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Examining the Types of and Use of Personal Narratives in Abortion Bans at Early Gestation in Four States in the US South

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Abstract

Title: Examining the Types of and Use of Personal Narratives in Abortion Bans at Early Gestation in Four States in the US South

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Introduction: In the United States, abortion provision is challenged despite its necessity, legality, and safety. Personal narrative is a common tool used in state-level abortion legislation hearings yet is understudied. This study examined supporters' personal narratives in four Southern states and their use to further arguments in abortion bans at early gestational age.

Methods: We used a sub-sample of data coded "personal narrative" from a parent study of Committee, House, and Senate legislative debate from 2019-2020 in six states. Only four states - Louisiana, South Carolina, Kentucky, and Georgia - included sufficient verbatim personal narrative data to be analyzed. Supporters' data were coded and analyzed using a constant-comparative method to identify emergent themes. Themes were grouped into common stories or archetypes. Within archetypes, categorization extended to tactical use of the narrative.

Results: Among the narratives, four archetypes emerged: (1) fathers who see birth as a life-changing event; (2) women who chose pregnancy over abortion; (3) women who regret an abortion; and (4) female health providers whose own pregnancy compelled them to stop providing abortion. The archetypes focus on birth and pregnancy, but most narratives omitted real discussions of abortion. The most common narrative, fatherhood, was espoused by men describing limited, third-person accounts of a pregnancy and a transformation of attitude that occurred at a "life changing" birth event.

Conclusion: This study described four narrative archetypes in early gestation abortion bans and their tactical implications. Understanding of these narratives is essential in advocating for reproductive rights and autonomy during abortion ban hearings.

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Literature Review

Introduction

This literature review focuses on abortion and legislative debates on abortion in the United States (US), the results of restricting safe abortion access, personal narrative within abortion legislative debates, personal narrative in other legislation, and using embryonic cardiac activity as an indicator of life. Literature was identified using PubMed and Google Scholar with the search terms: "Abortion in the United States" "Abortion Legislation in the United States," "Abortion Restrictions in the United States," "Personal Narrative and Abortion Legislation in the United States," "Personal Narrative and Legislation in the United States," "Heartbeat Abortion Bans," and "Abortion Storytelling." Literature sources include recent publications in peer reviewed journals, data from relevant agencies, communication from experts, and popular media.

1. Abortion in the United States

Comprehensive sexual and reproductive health (SRH) services are a central and essential component of health care in the US; abortion remains part of the sexual and reproductive health continuum of health experiences which also includes contraception, maternal and newborn health, infertility, reproductive cancers, sexual or intimate partner violence, and HIV/AIDs and other STIs (Keller & Sonfield, 2019). Not only is abortion an essential component of health care in the US, it is also a common medical procedure. Roughly one in four women in the US receive an abortion by the time they are 45 years old (Jones & Jerman, 2017). Different agencies report high numbers of yearly abortions that range from over 600,000 to nearly 900,000 (Guttmacher, 2019; Kortsmit et al., 2020). In 2017, 862,320 abortions were provided in clinical settings in the US according the Guttmacher Institute (Guttmacher, 2019). According to the US Centers for

Disease Control and Prevention's (CDC) 2018 abortion surveillance findings, 614,820 legal induced abortions were reported in 2018 with an abortion rate of 11.3 abortions per 1,000 women between the ages of 15 and 44, and an abortion ratio of 189 abortions per 1,000 live births (Kortsmit et al., 2020). During 2018 in the United States, 57.7% of legal induced abortions were among women in their twenties and 92.2% abortions occurred during early gestation (less than or at 13 weeks), 6.9% occurred between 14-20 weeks' gestation, and only 1.0% occurred at 21 or more weeks' gestation (Kortsmit et al., 2020).

In addition to being a common medical procedure, abortion provides people with the reproductive right to choose whether to continue or terminate a pregnancy (NARAL Pro-Choice America, n.d.); there are a range of reasons for terminating a pregnancy including medical necessity and personal choice. Abortion and reproductive rights ensure that people have bodily autonomy and can make their own decisions about their body and future, deciding when or if they want children or more children than they currently have in their family (NARAL Pro-Choice America, n.d.). It allows people to decide when is the best time to start a family given their own situation and life circumstances (NARAL Pro-Choice America, n.d.).

As an essential component of reproductive rights and health care in the US, the American College of Obstetricians and Gynecologists (ACOG) includes abortion care in their medical training curriculum, clinical practice, and continuing education for its members that include over 57,000 women's health physicians (AGOC, 2020). When performed by a trained professional and by the appropriate method, abortions are a safe medical procedure (WHO, 2020). The four types of legal abortion in the US - medication, aspiration, evacuation (D&E), and induction- have all been clinically proven to be both safe and effective (National Academies of Sciences, Engineering, and Medicine et al., 2018). Serious complications from abortion are very rare,

occurring in only 0.23 percent of abortion procedures, making abortions safer than childbirth (Cohen & Joffe, 2020; Upadhyay et al, 2015). Furthermore, abortion does not pose a long-term risk; abortion does not increase the risk for infertility, preterm birth, breast cancer, pregnancy-related hypertensive disorders, or mental health disorders including depression, anxiety, or posttraumatic stress disorder (National Academies of Sciences, Engineering, and Medicine et al., 2018; UCSF Bixby Center, n.d.).

2. US Abortion Restrictions via Legislation

Since the US Supreme Court decisions on *Roe v. Wade* and *Doe v. Bolton* in 1973, abortion in the US has been legal (*Roe v. Wade*, 1973; Guttmacher, 2020; Rewire News Group, 2019). Despite its legality and centrality to health care, abortion provision is continuously challenged at the state-level, with 43 states restricting abortion after a certain point in pregnancy (Guttmacher, 2020). Specifically, 22 states ban abortion between 13 and 24 weeks, 1 state bans abortion at 20 weeks, 17 states ban abortion at 22 weeks, and 4 states ban abortion at 24 weeks after the last menstrual period (Guttmacher, 2020).

Although abortion is legal at the federal level, access to abortion varies significantly by state. Access to abortion is affected by a variety of factors including the number of licensed abortion providers in each state, the distance needed to travel to a provider, and the time required to wait to receive an abortion (Cohen & Joffe, 2020; Guttmacher, 2020). Many states in the US South have limited numbers of clinics providing abortion. There is only one facility in Kentucky, one facility in Mississippi, three facilities in Alabama, and three facilities in Louisiana that provide abortions (National Abortion Federation, 2020). Additionally, as of 2017, 95% of counties in Georgia, 93% of counties in South Carolina, and 96% of counties in Tennessee did

not have clinics that provided abortions (Guttmacher, 2020). Limited access to clinics requires many people to travel out of their county to obtain an abortion. Furthermore, many states require mandated counseling followed by a 24 to 48 hour waiting period before receiving an abortion (Cohen & Joffe, 2020; Guttmacher, 2020). For many people, this waiting period extends travel time and increases travel expenses. For others, this waiting period, along with travel time, could also lead to increased childcare expenses or decreased pay due to time away from work (Cohen & Joffe, 2020; Guttmacher, 2020).

In total, states enacted 483 new abortion restrictions between 2011 and 2019, accounting for almost 40% of all state abortion restrictions since 1973 (Guttmacher, 2020). Other state-level abortion restrictions include parental notification or consent, mandated counseling, mandated waiting periods before an abortion can be obtained, unnecessary regulations on abortion facilities, and public funding limitations (Cohen & Joffe, 2020; Guttmacher, 2020). Over 100 of these restrictions were specifically "heartbeat" abortion bans which have been proposed in over 25 states since 2011 (Rewire News Group, 2019). Heartbeat abortion bans spurred on other restrictions creating even more obstacles for safe abortion access. Abortion restrictions have increased dramatically since 2011 when heartbeat abortion legislation first began with HB 125 in Ohio in large part due to the work of Faith2Action founder and anti-choice activist Janet Folger Porter (Rewire News Group, 2019; Ryman & Wynn, 2019). Although HB 125 was ultimately impeded in the Ohio Senate, it provided the model legislation that was copied by anti-abortion groups for dissemination to other states. (Ryman & Wynn, 2019).

During the nine years following HB 125, more than 400 abortion bills were introduced in 41 states (Ryman & Wynn, 2019). In 2019, a new wave of bills proposed earlier restrictions on abortion gestation limits; in some states, the legislation bans abortion outright while in other

states the procedure is limited to as early as six weeks, when most people would not yet be aware of their pregnancy (Guttmacher, 2020; Rewire News Group, 2019; Ryman & Wynn, 2019). Six-week abortion bans are also referred to as "heartbeat" bans because embryonic cardiac activity can sometimes be detected at around six weeks gestation; however, the use of the word "heartbeat" is misleading as this cardiac activity does not indicate a functioning cardiovascular system or viable pregnancy (Evans & Narasimhan, 2020; Guttmacher, 2020; Rewire News Group, 2019; Ryman & Wynn, 2019).

3. "Heartbeat" as an Indicator for Life

A common and widely proposed policy that restricts abortion is personhood legislation (ProPublica, n.d.; RESOLVE, n.d.). Personhood legislation is a state bill or a ballot initiative that determines when human life begins; the first measure of this kind was a ballot measure in Colorado in 2008 which called for the protection of human life after fertilization (ProPublica, n.d.; RESOLVE, n.d.). Personhood legislation hinges on the US Supreme Court ruling on *Roe v. Wade* which ensures a women's right to an abortion prior to the point of fetal viability, the period in the pregnancy when the fetus is capable of surviving outside of the uterus (*Roe v. Wade*, 1973; ProPublica, n.d., Merriam-Webster, n.d.). Thus, *Roe v. Wade* codified into the law a point of viability allowing legal precedent to weigh in on and ultimately dictate a previously philosophical question.

There are a range of beliefs about when life begins: fertilization, fetus, embryo, birth. In the context of early abortion ban legislation, proponents subscribe to the notion that fetal heartbeat is a discernible indicator for fetal life (North & Kim, 2019). Despite these beliefs, the scientifically recognized gestational age of fetal viability is at minimum between 20 and 28

week's gestation (Lefèvre et al., 2017). Heartbeat bans specifically seek to sidestep the viability ruling of *Roe v. Wade* making abortion illegal after detection of a "heartbeat" at as early as six weeks' gestation (Rewire News Group, 2019; Ryman & Wynn, 2019). Currently abortion is legal in the US, but heartbeat bans would legally limit the procedure to within the first six weeks' gestation, when most people wouldn't be aware of their pregnancy (Rewire News Group, 2019; Ryman & Wynn, 2019).

4. Personal Narrative and Abortion Storytelling in Abortion Legislative Debates

A powerful tool within abortion legislative debate is the use of personal narrative where speakers share their own abortion story or experience. (Minacci-Morey, 2020; Ralph, 2019; Toscano, 2020). A personal narrative is a person's own story or another's story from a past event or experience that is retold in the present (Preece, 1987; Westby & Culatta, 2016). Personal narratives should be specific and contain a detailed account that has value in being shared (Westby & Culatta, 2016). The speaker of a personal narrative should also attempt to connect with the audience so they feel empathy towards the speaker (Legere et al., 2013). Personal narratives have purpose; the speaker is recalling and using their past experience to make a specific point to the audience (Westby & Culatta, 2016). Personal narratives also allow the speakers to tell their lived experiences which is valuable in qualitative research for providing rich data and imagery (Grossoehme, 2014).

Although, describing personal stories is used frequently by anti-abortion activists, there is currently limited information about the use of personal narrative in anti-abortion legislative debates (Desanctis, 2020). One example of anti-abortion personal narrative use in the legislative debate is from a marriage and family counselor who provided a personal account of his clinical

experience to the US Congress describing the psychological effects that people experience following an abortion; although his testimony was later redacted due to questions surrounding his credibility (Toscano, 2020).

The use of personal narrative by both opponents and proponents, also has the potential to overshadow evidence-based abortion data and allow for the misconception that what is said by the few is the belief of the many (Toscano, 2020). Despite this, personal narrative provides a unique type of insight. Through personal narrative, individuals can share their abortion experience while allowing listeners to gain new knowledge and potentially empathetically relate to the speaker (Swan et al., 2020; Toscano, 2020). Personal narrative has also given a better understanding of the perspectives of health care providers in providing abortions as well as those who exercise conscientious objection (Singer et al., 2015).

Abortion storytelling is a form of personal narrative used by abortion rights activists to reduce the stigma, normalize abortion, and change people's opinions to be more favorable and empathetic towards abortion (Abortion Conversations Projects, n.d.; Buerger, 2019; Woodruff et al., 2020). There are currently a variety of abortion storytelling projects in the United States that use podcasts, social media, speaking forums, workshops, multi-media, and visual storytelling to start conversations about abortion, promote truth, and stop the silence that contributes to abortion stigma (Abortion Conversations Projects, n.d.).

Voices of Courage is one such storytelling campaigns that allows reproductive health patients and their health providers to share their own abortion experiences focusing on legislative, economic, or geographical barriers to reproductive health care access (Abortion Conversations Projects, n.d.; Physicians for Reproductive Health, n.d.). Another abortion storytelling project is *We Testify* which has the aim to increase the range of abortion stories in the

public and change how the media portrays the barriers in accessing abortion care (Abortion Conversations Projects, n.d.; We Testify, 2020). *Shout Your Abortion* gives individuals a platform to share their own abortion stories with the goal of destigmatizing abortion (Shout Your Abortion, n.d.).

The results of telling abortion stories are both positive and negative for the storyteller (Woodruff et al., 2020). Abortion storytellers often feel that the experience of publicly sharing their abortion story is empowering and rewarding; unfortunately, the storyteller often experiences a negative incident as a result of sharing their abortion story (Woodruff et al., 2020); Sixty percent of abortion storytellers experienced harassment or a negative incident following their abortion storytelling experience (Woodruff et al., 2020). These negative incidents can in turn result in additional stress, familial problems, and difficulties at work or school (Woodruff et al., 2020). However, even after experiencing harassment or negative incidents, 80 percent of abortion storytellers experienced positive incidents and also motivated others to continue sharing their own abortion stories (Woodruff et al., 2020). Unfortunately, the literature on abortion storytelling is scant and further information on this topic is limited.

Conclusion

Although personal narratives and abortion stories feature prominently in abortion legislative debates there are major gaps in knowledge about how personal narrative is used as a tool in abortion legislative debates. This is particularly true for early gestation abortion bans including those that swept the US South in 2019 and 2020. Currently, there is no clear categorization of personal narratives in abortion ban legislative debates. Further analysis on the types of personal narrative will provide valuable information about the goals and use of the

specific types of personal narrative in the abortion ban debate. A deeper examination of the speakers that use personal narrative as a tool in the abortion debate is also needed. This study will provide a better understanding of the types of personal narratives that are used in early gestation abortion ban legislation and how these personal narratives are used to further arguments by supporters of early gestation abortion bans in four states in the US South.

Introduction

Since the US Supreme Court decisions of *Roe v. Wade* and *Doe v. Bolton* in 1973, abortion has been legal in the United States (US) (*Doe v. Bolton,* 1973*; Roe v. Wade*, 1973). Despite its legality and centrality to health care, abortion provision is continuously challenged at the state-level, with 43 states restricting abortion after a certain point in the pregnancy (Guttmacher, 2020). Over 100 abortion bans have been proposed in over 25 states since 2011; in 2019, a new wave of bills proposed restrictions on abortion (Rewire News Group, 2019). In some states, proposed legislation bans abortion outright while in other states the procedure is limited to as early as six weeks, when most people would not yet be aware of their pregnancy (Ryman & Wynn, 2019). Such abortion bans are also referred to as “heartbeat” bills because embryonic cardiac activity can sometimes be detected round this time; however, this cardiac activity does not ensure viable life (Evans & Narasimhan, 2020). In the US, 92.2% abortions occurred during early gestation (less than or at 13 weeks) (Kortsmit et al., 2020).

A common tool in the abortion legislation debate is the use of personal narrative, where the speaker shares their own abortion story or experience. Personal narrative is a powerful tool in legal analysis and reform within abortion legislation (Minacci-Morey, 2020). However, a deeper examination of how personal narrative is used in the abortion debate is needed. Currently, there

is no clear categorization of personal narratives in abortion ban legislation. Personal narratives, specifically in abortion bans at early gestation need to be examined and categorized. Additionally, analysis on the history and background of the common actors in abortion ban legislation is needed. Analysis on the types of personal narrative and the common actors involved will provide valuable information about the way personal narrative is being used as a tactic in abortion legislative debate. There is currently an insufficient understanding of the types of personal narratives and how personal narrative is used as a tool in early abortion ban legislation by supporters of early gestation abortion bans. The purpose of this study is to understand the types of personal narratives that are used in early gestation abortion ban legislation and how these personal narratives are used to further arguments by supporters of early gestation abortion bans in four states in the US South.

Methods

Research Design

This study was based on qualitative multi-state analysis of early abortion bans in the US South with the purpose of "distinguish[ing] and characteriz[ing] the arguments and tactics used by legislators and community members of early abortion ban in multiple states" (Evans & Narasimhan, 2020).The parent study data consisted of verbatim transcripts from the 2019-2020 Committee, House, and Senate legislative debate in six states in the Southern United States that were retrieved from archived videos and recordings of the legislative sessions. In the parent study, deductive and inductive codes were developed. One of the deductive codes was personal narrative, defined as an "individual story about themselves, someone close to them (my wife or my mother), or a letter/story from a specific constituent or patient about pregnancy experience or

abortion." We conducted a secondary analysis, focused solely on the personal narrative accounts. The secondary analysis was performed to understand the types of personal narratives that are used in early gestation abortion ban legislation and how these personal narratives are used to further arguments by proponents of early gestation abortion bans in four states in the US South (Evans & Narasimhan, 2020).

Participants

Six states were included in the original study. In Tennessee, personal narrative was provided by one state legislator. Although Mississippi was included in the parent study, state legislators and community members did not contribute personal narrative in the legislative debate. The remaining states of Louisiana, South Carolina, Kentucky, Georgia included personal narrative in sufficient quantity to be included in this secondary analysis. Although legislator and community members spoke in support and in opposition of the early gestation abortion bans, this study focused on the personal narratives of early gestation abortion ban supporters.

Data Management and Analysis

Each of the personal narratives in the verbatim transcripts were analyzed using thematic analysis. Participants were categorized as either legislators or community members; the perceived demographic characteristics of each participant was noted in an excel file. These characteristics included: perceived race, perceived age, political party affiliation, and organizational affiliation. The data previously coded in the parent study as "personal narratives" were then further thematically analyzed to typify and characterize the use of personal narratives in early gestation abortion ban legislation. Using MAXQDA 2020 (VERBI Software, 2019),

memoing was used to summarize the participants' personal narrative accounts and to facilitate a secondary codebook including deductive codes of woman perspective, fetus perspective, and healthcare provider perspective. Supporters' data were open-coded and analyzed using a constant-comparative method to identify emergent themes. Additional inductive codes of heartbeat, religion, and intentionality of pregnancy emerged. Themes were grouped into common stories or archetypes. Within archetypes, categorization extended to tactical use of the narratives to further understand the role personal narrative plays in abortion legislative debates.

Ethical Considerations

The Emory University Institutional Review Board (IRB) deemed this study as exempt from review on the basis of its nature as a secondary public health practice.

Results

Out of 101 speakers who used personal narrative in hearings on early gestation abortion ban legislation in Georgia, South Carolina, Louisiana, and Kentucky, nearly half were supporters of early gestation abortion bans. Speakers were nearly evening divided between legislators and community members. The personal narratives of these speakers were analyzed to understand the types of narratives that were used by early gestation abortion ban supporters in early abortion ban hearings.

Most speakers told other's personal stories (N=23), a few told their own stories (N=9), and a smaller number told hypothetical stories (N=6). Among speakers that told their own story and the stories of others, four different narrative perspectives were found among early gestation abortion ban supporters. These perspectives were those of the woman; the fetus; male family

members; and medical or healthcare professionals. Within these four perspectives, four personal narrative archetypes were frequently told by early gestation abortion ban supporters. The archetypes focus on birth and pregnancy, but most narratives omitted real discussions of abortion where abortion was neither a part of their past nor considered as an option.

Archetype 1: Fatherhood as a life-changing event

The most common narrative archetype among supporters of early gestation abortion bans legislation was a limited, third-person story of childbirth. These speakers discussed how pregnancy was a transformational event for them. However, within this narrative none of the speakers experienced pregnancy themselves; instead, they told the story of their connection to pregnancy and the child that resulted from the pregnancy. This narrative was limited to the speakers' perspective of childbirth as a life-changing event. Abortion was not discussed or considered with these pregnancy stories.

Within this narrative, the most common perspective was that of the family member who was connected to the pregnancy and to the baby. Most commonly, this speaker was the husband or father whose female partner was having a baby. Often, this included male legislators providing descriptions of when their female partners were pregnant with their children. These speakers described the emotions they felt when they heard the fetal heartbeat for the first time and the feelings associated with becoming a father. This narrative was also told by grandparents speaking about the pregnancy announcement from their own child and the birth of their grandchildren.

"Nearly twenty nine years ago my wife and I entered the hospital in the anticipation of our first child's birth, not knowing if we would have a boy or girl we found ourselves as all new parents do just trusting God and all that would come. That day we received- that day we received our daughter and we named her [name]. Six months later, I returned home from working the night shift at the [Organization] and I got home about one o'clock in the morning. As I walked in I thought I would look in my daughter and as I looked down she was lying there awake lying on her back, less than six months old and she was looking in one direction and when I veered over the crib , she turned and looked at me and then gave me the most precious smile and I was just overwhelmed because in just... just a few weeks you already knew who I was, she already knew who I was."

(State Legislator, Georgia)

Archetype 2: The woman who chose pregnancy over abortion

The second personal narrative archetype used by supporters of early gestation abortion bans was that of the woman who, despite health concerns or unfortunate circumstances, chose not to have an abortion. This narrative was often told from the perspective of the woman who was pregnant, chose not to have an abortion, and now has a healthy child. This narrative was also told from the perspective of adults, who as unborn fetuses were not aborted and whose mothers chose not to have an abortion while pregnant with them. In this narrative, the speaker told a story of how their mother could have received an abortion but did not.

"You see over 20 years ago, three doctors told my parents to abort me. They said I was incapable [of] life, They said it would not live long, They said if I did live I would have no quality of life, I would be blind I would be deaf, I would have mental struggles."

(Community Member, Georgia)

Many speakers, both from the perspective of the woman and of the fetus, spoke of how medical professionals had advised the pregnant woman to have an abortion due to her own health concerns or health concern of the fetus. However, the woman ultimately chose to not follow the medical advice and continued with the pregnancy. With some of the stories told from the perspective of the woman and the perspective of the fetus, the intentionality of the pregnancy was unknown and it was unclear if the woman truly considered having an abortion.

"...she was told she needed to abort me and deal with herself, take care of her medical issues put those first, manage her pregnancy. She was young enough, she could move on, she could have other kids. My brave mom chose life."

(Community Member, Georgia)

Archetype 3: Women who regret abortion

The third narrative archetype told by supporters of early gestation abortion bans was that of women who had an abortion and now regrets it. These speakers described how they had an abortion and feel regret, feel they have taken a life, and continue to feel emotional turmoil because of their decision to have an abortion. Some of the speakers said they decided to have

abortions based on medical recommendations due to health concerns. Other women chose to have an abortion due to the circumstance in their life at the time.

> *"I got an abortion and it was a heartless, selfish act of snuffing out a precious life for my convenience. Women don't know, nor are they told about the guilt and the shame that they will carry the rest of their lives. Abortion doesn't just end the life of a baby. It hurts women and it scars them for life."*
>
> *(Community Member, South Carolina)*

Archetype 4: Health providers personal pregnancies change their views of abortion

The final personal narrative archetype used by supporters of early gestation abortion bans was from the perspective of medical or healthcare professionals. These speakers told the story of how their own personal pregnancy experience changed their view of abortion. These medical and healthcare professionals formerly performed abortions.

> *"I've performed first trimester and second trimester abortions and treated the complications of abortions...I continued to do abortions without reservation even while pregnant but after my delivery I made the connection between fetus and baby."*
>
> *(Community Member, Georgia)*

It was only after their own pregnancy that they had a change of opinion regarding abortion. This change of opinion stemmed from a newly realized connection between their own baby and their patients' unborn fetuses. Due to this perceived connection these medical

professionals displayed a personal bias that was prioritized over the needs of their patients. Ultimately, the medical professional's experience with pregnancy did not only change their personal beliefs, but it also impacted the range of services and care they provided to their patients**.**

> *"So for the first four years of my training I supported women having abortions. I was performing abortions, and then as a chief resident after having my first baby I did a rotation in radiology in ultrasound and for the first time I saw babies' hearts beating, babies moving, and I realized these were babies just like my baby at home and I had a change of heart."*
>
> *(Community Member, Georgia)*

Cross-cutting Ideas

Within the four personal narratives, other findings revolved around the intentionality of the pregnancy, heartbeat, and religion.

Intentionality of the Pregnancy

Three different types of pregnancies were portrayed within personal narratives. These were: (1) women who had an unintentional pregnancy and the role that abortion did or did not play in their life; (2) people who had intentional pregnancies and never considered abortion or only considered abortion due to health concerns; and (3) people where the intention of pregnancy was unclear. Women spoke more often about unintentional pregnancies than intentional pregnancies while family members spoke more frequently about intentional pregnancies.

Medical professionals and the individuals who spoke from the perspective of the fetus described intentional and unintentional pregnancies with slightly more references about unintentional pregnancies.

The Heartbeat

As early gestation abortion bans revolve around a fetal heartbeat, it was clear that the heartbeat was a common theme in early gestation abortion ban hearings. However within the references to the heartbeat, specific findings were discovered. Although many abortion ban supporters believe life begins at conception, the fetus' heartbeat was viewed as the first recognizable indicator of life.

> *"...although I believe that life starts at conception, the first objective visual sign of life is the heartbeat."*
>
> *(Community Member, South Carolina*)

Additionally, the sound of a fetal heartbeat was used as a tool among supporters of early gestation abortion bans. However, when used, there was no context of gestational time or other pertinent information.

> *"We have one more individual who's going to come forward from my home district in Owensboro, Kentucky. Her name is [name] from Owensboro, Kentucky.*
> *...ladies and gentlemen of this committee, what you're hearing is the child's heartbeat. That heartbeat is an individual inside of her mother's womb saying, 'I'm alive.'"*

(State Legislator, Kentucky)

Lastly, there was a connection between the use of the term "heartbeat" and medical and healthcare professionals who support early gestation abortion bans. These medical and healthcare professionals used the term "heartbeat" and described the fetus at early gestation to create a picture of personhood for the hearing committee.

> *"When I graduated from medical school, I took the Hippocratic oath, part of which said that it was my duty and my oath to protect the life of the born and the unborn. I took that seriously. And because of that, although I believe that life starts at conception, the first objective visual sign of life is the heartbeat. That's the first time it can actually be seen... At 6 1/2 weeks. The teeny little baby is about a little bit less than an inch long, has a very incipient eyes, head, chest, kind of two chambered heart. Has limb buds with teeny little buds that will eventually become fingers at the time of the average time for elective abortion, which is anywhere between seven to nine weeks, that is average, some are earlier. Of course, many are later. At that point then you do have the formation of very small fingers, you have eyes, you have a chest, you have an abdomen. Of course you have extremities."*
>
> *(Community Member, South Carolina)*

Religion

Statements about God and religion were widely referenced among supporters of early gestation abortion bans. Speakers stated that their support for early gestation abortion bans was

based on faith. This faith-based reasoning was the backbone of their argument against early gestation abortion, grounded in the belief that life begins at conception and that the heartbeat is the first indicator of life.

> *"There are many scriptures that make it very clear to me God knew us and had a plan for us when we were still in our mother's womb."*
>
> *(State Legislator, Georgia)*

Religion was referenced even without a valid connection to abortion. Speakers described that the power the state legislators hold was given by "the Lord."

> *"I wanted to ask you to use the power that the Lord has given you and entrusted to you to save babies like myself."*
>
> *(Community Member, Georgia)*

A state legislator even read a poem he had written about his child's smile entitled "God's Smile" despite its loose connection to the abortion debate.

> *"A life is [a] gift from God to the world...A life which God is the author and not man."*
>
> *(State Legislator, Kentucky)*

Discussion

In the United States, abortion provision is challenged at the state-level despite its necessity, legality, and safety. Personal narrative is a common tool used in state-level abortion

legislation hearings yet is understudied. This study examined supporters' personal narratives in four Southern states and their use to further arguments in abortion bans at early gestational age. Among the narratives, four archetypes emerged: (1) fathers who see birth as a life-changing event; (2) women who chose pregnancy over abortion; (3) women who regret an abortion; and (4) female health providers whose own pregnancy compelled them to stop providing abortions. The archetypes focus on birth and pregnancy, but most narratives omitted real discussions of abortion where abortion was neither a part of their past nor considered as an option.

Men disproportionately told personal narratives despite not having experienced pregnancy or abortion

Personal narrative is a common tool within abortion legislative debate in which the speakers provide a specific and detailed account that has value in being shared (Minacci-Morey, 2020; Ralph, 2019; Toscano, 2020; Westby & Culatta, 2016). However, many narratives told by the supporters of abortion bans at early gestation did not focus on abortion although early gestation abortion was the reason in having the legislative hearings. Instead of abortion, the majority of the narratives told in the four archetypes focused on pregnancy and birth. The stories were about how their own pregnancy or their family member's pregnancy was a transformational event for the speaker. In some narratives, abortion stories were rarely discussed or the central focus of the discussion, however in many narratives, abortion was omitted entirely. In the most popular archetype of fatherhood as a life-changing event, abortion was not considered as an option and not discussed as part of the speakers' personal narratives. In personal narratives, the speakers recall and use their past experiences to make a specific point to the audience (Westby & Culatta, 2016). However, by blatantly avoiding discussions of abortion and focusing primarily on

pregnancy and birth as life-changing events, many supporters of early gestation abortion bans are reifying abortion stigma and making a clear point that since they did not consider abortion in their own past, their fellow state constituents should also not consider abortion despite any differences in life and circumstance. Male speakers have personal experiences as fathers, but they do not have the authority to speak to women's reproductive issues (Barton et al., in press). Men centering their experiences of fatherhood exemplifies patriarchy where the man's experience is over and above the experience of the pregnant person.

Not only did many men share personal narratives, men spoke much more often than women. Like in the most common archetype where men spoke about how fatherhood was a transformational event for them, these men did not have real discussions of abortion, in which abortion was neither a part of their past nor considered as an option and focused on pregnancy and birth events instead. Many of the supporters using personal narrative were male politicians. These men who were not substantively discussing abortion are deciding the laws about women's bodies and the bodies of those who can become pregnant. Men should not be the primary narrative speakers in abortion hearings as they do not have the lived experience to truly speak about the experience of pregnancy or consider abortion the same ways as a pregnant person. People who generally cannot become pregnant are voicing their stories more than people who can become pregnant. This leads to an error in the legislative hearings in which what is said by a few men contributes to the rationale for determining reproductive rights for the entire population of women and people who can become pregnant in Georgia, Louisiana, South Carolina, and Kentucky. In these legislative hearings, patriarchy continues, and the power and control of women's reproductive rights remain with a small subset of men.

Supporters of early abortion bans focused on intentional pregnancies in their personal narratives

Speakers of a personal narrative attempt to connect with the audience so they feel empathy towards the speaker (Legere et al., 2013). Many supporters' personal narratives attempted to do this, however, many of the personal narratives appeared to be about intentional pregnancies where abortion was not even considered. In telling these narratives, the speakers misled the audience in thinking they considered abortion or even struggled with the choice of abortion, compelling the audience to feel sympathy toward the speaker.

Additionally, there was a connection between intentional pregnancies and family members. Family members of the pregnant person spoke much more often about intentional pregnancies than unintentional pregnancies. The speakers were often male legislators speaking about the pregnancy of their wife or family member's pregnancy, in which they provided descriptions of when their wives or family members were pregnant with their children and hearing their heartbeat for the first time. Once again, men are being heard more often than women despite the fact that they do not have the lived experience to understand pregnancy or to consider abortion.

A common personal narrative was from the perspective of the fetus, the now adult who told of how they were not aborted as a fetus. In this perspective, these speakers portrayed themselves as survivors of abortion, however, abortion was not always considered in these narratives. In actuality, these specific speakers were not survivors of abortion, but individuals who were the result of intended pregnancies.

Supporters erroneous use of "heartbeat" is a tool for moving the needle closer to a ban on abortion and not necessarily aligned with speakers' beliefs about when life begins

There are a range of beliefs about when life begins: fertilization, fetus, embryo, birth. In the context of early abortion ban legislation, supporters believe life begins at conception but that the "heartbeat" is the first indicator of life. The word, "heartbeat" was used continuously in early gestation abortion ban hearings. However, using the word "heartbeat" to discuss fetal cardiac activity at six weeks gestation is misleading. In actuality, fetal cardiac activity at six weeks gestation does not indicate a functioning cardiovascular system or a viable pregnancy, the period in the pregnancy when the fetus is capable of surviving outside of the uterus (Evans & Narasimhan, 2020; Merriam-Webster, n.d.). The scientifically recognized gestational age of fetal viability is at minimum between 20 and 28 week's gestation (Lefèvre et al., 2017). Understanding the point of fetal viability is crucial to abortion legislation because personhood legislation hinges on the US Supreme Court ruling on *Roe v. Wade* which ensures a women's right to an abortion prior to the point of fetal viability (*Roe v. Wade*, 1973; ProPublica, n.d.). With the erroneous use of the word "heartbeat," supporters of early gestation abortion bans or "Heartbeat bans" specifically seek to sidestep the viability ruling of *Roe v. Wade* making abortion illegal after detection of a supposed "heartbeat" (Rewire News Group, 2019; Ryman & Wynn, 2019). Supporters of early gestation abortion bans believe that life begins at conception but are stating that the supposed "heartbeat" is the first indicator of life to gain more traction in widely banning abortion.

Limitations

The data were part of the public record and not collected by the researchers. Therefore, we were unable to probe the participants or ask participants for demographic information. Due to this, the researchers may have made errors in perceived demographics. A second limitation is the role reflexivity played in the study. Although reflexivity was considered, it is a difficult process to ensure continuously without fail. Additionally, due to time constraints, personal narratives of opponents of early gestation abortion bans were not analyzed. Analysis of these personal narratives would provide a more holistic view and provide insight to any potential connections between the narratives of supporters and opponents of early gestation abortion bans.

Conclusion

The use of personal narrative is a common tool used by both supporters and opponents of early gestation abortion bans. Among supporters, four common narrative archetypes emerged: (1) fathers who see birth as a life-changing event; (2) women who chose pregnancy over abortion; (3) women who regret an abortion; and (4) female health providers whose own pregnancy compelled them to stop providing abortions. Within these archetypes, men disproportionately told personal narratives despite not having experienced pregnancy or abortion, supporters of early abortion bans focused on intentional pregnancies in their personal narratives, and supporters erroneously use the word “heartbeat” as a tool to move the needle closer to a ban on abortion and are not necessarily aligned with the speakers’ beliefs about when life begins. Understanding how these narratives are used by supporters of early gestation abortion bans provide opponents with valuable information to frame their own personal narratives and statements in early gestation abortion ban legislative hearings. Whether the speakers had an

abortion or not, the personal narrative speakers still had a choice. If early gestation abortion ban legislation are passed, that choice will be removed. With this new understanding of how personal narratives are used by supporters of early gestation abortion bans, abortion ban opponents can continue to advocate for reproductive rights, bodily autonomy, and access to reproductive health care.

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Recommendations and Public Health Implications

This research has implications for public health practice, especially among reproductive rights and justice advocates and pro-choice legislators. Advocates and legislators can speak out and highlight that men are disproportionately telling more personal narratives in early gestation abortion ban hearings than women or people who could become pregnant despite that men do not have the lived experience to understand pregnancy or consider abortion. Advocates and legislators should further highlight that abortion is often not the focus of personal narratives among supporters of early gestation abortion bans. Moreover, female advocates and legislators can continue to share their own personal abortion experiences as well as encouraging others to do so particularly by sharing personal narratives that directly relate to abortion Additionally, understanding how these narratives are used by supporters of early gestation abortion bans provide opponents and public health professionals with valuable information to frame their own personal narratives and statements in early gestation abortion ban legislative hearings. With the knowledge to better frame their own statements in abortion ban hearings, opponents of early gestation abortion bans can better speak out against abortion bans and advocate for bodily autonomy and reproductive rights in the Southern United States.

Also, there are several recommendations for continued public health research. This study focused on the type and use of personal narrative among supporters of early gestation abortion bans. However, due to time constraints, personal narratives of opponents of early gestation abortion bans were not analyzed. Analysis of these personal narratives would provide a more holistic view of how personal narrative is used across early gestation abortion debates. It would also provide insight to any potential connections between the personal narratives of supporters and opponents of early gestation abortion bans. This study was limited to heartbeat bans;

personal narrative research of other legislation that limit access to sexual and reproductive healthcare could also provide a wider scope of information to be used in advocating for reproductive rights. Additionally, this study focused on four states in the US South; further research into how personal narrative is used in other abortion ban state legislative hearings would provide even further insight into how personal narratives are used.

Our study examined supporters' personal narratives in four Southern states and their use to further arguments in abortion bans at early gestational age. Within personal narratives, supporters focused on birth and pregnancy and most narratives omitted real discussions, speakers often spoke about intentional pregnancies, and the speakers disproportionately consisted of men. With this new understanding of how personal narratives are used by supporters of early gestation abortion bans, abortion ban opponents can call for more women and those who can become pregnant to speak directly about their personal abortion experiences and continue to advocate for reproductive rights, bodily autonomy, and access to reproductive health care.

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