Women's knowledge of their state's abortion regulations. A national survey.* Contraception, 2020. **102**(5): p. 318-326.

67.   Lara, D., et al., *Knowledge of Abortion Laws and Services Among Low-Income Women in Three United States Cities.* J Immigr Minor Health, 2015. **17**(6): p. 1811-8.

68.   Cockrill, K. and A. Biggs, *Can stories reduce abortion stigma? Findings from a longitudinal cohort study.* Cult Health Sex, 2018. **20**(3): p. 335-350.

69.   Belfrage, M., O. Ortiz Ramirez, and A. Sorhaindo, *Story Circles and abortion stigma in Mexico: a mixed-methods evaluation of a new intervention for reducing individual level abortion stigma.* Cult Health Sex, 2020. **22**(1): p. 96-111.

70. Guest, G., A. Bunce, and L. Johnson, *How many interviews are enough? An experiment with data saturation and variability.* Field methods, 2006. **18**(1): p. 59-82.

71. Bazeley, P., *Qualitative data analysis: Practical strategies*. 2013: Sage.

72. Monique Hennick, H.I., Bailey A., *Qualitative Research Methods*. 2011, Los Angeles: SAGE Publications Ltd.

73. Ballotpedia. *Georgia's 6th Congressional District*. n.d.; Available from: https://ballotpedia.org/Georgia%27s_6th_Congressional_District.

74. *Civic Dinners*. 2021; Available from: https://about.civicdinners.com/.

75. Harris, L. *My Day as an Abortion Care Provider*. The New York Times, October 22, 2019.

Appendix 1. Example Social Media Recruitment Advertisements

Study Flyers Recruitment Text	
Header Texts	1. Do you live in East Cobb, North Dekalb, or North Fulton Counties? 2. Do you live in Georgia's 6th Congressional district? 3. Are you a resident of Georgia's 6th Congressional District? 4. Study seeking residents of Congressional District 6 *Please note (----) will be changed to include the city or area the flyer is posted. o Possible replacements: Roswell, John's Creek, Tucker, Alpharetta, Marietta, Milton, Mountain Park, Sandy Springs, Brookhaven, Chamblee, Doraville, Dunwoody, Fulton County, Cobb County, and Dekalb county
Below Header	1. If so, you may qualify for a research study about your opinion on specific social issues affecting Georgia. 2. Participate in a research study about social issues affecting Georgia. 3. We want to hear from you! Participate in a research study.

Body Text (Same on all flyers)	**Who are we looking for?**
	    o Persons 18 years and older
	    o Living in Georgia's 6th Congressional District
	
	 Screening takes about 5 minutes to complete.
	
	 Select volunteers will be asked to complete an interview that will last about 30-60 mins and will be compensated with a $50 gift card for their time and effort.

Contact Information (Same on all flyers)	For more information, contact the research team at e-mail GAopinions@gmail.com or number 404-507-6534.

We obtained permission to use the following images in recruitment materials:

Appendix 2. Screening Tool

1. What is your email address or phone number?

2. What is the zip code of your home address?

3. What is your current gender identity? (Check all that apply)
   Male
   Female
   Different identity (please state): _____
   Prefer not to answer

4. Which of the following ethnicities do you consider yourself to be? (select all that apply)
   White or Caucasian
   Black or African American
   American Indian or Alaska Native
   Asian
   Native Hawaiian or Pacific Islander
   Other (specify)
   Prefer not to answer

5. What is your age?
   Under 21
   21-34
   35-44
   45-54
   55-64
   65+
   Prefer not to answer

6. What is the highest level of school you have completed or the highest degree you have received?
   Less than high school degree
   High school graduate (high school diploma or equivalent including GED)
   College degree
   Graduate or professional degree
   Prefer not to answer

7. What is your present religion, if any?
   Christian
   Jewish
   Muslim
   Buddhist
   Hindu
   Atheist

Agnostic
Something else
Nothing in particular
Prefer not to answer

8. Did you vote in the last presidential election?
Yes
No
Don't remember
Prefer not to answer

9. Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or something else?
Republican
Democrat
Independent
Other
No preference
Prefer not to answer

For the following questions, please mark where your opinion falls on the spectrum.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree

10. Immigrants today strengthen our country.

11. It is too easy for immigrants to move to the United States.

12. Global climate change is a major threat to the United States.

13. Stricter environmental laws and regulations cost too many jobs and hurt the economy.

14. Abortion is morally wrong.

15. A person should have the right to decide whether or not to have an abortion.

16. Being gay is a choice.

17. Gay and lesbian people should be allowed to marry legally.

18. Poor people today have it easy because they can get government benefits without doing anything.

19. Everyone in this country should be able to get health insurance regardless of their ability to pay.

Appendix 3. Participant Interview Guide

Participant Interview Guide

Screening Tool ID:
Date:
Start time:
End time:

Hi, my name is a Nisha Verma. I am an obstetrician/gynecologist at Emory University. I am conducting interviews for a research study, which is focused on opinions on social issues among residents of Georgia's 6th Congressional District. I appreciate you taking the time to participate in this interview. As we reviewed in the consent form, your participation is completely voluntary, and you may stop at any time. Everything we discuss today is confidential. We will remove all identifying information from the interview and use it for study purposes only. Is it okay with you if we record this interview?

Thank you.

   I.*6th Congressional District*
I would like to start by asking you a few questions about your experiences living in Georgia.
   1. How long have you lived in Georgia?
   2. How do you feel about living in your current community?
         a.   Probe: What are things that you like or value about living in this area?
         b.   Probe: What are things you don't like about living in this area?
   3. How do you feel the community you live in has changed over time?
         a.   Probe: Prior to entering this study, did you know what Congressional District you live in?
We have chosen to speak with people like you from Georgia's 6th Congressional District for this study because it is considered a community that is changing quickly. We are interested in hearing about people's experiences living in this area and exploring their opinions on different social issues, for example, education and health care reform.

   II.*Personal Important Social Issues and Voting*
   1. What is one social issue that is particularly important to you?
         a.   Probe: Can you tell me more about how this issue is important to you?
         b.   Probe: Can you describe a story or experience, either of yours or someone you know, that highlights some of the things that come up for you when you think about this issue?
         c.   Probe: How have your views on this issue either changed or stayed the same over time?
   2. Can you tell me about how people close to you feel about this issue?
         a.   Probe: If there are people close to you that feel differently, how do your different views affect your relationship with that person?

        b.   Probe: How do conversations about this issue usually go with that person?

        c.   Probe: If you haven't discussed this issue with people you know, would you like to? Who would you want to discuss your views with, and how do you think that conversation would go?

        d.   Probe: In what ways do you feel like you can see that person's perspective?

3.   How does this issue influence the way in which you vote?

Thank you for sharing your thoughts and feelings about this important issue. I now want to shift gears a little bit and talk about another social issue that has been in the news in Georgia and nationally over the past few months: abortion. I want to recognize as we talk about this issue that this is a topic that can bring up strong feelings for many people. For many people, abortion can be complicated because they feel it both ends a potential life and allows a person to make important decisions about their own lives. For some people, it can be hard to put these different ideas and feelings together. As I ask you these questions about abortion and the different things in your life that have helped shape your views, I want to acknowledge that this can be a complicated topic. There are no right or wrong answers here.

III. *Abortion*

1.   How important is abortion as a social issue to you?

        a.   Probe: Can you tell me more about how this issue is important to you?

        b.   Probe: Can you describe a story or experience, either of yours or someone you know, that highlights some of the things that come up for you when you think about abortion?

        c.   Probe: How have your views on abortion either changed or stayed the same over time?

2.   Can you tell me about how people close to you feel about abortion?

        a.   Probe: If there are people close to you that feel differently, how do your different views affect your relationship with that person?

        b.   Probe: How do conversations about abortion usually go with that person?

        c.   Probe: If you haven't discussed this issue with people you know, would you like to? Who would you want to discuss your views with, and how do you think that conversation would go?

        d.   Probe: In what ways do you feel like you can see that person's perspective?

3.   Have you heard people express feeling confused or conflicted about their thoughts on abortion?

        a.   Probe: What is your reaction to them feeling this way?

        b.   Probe: Does this feeling resonate with you? In what ways?

4.   How does abortion influence the way in which you vote?

IV. *House Bill 481*

Thank you for sharing your thoughts and feelings on abortion. I now want to ask you some questions about the current laws about abortion in Georgia.

1. What is your general understanding about current abortion laws in Georgia?
    a.   Probe: What do you think has contributed to you either feeling or not feeling like you know about current abortion laws in Georgia?
2. Are you familiar with the recent "6 week ban" or "heartbeat bill" in Georgia?
    a.   Probe: What do you know about it?
3. How did you hear about the law?
    a. Probe: Where else did you hear about the law: news, social media, friends, family, work (ask each one)?
    b. Probe: What were your initial thoughts when you first heard about the heartbeat bill?
    c. Probe: What types of discussions have you had with people in your community about this bill?
    d. Probe: Have members of your community been involved in political actions supporting or opposing the bill?

Thank you. Now, I'll read a summary of the law and ask you a few follow-up questions. If you have any questions about terminology or would like to read the law for yourself, I have a copy here you can look over.

In May 2019, Georgia's Governor Kemp signed a bill that will outlaw most abortions after cardiac activity is detected, which is usually at about 6 weeks after someone's last period. The law includes exemptions in the cases of incest or rape only if an official police report has been filed prior to the abortion. Further, the law declares that "unborn children are a class of living, distinct person" deserving of "full legal recognition," meaning that they would be counted on taxes and on the census and that women having abortions or doctors performing abortions after 6 weeks could be criminally prosecuted. The law was challenged in court, and has been paused from going into effect. Would you like me to read that summary one more time before moving on to the next few questions?

4. Having heard this summary, what do you understand about the law?
    a.   Probe: If you already knew about this law, what comes up for you after having heard this summary? What parts are different from your understanding, or the understanding of those around you?
5. What is your reaction to the law?
    a.   Probe: How does it make you feel?
    b.   Probe: What benefits do you see to this law?
    c.   Probe: What concerns do you have about the effects of this law?
    d.   Probe: What other aspects of this law stand out to you in any way?
6. Can you tell me about how long you think it takes for most people to find out they are pregnant?
    a.   Probe: What do you think happens between someone finding out she is pregnant and getting an abortion? What kinds of things do you think could get in the way of that?

        b.   Probe: What are your thoughts on limiting abortions after 6 weeks from someone's last period or 2 weeks from someone's first missed period?

7. How do you think this law will affect people in your community or around Georgia?

8. Is there an experience that you or someone close to you has had in the past that would have gone differently if this law had been in effect then?

        a.   Probe: Can you tell us about this experience or story?

9. What particular groups of people do you think this law will affect the most (for example, people of certain ages, races, or educational statuses)?

        a.   Probe: How do you feel about those groups being affected more than others?

10. Some of the people that may have a harder time getting an abortion if this law goes into effect are women who have been raped, women who don't realize they are pregnant until after six weeks, women who have babies with developmental abnormalities such as an underdeveloped heart or brain that may not be able to live after birth, and women whose pregnancies are putting their lives at risk. Do any of these scenarios particularly stand out to you?

        a.   Probe: What are your thoughts or feelings about the effect of the law in each of these scenarios?

11. Having heard additional information about the "heartbeat bill," do you feel it is the best law to have on the books related to abortion in Georgia?

        a.   Probe: Do you think there needs to be a law on the books regulating abortion?

        b.   Probe: If there should be a law on the books, who do you feel should make this law?

        c.   Probe: What do you see as the right or best law to have on the books around abortion?

12. We are interested in exploring how people form opinions on complicated topics like abortion. We have heard you describe having different thoughts and feelings around this issue (for example, it is a personal decision; there are situations where it may be necessary; it is morally wrong). How do you feel you are able to put those different thoughts and feelings together to shape your opinions on abortion?

    V.*Closing Questions*

Thank you for sharing your stories and personal thoughts. I appreciate your comments and openness. I have just a few more questions I'd like to ask you before we complete this interview.

1. Has this conversation brought up any new thoughts or feelings for you?

2. Is there anything else you would like to talk about? Or something more you want to say about a topic we've discussed?

Thank you again for your time.

Appendix 4. Informed Consent Form

Emory University
Consent to be a Research Subject

<u>Title</u>: HB481 in Georgia: A Qualitative Exploration

<u>Principal Investigator:</u> Nisha Verma, MD, Emory OB/GYN Department

<u>Funding Source</u>: Society for Family Planning

<u>Introduction</u>
You are being asked to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to be in the study or not to be in the study. **It is entirely your choice. If you decide to take part, you can change your mind later on and withdraw from the research study.**

Before making your decision:

- Please carefully read this form or have it read to you
- Please ask questions about anything that is not clear

You can take a copy of this consent form to keep. Feel free to take your time thinking about whether you would like to participate. By signing this form you will not give up any legal rights.

<u>Study Overview</u>
The purpose of this study is to explore public opinion on social issues in Georgia, specifically among people who live in Georgia's 6th Congressional District. We are interested in talking to people about the many factors, such as past life experiences and values, that shape their opinions on social issues.

<u>Procedures</u>
If you are interested in being in this study, you will first complete a few questions on this website about your opinions on multiple social issues to determine if you are eligible for the study. The screening tool will also ask you some background information about yourself and will collect contact information so that we can get in touch with you to set up an interview. We will also collect your zip code to confirm you are eligible for the study. It will take about 3 to 5 minutes to complete the screening questions. If you qualify for an interview based on these questions, a research team member will contact you to set up the virtual interview over Zoom. At this interview, we will ask you more detailed questions about your opinions and experiences with

social issues. The interview will take about 30 minutes to an hour. The interview will be audio-recorded, but your personal information will be removed from transcripts for analysis. There are no follow-up procedures with this research study, so the total time commitment will be 3 to 5 minutes for the screening questions and 30 to 60 minutes for the interview.

Risks and Discomforts
During the interview, you may experience some discomfort if thinking about unpleasant experiences or prior situations related to the questions that we ask you. In addition, any study involving collection of personal information involves the risk of a breach of confidentiality. However, we will remove your personal identifying information from the interview recordings to protect your privacy.

Benefits
This study may not have any direct benefit to you for participating. Results from the study may impact future research and expand knowledge about public opinion on social issues among residents of Georgia.

Compensation
Each person who is invited to and completes an interview will receive a $50 gift card as compensation for their time.

Confidentiality
Certain offices and people other than the researchers may look at study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices include the Office for Human Research Protections, the funder, the Emory Institutional Review Board, the Emory Office of Compliance.Study funders may also look at your study records. Emory will keep any research records we create private to the extent we are required to do so by law. A study number rather than your name will be used on study records wherever possible. Your name and other facts that might point to you will not appear when we present this study or publish its results.

Study records can be opened by court order. They may also be produced in response to a subpoena or a request for production of documents.

Storing and Sharing your Information
De-identified data from this study (data that has been stripped of all information that can identify you), may be placed into public databases where, in addition to having no direct identifiers, researchers will need to sign data use agreements before accessing the data. We will remove or code any personal information that could identify you before your information is shared. This will ensure that, by current scientific standards and known methods, it is extremely unlikely that

anyone would be able to identify you from the information we share. Despite these measures, we cannot guarantee anonymity of your personal data.

Your data from this study may be useful for other research being done by investigators at Emory or elsewhere. To help further science, we may provide your deidentified data to other researchers. If we do, we will not include any information that could identify you. If your data is labeled with your study ID, we will not allow the other investigators to link that ID to your identifiable information.

Once the study has been completed and published, you can access a summary of all the results of the study and what they mean. We will not send you your individual results from this study.

<u>Withdrawal from the Study</u>
You have the right to leave a study at any time without penalty. You also may refuse to answer any questions that you are not comfortable with or you do not wish to answer. The researchers also have the right to stop your participation in this study without your consent for any reason.

<u>Contact Information</u>
Contact Dr. Nisha Verma at 404-507-6534:

- ·   if you have any questions about this study or your part in it

- ·   if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- ·   if you have questions about your rights as a research participant.

- ·   if you have questions, concerns or complaints about the research.

You may also let the IRB know about your experience as a research participant through our Research Participant Survey at http://www.surveymonkey.com/s/6ZDMW75

<u>Consent and Authorization</u>

TO BE FILLED OUT BY SUBJECT ONLY

Please provide your name and contact information and click the "Accept" button below if you would like to consent to participating in this study. By clicking this button, you will not give up any of your legal rights. We will give you a copy of the consent at your request.

1. Please provide your full name. _____

2. What is today's date? _____

3. Please click "Accept" if you agree to this consent form and would like to fill out the screening tool.

        [ ] Accept

        [ ] Do not accept

Appendix 5. Code Book

Code	Memo
Heartwired Research Approach	Parent code for different levels of the Heartwired Approach 1. Emotions 2. Values/Beliefs 3. Identity 4. Lived experience 5. Internal conflict
Heartwired Research Approach/emotions	deductive code Definition: influence of emotions on the participant's thoughts on abortion or other political/social issues Includes: discussion of emotions related to thoughts on abortion in general or HB481 more specifically, or other political/social issues; could be positive, negative, or neutral influence; may overlap with other levels of the Heartwired Research Approach Excludes: discussion of abortion or other political/social issues better characterized by other aspects of the Heartwired Approach; specific discussion of HB481 that is better categorized by those codes Example: "I'm already sickened. I am a child of extreme child abuse and something you just said really upset me, which was if there's a police report." (PC 007)
Heartwired Research Approach/values and beliefs	deductive code Definition: influence of values or beliefs on the participant's thoughts on abortion or other political/social issues Includes: discussion of values or beliefs related to thoughts on abortion in general or HB481 more specifically, or other political/social issues; could be positive, negative, or neutral influence; may overlap

	with other levels of the Heartwired Research Approach
	Excludes: discussion of abortion or other political/social issues better characterized by other aspects of the Heartwired Approach; specific discussion of HB481 that is better categorized by those codes
	Example: "I also have my religious belief that makes me believe that every life is holy." (JG 005)
Heartwired Research Approach/identity	deductive code
	Definition: influence of perception of identity on the participant's thoughts on abortion or other political/social issues
	Includes: discussion of identity related to thoughts on abortion in general or HB481 more specifically, or other political/social issues; could be positive, negative, or neutral influence; may overlap with other levels of the Heartwired Research Approach
	Excludes: discussion of abortion or other political/social issues better characterized by other aspects of the Heartwired Approach; specific discussion of HB481 that is better categorized by those codes
	Example: "I'm Presbyterian now. I'm still Christian." (CM 011)
Heartwired Research Approach/lived experience	deductive code
	Definition: influence of perception of lived experiences on the participant's thoughts on abortion or other political/social issues
	Includes: discussion lived experiences related to thoughts on abortion in general or HB481 more specifically, or other political/social issues; could be positive, negative, or neutral

	influence; may overlap with other levels of the Heartwired Research Approach
	Excludes: discussion of abortion or other political/social issues better characterized by other aspects of the Heartwired Approach; specific discussion of HB481 that is better categorized by those codes
	Example: "I was adopted. I was – my mother was 16 years old when she got pregnant with me, and so she had the choice of abortion versus adoption and she chose adoption." (GP 004)
Heartwired Research Approach/internal conflict	deductive code
	Definition: discussion of internal conflict, or ways in which the participant's emotions, values, beliefs, identity, and lived experience are at odds around opinions on abortion or other political/social issues
	Includes: discussion of conflicting feelings or opinions on abortion in general or HB481 more specifically, includes feeling no internal conflict around abortion; or other political/social issues; may overlap with specific levels of the Heartwired Research Approach
	Excludes: discussion of abortion or other political/social issues better characterized by other aspects of the Heartwired Approach; specific discussion of HB481 that is better categorized by those codes
	Example: "I know myself I was conflicted as views were evolving because of the whole bit of you're taking a life. Forget about having to define life." (SS 006)
Personal Social Issue of Importance	deductive code
	Definition: what participant details as their personal social issue of importance

	Includes: description of personal social issue of importance, regardless of what that social issue includes Excludes: discussion of the importance of abortion as a social issue to the participant Example: "I think, especially given right now, healthcare is really important to me." (HH 018)
Community Change Over Time	inductive code Definition: description of community changing over time; perception of change can be positive, negative, or neutral Includes: any mention of personal perception of community change over time Excludes: perception that community has not changed over time Example: "As more people move in there's more progressive ideas that come in and it's not as backwoods." (GP 004)
Perception of Societal Disparities and Inequities	inductive code Definition: participant's perception or description of societal disparities/inequities, either related to abortion or other social/political issues, outside of specific discussion of HB481 Includes: any mention of societal disparities/inequities, either related to abortion or other social/political issues, outside of specific discussion of HB481 Excludes: perception or description of societal disparities/inequities specifically related to discussion of HB481

	Example: "Healthcare affects every aspect of your life, whether you want to see it like that or not. If you can't get glasses or if you don't have access to your insulin, you're going to die. If you don't have access to healthier food, your risk of developing type-2 diabetes, hypertension, high cholesterol is extremely higher." (LM 023)
Communication	Parent code for different communication-related subcodes 1. Communication about social issues 2. Communication about abortion 3. Perception of Personal Open-Mindedness vs. External Closed-Mindedness 4. Abortion as Polarizing 5. Value of Nuanced Abortion Conversation
Communication/social issues	inductive code Definition: mention of communication other social/political issues (not including abortion) with coworkers, family, friends, neighbors, children, etc. Includes: any form of interaction with others external to the participant around other social/political issues not including abortion; may be actual or hypothetical; may also include non-communication, assumptions, or tacit communication between parties (e.g. assumptions of other's feelings) Excludes: internal monologue instead of communication with others; communication about abortion Example: "And in terms of my friends, the only ones I talk to about it [healthcare reform] are the ones in the same situation as me so …" (CJ 025)
Communication/abortion	inductive code

	Definition: mention of communication about abortion with coworkers, family, friends, neighbors, children, etc.

Includes: any form of interaction with others external to the participant around abortion; may be actual or hypothetical; may also include non-communication, assumptions, or tacit communication between parties (e.g. assumptions of other's feelings)

Excludes: internal monologue instead of communication with others; communication involving other social/political issues

Example: "I've never met a person that has been logically persuaded to change their opinion. The opinions are formed based on unique circumstances, whether it's experience, whether it's culture, whether it's the influence of people around you who are important." (JG 005) |
| Communication/Perception of Personal Open-Mindedness vs. External Closed-Mind | inductive code

Definition: mention of feeling personally open-minded while at the same time feeling others are closed-minded

Includes: contrasting feeling personally open-minded with feeling others are close-minded

Excludes: only discussing feeling personally open-minded without contrasting to others being closed-minded; only discussing others being close-minded while not contrasting to personal open-mindedness

Quote: "And the people that I would encounter there in the Sixth District tend not to be as rigid in my requirements that somebody be legal. They seem to be more lenient about it. And so – and I'm willing, you know, to listen to them. I don't think it's – I don't know that it's always a two-way street, but that's okay." (EA 021) |

Communication/abortion as polarizing	inductive code Definition: discussion of abortion as a polarizing issue Includes: any mention of polarizing nature of abortion Excludes: other thoughts or feelings about abortion, whether positive or negative, that do not include mention of polarizing nature of abortion Example: "You don't feel – it's not like something – do you like white chocolate or dark chocolate. It's definitely, you know, yes or no, very strongly. There's nobody wishy-washy about that – that topic." (SB 003)
Communication/ Value of Nuanced Abortion Conversation	inductive code Definition: discussion or recognition of the value of a nuanced conversation about abortion Includes: mention of value of nuanced abortion conversation either in participant's own life or related to this research study qualitative interview Excludes: other thoughts or feelings about conversations related to abortion Example: "I hadn't given that much thought to the law that the governor had signed. I remember thinking – I remember having a good feeling about it from the sense of his wanting to make sure – to safeguard the sanctity of human life. I remember feeling good about that. Now that we've had more time to talk about it, and I've had more time to brainstorm with you about what could happen if things just don't go perfectly in a six-week timeline, now I don't feel so good about it." (EA 021)

Government and Legislation	Parent code for government and legislation subcodes 1. Voting Behavior 2. Gestational Age Limits on Abortion 3. Other Regulations on Abortion 4. Exceptions to Abortion Legislation 5. Distinction Between Personal Opinion and Legislation of Others 6. Creeping Normalities 7. Funding Sources for Abortion
Government and Legislation/Voting Behavior	inductive code Definition: mention of voting behavior related to abortion or other social issues Includes: discussion of whether or not participant votes and how voting is or is not impacted by social issues Excludes: participant does not bring up voting behavior Quote: "If someone is from the community that I'm from and they are for the issues that I'm for I would tend to vote for that person, like, you know, education, quality of life, taxation; that kind of thing would be more important to me." (SB 003)
Government and Legislation/ Gestational Age Limits on Abortion	inductive code Definition: the gestational age at which the participant becomes uncomfortable with or unacceptable of abortion and/or feels abortion should be legislated, or feeling that there should be no gestational age limits on abortion Includes: any discussion of personal limits or feelings about legal limits related to the gestational age of abortion; expression of no limits personally or legally related to gestational age of abortion

	Excludes: discussion of legal regulations or limits to abortion not related to gestational age Example: "Well, I can assure you that if there's ever a law that I'm totally in favor of, I don't want some doctor performing an afterbirth abortion. That infanticide to me. I don't know how anybody can approve that. I just don't. Now, the third trimester, I think I would probably want that to be also not permitted." (EA 021)
Government and Legislation/ Other Regulations on Abortion	inductive code Definition: participant's thoughts on other regulations that should be in place related to legal abortion, including discussion of perception that no regulations are needed Includes: any discussion of personal thoughts on regulations that should be in place related to legal abortion, outside of gestational age limits Excludes: discussion of gestational age limits that participant feels should be in place related to abortion Example: "I mean, I definitely think there needs to be laws in terms of like safety. I think that medically it's a better idea that there is. I think there needs to be clear safety regulations just like obvious reasons." (LM 023)
Government and Legislation/ Exception to Abortion Legislation	inductive code Definition: discussion of exceptions that the participant feels should or should not be made in relation to abortion legislation, such as situations of rape or incest, outside of specific discussion about HB481 Includes: discussion of exceptions to abortion legislation or restrictions not related to

	HB481; includes feelings about acceptable and unacceptable exceptions to abortion legislation not related to HB481 Excludes: discussion of exceptions to abortion legislation or restrictions related to HB481 Example: "I think that at the end of the day it should only occur in situations where there is a threat of the life to the mother." (LM 023)
Government and Legislation/ Creeping Normalities	inductive code Definition: feeling more comfortable with change in abortion regulations that happens in increments instead of large changes at one time Includes: discussion of feelings about abortion regulations that make smaller vs. larger changes to existing laws (e.g. feeling comfortable with decreasing the gestational age limit from 24 to 22 weeks but feeling the decrease from 22 to 6 weeks is too extreme) Excludes: not recognizing a difference in regulations that change existing laws by smaller and larger amounts Example: "I don't recall why did they switch from 24 to 22? That doesn't seem like that much of a big of a jump, but I mean 22 weeks is a fair amount of time to know that you're pregnant and decide that you don't want to have the baby, and I think that law, the way we have it stand now, is okay." (JH 010)
Government and Legislation/ Funding Sources of Abortion	inductive code Definition: any discussion of funding sources of abortion Includes: statement, assumption, or belief about how abortion is funded or should be funded

	Excludes: participant does not bring up funding sources of abortion Quote: "I would say most of my friends are in my shoes where I don't want to judge, but I don't want to fund it." (EA 021)
Government and Legislation/ Distinction Between Personal Opinion and Regulation of Others	inductive code Definition: discussion of how participant's personal opinion shapes her/his views on what should be legislated for others Includes: recognizing the intersection of participant's personal opinions and what she/he feels needs to be legislated or enforced for others; personal opinion on abortion and legislation of others may be the same or different for participant; may overlap with discussion of internal conflict Excludes: participant does not recognize an interplay between personal opinion and feelings about legislation of others Example: "I have never had to make that choice myself, but if I had, I don't think I could, and I don't think I would ever encourage a friend or somebody that came to me to do that, but at the same time, not everybody thinks the way I do, and not everybody has a Christian world view, and I recognize that, and I want to also value other people's beliefs, as well. " (JP 009)
Abortion Decisions	Parent code for abortion decisions subcodes 1. Casual Abortion 2. Weight of Abortion Decision 3. Male Role in Abortion Decision
Abortion Decisions/Casual Abortion	inductive code Definition: discussion of abortion being used casually or like birth control

	Includes: any mention of abortion as a decision or procedure that occurs casually
	Excludes: other thoughts or feelings about abortion, whether positive or negative, that do not include mention of casual or birth control abortion
	Example: "I think that people feel that it's too easy to terminate another person's life, another human life, and they are opposed to the cavalier attitude that people take or possibly take in going in for that..." (SB 003)
Abortion Decisions/ Weight of Abortion Decision	inductive code
	Definition: discussion of abortion being a heavy or weighty decision
	Includes: any mention of abortion as a decision that carries a great amount of weight, discussion of long-term mental/emotional/physical effects of abortion
	Excludes: other thoughts or feelings about abortion, whether positive or negative, that do not include discussion of weight of the abortion decision
	Example: "Well, I think that people who do have abortions, it's probably one of the most – the hardest decisions, for many of them, that they will ever have to have make, probably." (ND 002)
Abortion Decisions/ Male Role in Abortion Decision	inductive code
	Definition: discussion of the male role in pregnancy and the abortion decision
	Includes: any mention of actual, perceived, or desired male role in pregnancy and the abortion decision; may overlap with Responsibility for Pregnancy code

	Excludes: other thoughts or feelings about abortion, including thoughts or feelings about other people that should be involved in pregnancy and the abortion decision
	Example: "I think it also bothers me that there's no regard given for the man involved. It's like that person doesn't exist in the process. And I think that's also confusing to me of how that's not acknowledged. Because if that were to become a child that woman would want support from that man." (CM 011)
Miscellaneous Abortion	Parent code for miscellaneous abortion subcodes 1. Assumptions and Myths 2. Responsibility for Pregnancy 3. Description of "Pro-Life" or "Pro-Choice" 4. Shifting Abortion Opinion Over Time 5. Personal Disclosure of Abortion 6. Inevitability of Abortion 7. Privacy/Autonomy 8. Abortion Stigma 9. Value of Supportive Services
Miscellaneous Abortion/ Assumptions and Myths	inductive code Definition: when the participant states something he/she assumes to be true (that is not exactly true) about abortion or HB481 Includes: assumptions, myths, false beliefs, conclusions drawn that are untrue Excludes: assumptions of other people around the participant Example: "And I feel like there is also no counseling going on either." (CM 011)
Miscellaneous Abortion/ Responsibility for Pregnancy	inductive code Definition: understanding of an individual's responsibility to get pregnant or not get

	pregnant, or other's responsibility (such as man involved) in the pregnancy Include: any mention of a personal or others' responsibility over decisions to get pregnant or not get pregnant Excludes: role or responsibility in other settings (e.g. as a parent, as a private citizen) Example: "I hear a lot of the argument about people like to decide, "It's my body, and I can do with it what I want, and you can't take that right away from me. But then I go back to, "Well you made the decision in the first place, so you had the right to take precautions to prevent this from happening, and if you didn't, don't go spouting my responsibility to help fund and pay for it through insurance and government welfare programs." (AW 026)
Miscellaneous Abortion/ Description of "Pro-Life" or "Pro-Choice"	inductive code Definition: using labels of "pro-life" or "pro-choice" to describe personal opinions on abortion or opinions of others on abortion Includes: self-identifying using language of "pro-life" or "pro-choice" or describing others as "pro-life" or "pro-choice" Excludes: Description of own beliefs or beliefs of others on abortion without using terms of either "pro-life" or "pro-choice" Example: "My sister is pro-choice. One brother and his family, pro-choice. Another brother is very much anti-abortion, very much pro-life. We don't talk about it. It just causes issues." (MO 012)
Miscellaneous Abortion/ Shifting or Not Shifting Abortion Opinion Over Time	inductive code Definition: description of personal abortion opinion changing or not changing over time

	Includes: any mention of personal perception of opinion on abortion changing or not changing over time

Excludes: other discussion of abortion opinions not involving personal opinion changing or not changing over time

Example: "Prior to marriage, I looked at career as being a much more important part of life. I thought it would be quite acceptable to me, theoretically, if I had been involved in a relationship, for abortion to be something that would be an alternative if it interfered with our plans. However, after getting married and then going through what we went through with not being able to have children naturally and, again, with a religious awakening, my attitude has changed.." (JG 005) |
| Miscellaneous Abortion/ Personal Disclosure of Abortion | inductive code

Definition: disclosure of abortion, either participant's abortion or abortion of someone close to participant

Includes: any mention of an abortion the participant or someone close to participant has had in the past

Excludes: disclosure of other personal experiences not related to abortion; discussion of stories about abortion heard in the media or speculations about people that may have had abortions

Example: "Well, this is between you and me and the fence post, but it became necessary that I take advantage of that option when I was younger. " (SB 003) |
| Miscellaneous Abortion/ Inevitability of Abortion | inductive code

Definition: discussion of abortion as something that will happen whether or not it is legal |

	Includes: any mention of abortion as inevitable regardless of legality, including discussion of legal abortion leading to safer abortions given the inevitability of abortion Excludes: any other discussion of abortion not related to the inevitability of abortion regardless of laws Example: "I think if people are pregnant and they don't want to be, they're going to not be. They're either going to try to have an abortion themself. They're going to try to look up stuff online. I know in college there was a girl that I was in school with that had looked up some kind of weird tea that she could make herself, and drink every couple of hours, and it was supposed to help her have a natural miscarriage or whatever they called it, and she ended up almost poisoning herself and ending up in the hospital." (WS 019)
Miscellaneous Abortion/ Privacy and Autonomy	inductive code Definition: discussion of the ideas of privacy or autonomy in relation to abortion or other social/political issues Includes: any mention of privacy or autonomy in relation to abortion or other social/political issues Excludes: other thoughts/feelings about abortion or other social/political issues, whether positive or negative, that do not include mention of privacy or autonomy Example: "It was just something that was under the table kind of, you know? It wasn't openly talked about. It was private, you know?" (SB 003)
Miscellaneous Abortion/ Abortion Stigma	inductive code

	Definition: discussion of projecting or experiencing stigma around abortion Includes: any mention of abortion stigma, including abortion as shameful, dirty, or immoral; personally projecting or experiencing abortion stigma, or witnessing others experiencing abortion stigma Excludes: other thoughts or feelings about abortion, whether positive or negative, that do not relate to abortion stigma Example: "It is, um, you know, you feel helpless, you know? And it's hard to talk to anyone about it and, like I said, it's been a long time, but you know, it's a very, very – you know, it's shameful." (SB 003)
Miscellaneous Abortion/ Value of Supportive Services	inductive code Definition: discussion of supportive services on any level (e.g. government services, social support, etc.) that participant feels are valuable when addressing abortion, outside of legal restrictions on abortion Includes: any mention of supportive services that participant feels are important to address abortion, outside of simply legislating abortion Excludes: discussion of legal restrictions on abortion Example: "The social issues, to me, are the bigger issue and they're what is going to decrease the incidents of abortion. Access to reproductive care, access to healthcare, poverty." (LM 023)
HB481	Marking 6-week ban discussion for comparative analysis
HB481/ pre-existing knowledge	deductive sub-code of 6-week ban parent code

	Definition: participant's pre-existing knowledge of the 6-week ban in Georgia Includes: any response to the question, factual or not Excludes: responses after hearing the bill summary Example: "I remember hearing about it and I remember I think that it was passed, but I don't know if it's ever gone into effect." (JH 010)
HB481/ source of information	deductive sub-code of 6-week ban parent code Definition: participant's source of information about the 6-week ban in Georgia Includes: any response to the question, factual or not Excludes: responses after hearing the law summary Example: "Oh, I am sure it was on social media, is probably where I heard about it." (GP 004)
HB481/ initial reaction	deductive sub-code for 6-week ban parent code Definition: what participants detail as their initial reaction or understanding of the law Includes: first response before hearing the summary; positive, negative, or indifferent Excludes: discussion of other features of the law outside the first reaction or after hearing the summary Example: "Horrified because we're – you know, this is 2020, this isn't 1952. I just – I

	can't even believe that it got as far as it did..." (PC 007)
HB481/ community discussion	deductive sub-code for 6-week ban parent code Definition: what participants describe as their discussion with members of their community about the bill Includes: description of discussion or lack of discussion with members of their community Excludes: mention of other features of the law outside their discussion about the law with members of their community Example: "Very often, I've avoided engaging in conversations about it." (JG 005)
HB481/ response to summary	deductive sub-code for 6-week ban parent code Definition: what participants detail as their response to the summary of the bill Includes: first response after reading/hearing the summary; positive, negative, or indifferent Excludes: discussion of other features of the law outside the response to the summary Example: "The one thing that stood out to me that I didn't remember was the piece about that a police report had to be filed." (GP 004)
HB481/ benefits	deductive sub-code within 6-week ban discussion Definition: any feature of the 6-week ban that participants bring up as a benefit, or discussion of seeing no benefits related to the ban

	Includes: distinct feature of the 6-week ban brought up by participants as a benefit, or discussion of no benefits
	Excludes: discussion of other laws, policies; mention of concerns about HB481
	Example: "I think it helps save or curb maybe that more – it's not the right word, but casual abortion is what I've referred to it, you know, the convenience abortion. I think that helps curb that." (GP 004)
HB481/ concerns	deductive sub-code within 6-week ban discussion Definition: any feature of the 6-week ban that participants bring up as a concern, or discussion of no concerns related to the ban Includes: distinct feature of the 6-week ban brought up by participants as a concern, or discussion of no concerns Excludes: discussion of other laws, policies; mention of benefits of HB481 Example: "Counting them on the census, would you have a box you would check with how many children you have or you aborted? To me, that's gross." (SS 006)
HB481/ timing	deductive sub-code within 6-week ban discussion Definition: patient's discussion of their thoughts on limiting abortions after 6 weeks from a person's LMP Includes: understanding of what 6 weeks from LMP means, feelings about how long it takes a person to realize she is pregnant and get an abortion, assessment of 6 weeks as an appropriate timeframe for limiting abortions

	Excludes: discussion of other aspects of the bill
	Example: "Six weeks – that's kind of – mm – I mean, when I had my second child, I didn't even know I was pregnant until I was about three-and-a-half months, so, that seems kind of unreasonable." (VK 016)
HB481/ disparities	deductive sub-code within 6-week ban discussion Definition: discussion of whether they see disparities in the proposed effects of the bill and their feelings about any disparities they see Includes: specific discussion of effects of the law as related to disparities in the community Excludes: discussion of other aspects of the law not related to effect on disparities Example: "People with connections will find a way around it." (SS 006)
HB481/acceptable exceptions	deductive sub-code within 6-week ban discussion Definition: participant's perception of acceptable exceptions to the 6-week ban Includes: specific discussion of personal feeling about acceptable exceptions to HB481 Excludes: discussion of unacceptable exceptions to HB481, or other discussion of HB481 Example: "That would be awful to have been assaulted, and raped, and all the shame and the pain that goes with that, and having to have your rapist's child. That's terrible. I can't imagine having to live with that and not getting a choice in the matter." (JP 008)

HB481/ unacceptable exceptions	deductive sub-code within 6-week ban discussion Definition: participant's perception of unacceptable exceptions to the 6-week ban Includes: specific discussion of personal feeling about unacceptable exceptions to HB481 Excludes: discussion of acceptable exceptions to HB481, or other discussion of HB481 Example: "I mean, I still don't think that if someone has a developmental delay that means they shouldn't be born. I don't think that's a reason to not be born." (CM 011)
HB481/ overall assessment	deductive sub-code within 6-week ban discussion Definition: direct answer to the question "Having heard additional information about the "heartbeat bill," do you feel it is the best law to have on the books related to abortion in Georgia?" Includes: answer and justification for answer, could include other general assessments of the law (e.g. concluding thoughts) Excludes: discussion of other laws or politics Example: "50/50, you know. You know, I feel it's good in some ways, but I kind of also kind of like leaning towards, you know, the circumstances. Like, if they were raped and they don't want, you know, they just don't wanna bring that crazy person, that individual, that kid in the world. But I also again feel, you know, it's also good because that person has to make a quick decision. 'Cause again, I'm not about killing a baby, so." (BK 014)

Quotable Quote	Use to mark particularly insightful, impactful, or just overall "good" quotations.