

Spring 2018

## The "A" Word: Women's Abortion Experiences in Georgia

Kendra J. Cooper

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# THE "A" WORD: WOMEN'S ABORTION EXPERIENCES IN GEORGIA

by

KENDRA COOPER

(Under the Direction of Jennifer Sweeney Tookes)

## ABSTRACT

Abortion is a common medical procedure, with twenty-one percent of all American pregnancies ending in induced abortion in 2011. Literature shows that abortion is highly stigmatized in the United States and even more so in the American South. The contentious discourse surrounding the moral and ethical viewpoints, "right" versus "wrong," often overpowers women's lived experiences. Although abortion has been studied extensively across multiple disciplines, literature on women's lived experiences is limited. Previous research has focused on women in the Midwest, West, and Northeastern regions of the United States but the South has not been a significant focus of study. The purpose of this research is to provide an anthropological perspective on abortion experiences and abortion stigma and to bring the experiences of women to the front of the discussion. Eight qualitative interviews were conducted with women in Georgia who have had abortions. Ultimately, I argue that abortion experiences are unique and varying, and that abortion stigma is prevalent in the lives of the women interviewed.

INDEX WORDS: Thesis, Abortion, Stigma, Emotions, Abortion experience, Abortion stigma, Georgia

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by

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B.A., Georgia Southern University, 2016

M.A., Georgia Southern University, 2018

A Thesis Submitted to the Graduate Faculty of Georgia Southern University in Partial

Fulfillment of the Requirements for the Degree

MASTER OF ARTS

STATESBORO, GEORGIA

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Electronic Version Approved:  
May 2018

## DEDICATION

*Kate, Paige, and Rose – thank you for teaching me how to listen and be pro-voice.*

*The courageous women throughout this thesis – I am honored that you chose to share your story with me.*

## ACKNOWLEDGMENTS

This thesis would be incomplete without thanking those who helped make it possible.

First and foremost, I must thank my thesis advisor, Dr. Jennifer Sweeney Tookes, for making me write a thesis in the first place. Your guidance and encouragement these past two years have made me a better student, writer, and person. I would also like to thank my committee members, Dr. Altman, Dr. Walsh, and Dr. Schueths, for their support and insight. Special thanks goes to the faculty of the Department of Sociology and Anthropology at Georgia Southern, for believing in me and this project even when I did not.

Thank you to my closest friends (Hannah, Katie, Savanna, and Aubrie) for sticking around and putting up with me while I did this thing. I know I wasn't always pleasant to be around.

To all the graduate students I share an office with (Alanna, Mpume, Ahmauri, Michael, Ernie, Megan, and Katy): thank you for keeping me laughing. You guys kept me sane.

Thank you to my family (Mom, Dad, Hannah, and Nora) for supporting me every step of the way.

Finally, thank you to my dog, Delilah, for knowing when I needed a cuddle and a tail wag.

## TABLE OF CONTENTS

ACKNOWLEDGMENTS.....	3
LIST OF TABLES.....	6
CHAPTER	
1- A REVIEW OF THE	
LITERATURE.....	7
Introduction.....	7
Roe v Wade (1973) and Doe v Bolton (1973).....	10
Pro-Life Movement.....	11
Pro-Choice Movement.....	13
Christianity and Abortion.....	14
Availability of Abortion Access: Impacts of Legislation.....	15
Why Do Women Have Abortions.....	17
Emotions.....	18
Stigma.....	19
Pro-Voice.....	22
2- METHODS.....	24
Research Approval.....	24
Study Population.....	24
Recruitment.....	26
Data Collection.....	27
Data Analysis.....	27

3- RESULTS AND DISCUSSION.....	29
Surveys.....	29
Interviews.....	31
Discussion.....	32
4- CONCLUSION.....	50
Limitations.....	51
Contributions to the Literature.....	51
REFERENCES.....	52
APPENDIX A.....	56
APPENDIX B.....	57
APPENDIX C.....	61
APPENDIX D.....	62
APPENDIX E.....	64
APPENDIX F.....	66

## LIST OF TABLES

Table 1.....	29
Table 2.....	31

## CHAPTER 1

### A REVIEW OF THE LITERATURE

#### **Introduction**

Abortion is a common medical procedure, with twenty-one percent of all American pregnancies ending in induced abortion in 2011 (Jones and Jerman 2014), however abortion is also highly stigmatized in the United States (Cockrill and Nack 2013; Cockrill et al. 2013; Hanschmidt et al. 2016; Kumar, Hessini, and Mitchell 2009; Ludlow 2008; Stanton 2013). Women have abortions for a multitude of reasons and researchers have conducted both quantitative and qualitative research to identify common motivations and evaluate emotional responses (Biggs, Gould, and Foster 2013; Dudgeon and Inhorn 2004; Jones and Jerman 2014; Kirkman et al. 2009; Ludlow 2008). Although abortion is highly controversial (Castle 2011; Stack 2012), especially in a conservative state like Georgia, it is essential to hear from women who have had an abortion because it can normalize the experience (Castle 2011; Stack 2012). This thesis asks: Do women in Georgia who have abortions encounter abortion stigma? How do they describe their experiences?

Abortion is the termination of a pregnancy, whether induced or spontaneous (miscarriage). This project focuses on induced abortion, of which there are three types: medication, aspiration, and dilation and evacuation.

Medication abortion (also known as the abortion pill), can be used up to nine weeks after a woman's missed period. It involves taking two pills, mifepristone and misoprostol, and can be completed at the patient's home (NHS 2016; USCF Medical Center 2016).

Second, the aspiration procedure (also known as a vacuum aspiration), is performed in a clinic. The aspiration procedure is available up to sixteen weeks after a woman's last period. It

involves a hand-held device or a suction machine that empties the uterus, and usually lasts between five and ten minutes. In some cases, an instrument called a curette is used to be sure that the uterus is empty. When this happens, the procedure is called a dilation and curettage (D&C) (NHS 2016; USCF Medical Center 2016).

The dilation and evacuation procedure (also called a D&E) can be done after sixteen weeks from a woman's last period and involves a suction machine and other medical instruments to empty the uterus. It typically lasts between ten and twenty minutes and is also an in-clinic procedure (NHS 2016; USCF Medical Center 2016). The D&E is known as a "late-term abortion." These second and third trimester abortions (more than twenty-one weeks gestation) are even more complicated and controversial, although they are rare – only 1.3% of abortions are performed after twenty-one weeks gestation (CDC 2016; Foster and Kimport 2013; Jones and Jerman 2014; Ludlow 2008). Health concerns, fetal anomalies, or the death of the fetus in utero are some of the causes of late-term abortion (Ludlow 2008; NHS 2016; USCF Medical Center 2016).

Stigma is often a part of a woman's abortion experience. Stigma may be difficult to define, but Erving Goffman (1963) defines stigma as something that harms a person's reputation. Building on Goffman, Kumar, Hessini, and Mitchell (2009) comment on abortion stigma in which they argue that women who have abortions are often "inadvertently challenging widely-held assumptions about the essential nature of women," (2009, 628). These authors also note that abortion stigma is "a social phenomenon that is constructed and reproduced locally through various pathways," (628), and that women who choose to have an abortion may be violating a "moral order," (Kumar, Hessini, and Mitchell 2009, 628). Abortion stigma affects many women, and the result can be catastrophic – lowering self-esteem, isolating, and mentally draining

(Cockrill et al. 2013; Cockrill and Nack 2013; Kimport, Foster, and Weitz 2011; Littman, Zarcadoolas, and Jacobs 2009; Ludlow 2008 Shellenberg and Tsui 2012; Stack 2012).

Abortion is highly stigmatized in the American South (Castle 2011). The reasons for stigmatization range from religious beliefs, to political views, to personal feelings about abortion. Pro-life policies can result in a lack of abortion access, proper options counseling, and a substantial presence of abortion stigma. The state of Georgia is no exception to this trend (Jones and Jerman 2014). Because of abortion stigma, many women are pushed into silence about their experience (Cockrill and Nack 2013; Hanschmidt et al. 2016; Kumar, Hessini, and Mitchell 2009; Stanton 2013). The contentious discourse surrounding moral and ethical viewpoints, or “right” versus “wrong,” often overpowers women’s lived experiences.

Many disciplines research abortion and abortion stigma, however, the qualitative data is limited. This review evaluates the current literature and divides it thematically. This chapter first starts with the Supreme Court case that legalized abortion in the United States, *Roe v Wade* (1973), and its companion case, *Doe v Bolton* (1973). Second, the ideology of the pro-life movement is discussed, followed by pro-choice ideology. Next, the role of Christianity in the abortion conversation will be analyzed. The influences on the choice to have an abortion will follow. Then abortion access, emotional response, and abortion stigma will be addressed. Finally, this chapter will discuss the relatively new idea of “pro-voice” and what this movement means for the future of abortion and abortion stigma research.

Following this chapter, chapter two will examine the methods used throughout the research process. It will discuss the study population, recruitment methods, how the data was collected, as well as the steps taken to analyze the data. Chapter three will explore the common themes found among the interview participants: emotional responses, time and waiting,

Christianity (practicing vs. non-practicing), support, and stigma. Chapter four will provide a conclusion to the paper and discuss directions for future research.

### **Roe v. Wade (1973) and Doe v. Bolton (1973)**

The early 1970s saw an increase in the controversy surrounding abortion laws. Most states only permitted abortion when the woman's life was threatened. Second Wave feminism had begun in the 1960s, and with it came a desire for sexual liberation and reproductive rights (Rampton 2015). In 1969, a young Norma McCorvey found herself unmarried, pregnant, and seeking an abortion in Texas; a state that criminalized abortions except to save the life of the mother. After consulting two attorneys, Sarah Weddington and Linda Coffee, McCorvey became "Jane Roe" in a lawsuit that eventually made its way to the Supreme Court.

The Court ruled in favor of Roe in a 7-2 vote. Justice Blackmun spoke for the majority and declared that a right to privacy "is broad enough to encompass a woman's decision whether or not to terminate her pregnancy," (410 U.S. 113). He outlined abortion rights in three trimesters: an abortion decision is entirely up to the pregnant woman during the first trimester. The state can regulate abortion procedures during the second trimester, but it must be "reasonably related to maternal health," (410 U.S. 113). In the third trimester, the state can prohibit abortions except in life-threatening cases. Justice Blackmun also stated that there was no evidence that the Constitution included prenatal life as a person.

The dissenting justices criticized the Court for placing a higher value on the "convenience" of the mother rather than the existence of the life that she carries. They believed legality of abortion procedures should be left up to each state.

Before the Court's decision in 1973, Georgia's abortion laws heavily restricted abortion. Georgia only allowed medically necessary abortions and required them to be performed in

licensed hospitals, but only after two physicians deemed it necessary and a hospital committee approved it. *Doe v Bolton* (1973) was Georgia's version of "Roe" and was decided on the same day, with *Roe v Wade* being decided only hours before *Doe v Bolton*. The verdict for *Roe v Wade* affected the decision of *Doe v Bolton* and set a precedent for the decision to make abortion legal in Georgia. As a result, Georgia's abortion laws at the time were considered unconstitutional.

In the context of Second Wave feminism and the legalization of abortion, the pro-life and pro-choice movements developed.

### **Pro-Life Movement**

The pro-life movement began in 1968 with the formation of the National Right to Life (NRL), an organization committed to abolishing abortion in the United States. Their mission statement says their goal is "to protect and defend the most fundamental right of humankind, the right to life of every innocent human being from the beginning of life to natural death," (NRL 2016). Besides abortion, they also oppose infanticide, assisted suicide, euthanasia, and stem-cell research (NRL 2016). Those who are pro-life typically believe that abortion is murder and immoral (Castle 2011; NRL 2016; Stack 2012). In recent years, the pro-life movement has had a large presence on social media. Sites such as Tumblr and Facebook have been platforms for the pro-life movement to advocate for the sanctity of life (Ludlow 2012; Stack 2012). Both of those sites allow users to "share" posts publicly.

Faye Ginsburg (1989) writes that pro-life activists often view pregnancy and birth, as well as their difficulties, as heroic. Pro-life websites have links that lead to pregnancy and birth testimonies, pro-choice-to-pro-life conversion testimonies, and testimonies written by women who have had abortions. A majority of those women write that they regret their abortions

(Ginsburg 1989). While abortion regret does exist, there is no way for someone to verify that the stories on these sites are legitimate (Castle 2011).

A Christian background is a basis for many pro-life organizations (Ginsburg 1989; Hoffman and Johnson 2005; Ludlow 2012; Stack 2012). Although abortion is not explicitly mentioned in the Bible, many pro-life Christians argue that Exodus 20:13, “You shall not murder,” can be interpreted to cover abortion as well (Hoffman and Johnson 2005).

Still, there are secular pro-life groups, such as Secular Pro-Life and Pro-Life Humanists. These groups oppose elective abortion, but make an exception when it comes to the health of the mother (Pro-Life Humanists 2016; Secular Pro-Life 2016). They often argue personhood to show why they believe abortion is wrong (Hoffman and Johnson 2005; Mattalucci 2012; Pro-Life Humanists 2016; Secular Pro-Life 2016).

Although the majority of pro-life organizations promote peace and healing after an abortion, there are a few outliers. Operation Rescue and Army of God, for example, are known to use graphic images to show what abortion is like (Operation Rescue 2009). They believe that by showing what they perceive as the reality of abortion, they can end it. Members of Operation Rescue have committed violent acts against abortion providers – Scott Roeder murdered Dr. George Tiller in 2009, and James Klopp killed Dr. Barnett Slepian in 1998 – and Army of God supports those who have committed violence against abortion clinic workers (Army of God 2016). Most recently, in November 2015, Robert Dear opened fire at a Planned Parenthood in Colorado, killing three and injuring nine (CNN 2015). According to Jacobson and Royer (2011), over three hundred acts of extreme violence targeted abortion providers between 1973 and 2003. These include bombings, arson, and gun violence (CNN 2015; Jacobson and Royer 2011).

The controversy of abortion has produced two movements that debate over what is right and wrong, personhood, and body autonomy (Wilson 2013). The pro-choice movement formed during the second wave of feminism and in direct opposition to the pro-life movement (Wilson 2013).

### **Pro-Choice Movement**

The pro-choice movement took root in the late 1960s. The National Abortion Rights Action League (NARAL) was formed in 1969. The League supports a woman's right to an abortion by lobbying politicians to remember the autonomy of women (NARAL 2016). Most recently, they have been working to repeal the Hyde Amendment, which blocks federal money from funding abortion (Castle 2011; NARAL 2016). Another organization prominent in abortion rights is the National Abortion Federation (NAF), founded in 1977. This organization is the professional association of abortion providers. The members include private and non-profit abortion providers, Planned Parenthood affiliates, and women's health centers (NAF 2016).

While the pro-life movement often shares stories of abortion regret, the pro-choice movement often shares stories of empowerment and good choices (Ginsburg 1989; Jones and Jerman 2014; Ludlow 2012; Stack 2012; Stanton 2010). Still, both groups may use these stories for political gain, such as using an abortion story to push for abortion access or bans (Castle 2011; Ginsburg 1989; Hoffman and Johnson 2005; Ludlow 2012; Stanton 2010).

Pro-choice advocates often push for comprehensive sex education, access to contraception, and are closely associated with feminist movements (Andaya and Mishtal 2016; Castle 2011; Ginsburg 1989). While the pro-choice movement is not typically associated with a Christian background, there are several pro-choice Christian groups: Religious Coalition for Reproductive Choice (RCRC), Catholics for Choice, and Faith Aloud (Hoffman and Johnson

2005). These groups believe that God trusts women to make their own reproductive choices (Catholics for Choice 2016; Faith Aloud 2016; RCRC 2016). The relationship between Christianity and abortion is complex, with many Christian denominations shifting their viewpoints several times throughout history (Bakke 2005).

### **Christianity and Abortion**

According to the Pew Research Center, 79% of Georgians are Christian. This includes Protestants, Catholics, Mormons, and other denominations (Pew Research Center 2016). In 2014, 54% of women nationally who had abortions identified as Christian. (Jerman, Jones, and Onda 2016). Because this research focuses on women who have had abortions in Georgia, and because more than half of Georgians identify as Christian, it is necessary to discuss Christian viewpoints on abortion.

Many Christians identify as pro-life (Ginsburg 1989; Hoffman and Johnson 2005; Ludlow 2012; Stack 2012). They assert that abortion is murder and that God does not approve of the taking of human life (Hoffman and Johnson 2005; Mattalucci 2012). Christianity has had a long and complicated history with abortion. While some Biblical scholars argue that Christians have always opposed abortion, others say that abortion was a common practice in early Christianity (Bakke 2005). Today, many church websites have pages designated for discussing abortion and being pro-life. Most crisis pregnancy centers (CPCs) – centers that offer free pregnancy tests, adoption information, baby clothes, diapers, and post-abortion counseling – are Christian-run (Bryant 2012).

However, there is a minority of pro-choice Christians. The Religious Coalition for Reproductive Choice (RCRC) states that they are “pro-faith, pro-family, pro-choice” (RCRC 2016). They are a national interfaith organization dedicated to reproductive justice, which

includes a Christian perspective (RCRC 2016). Catholics for Choice is another pro-choice Christian organization. This group “works to ensure reproductive health and rights for all women,” (Catholics for Choice 2016). Pro-life groups claim that a person cannot be Christian and pro-choice, but organizations such as the above would disagree (Hoffman and Johnson 2005).

Some Christian denominations have more liberal stances on abortion, stating that it is a choice between each woman, her healthcare provider, and God (Pew Research Center 2016). These denominations include the Evangelical Lutheran Church, Presbyterian Church U.S.A., United Church of Christ, and the United Methodist Church (Pew Research Center 2015). Some denominations, like the American Baptist Church, may make exceptions for health-related issues, but do not condone abortion as a means of birth control (Pew Research Center 2015).

### **Availability of Abortion Access: Impacts of Legislation**

Jones and Jerman (2014) argue that the availability of clinics and providers dramatically influences a person’s abortion experience. If a state only has a limited number of abortion clinics, women may have a difficult time accessing abortion care. On the other hand, states with more accessible clinics may provide one less obstacle for many women obtaining abortions (Jones and Jerman 2014). Georgia had nineteen clinics in 2011, and that number has decreased to sixteen, which can be a problem for women needing to travel to obtain their abortion, especially if they are poor and cannot afford transportation or lodging (Jones and Jerman 2014). The majority of abortion clinics in Georgia are located in the Atlanta area. There is also a clinic in Columbus and one in Savannah (Jones and Jerman 2014).

Legislation also impacts abortion access. In 2005, Georgia passed the Woman’s Right to Know Act (Georgia Department of Health 2016; O.C.G.A. § 31-9A-3). The Act requires that

women must give informed consent before obtaining an abortion. Physicians must notify the patient of the following: (1) medical risks associated with abortion, (2) the gestational age of the fetus at the estimated time of the abortion, and (3) the medical risks associated with pregnancy (O.C.G.A. § 31-9A-3). Patients must also receive information on: (1) the medical assistance benefits available to them should they continue the pregnancy, (2) the father's liability to support the child, (3) health care providers/facilities/clinics that offer free ultrasounds, and (4) materials from the State on fetal development, alternatives to abortion, and fetal pain (O.C.G.A. § 31-9A-3). The woman must wait twenty-four hours after receiving the above information before she can obtain her abortion. This can significantly impact a woman's access to abortion. Women who have to take off of work, find transportation, find childcare, and in some cases find lodging, must now invest even more time to obtain an abortion (Castle 2011; Jones and Jerman 2014).

Almost four dozen laws restricting abortion access were passed between 2008 and 2010 in eighteen states (Jones and Jerman 2014; Jones and Kooistra 2011). Sixty-two more were added in 2011 in twenty-one states (Jones and Jerman 2014). The majority of these laws were implemented in the southeastern United States (Jones and Jerman 2014). Many states require parental consent for minors seeking an abortion – Georgia is one of these states (Jones and Jerman 2014). However, approval from a judge (called a judicial bypass) can replace parental consent (*Belotti v. Baird*, 1979; O.C.G.A. § 15-11-682; Rex 2014).

Clinic access and legislation tend to be stricter in more conservative states. Georgia's mandatory wait period, for example, does not include weekends which means if a woman has her counseling session on a Friday, she must wait until Monday before she can have an abortion (Castle 2011; Jones and Jerman 2014). In Georgia, 96% of the counties do not have an abortion provider, resulting in travel and transportation expenses for women who are seeking an abortion

(Jones and Jerman 2014). The remaining 4% of counties with abortion providers are urban areas (Jones and Jerman 2014). Appendix F shows a map of the current abortion clinics located in Georgia.

Under the Affordable Care Act, health plans will not cover abortion procedures except in cases of life endangerment. Insurance offered by the State of Georgia will not cover the cost of abortion (O.C.G.A. § 33-24-59.17). There is also no public funding available for Georgia women except in cases of rape or life endangerment (Salganicoff et al. 2016). Health care providers in Georgia are allowed to refuse abortion care or referrals to abortion care if their religious and/or personal beliefs go against the procedure (O.C.G.A. § 16-12-142). Pharmacists are also allowed to refuse service, but they are obligated to either (A) refer the patient to another pharmacist or (B) return the note of prescription (O.C.G.A. § 16-12-142). The lack of affordable and easy abortion access can make obtaining an abortion difficult.

### **Why Do Women Have Abortions?**

A detailed review of the literature by Kirkman et al. (2009) placed women's reasons for abortion into three categories: woman-focused, other-focused, and material. Reasons that are woman-focused include future opportunities, not being emotionally or mentally ready for a child, not wanting a child, lacking maturity, and health-related issues (Biggs, Gould, and Foster 2013). Other-focused reasons include desiring a better life for the baby, timing, needing to focus on other children, and friend or familial influences. Material reasons include financial issues and lack of space (Biggs, Gould, and Foster 2013; Jones and Jerman 2014). They noted that reasons overlapped and were complex in and of themselves. Other researchers found similar results (Biggs, Gould, and Foster 2013; Jones and Jerman 2014; Ludlow 2008).

The reasons women have abortions may greatly influence their entire abortion experience (Biggs, Gould, and Foster 2013; Johnson-Hanks 2002; Kirkman et al. 2009; Ludlow 2008). A woman who does not want children versus a woman who has an abortion because she cannot financially support a child will often have two very different experiences and emotional reactions. Some women have no negative reactions to having an abortion, while others may feel sadness, shame, or regret (Cockrill et al. 2013; Kirkman et al. 2009; Kumar 2013). The influences that frame a woman's abortion experience are varied and require a more qualitative understanding to explore how women describe their abortion experiences (Cockrill and Nack 2013; Cockrill et al. 2013; Hanschmidt et al. 2016; Kumar 2013; Kumar, Hessini, and Mitchell 2009; Ludlow 2012; Stanton 2013).

### **Emotions**

Women feel a wide range of emotions before, during, and after their abortion (Cockrill and Nack 2013; Johnson-Hanks 2002; Kimport, Foster, and Weitz 2011; Ludlow 2008; Ludlow 2012; Rocca et al. 2013; Stack 2012; Stanton 2010). Women have expressed feeling relief, regret, depressed, empowered, thankful, and sad (Cockrill and Nack 2013; Kimport, Foster, and Weitz 2011; Ludlow 2012; Stack 2012). The literature indicates that there is no "right" way to feel after abortion, and a woman may feel several emotions at once (Baker 2015; Ludlow 2008; Stack 2012). This can be confusing for women who have had abortions. "Exhale," a post-abortion talkline, explains that all abortion experiences are valid and all emotions felt after an abortion are normal (Baker 2015; Exhale 2016; Stack 2012). Exhale is available for anyone experiencing positive or negative emotions after an abortion (Exhale 2016).

Kimport, Foster, and Weitz (2011) categorize negative feelings after an abortion as "emotional distress." Studies have shown that relief tends to be the most common feeling after an

abortion (Cockrill and Nack 2013; Kimport, Foster, and Weitz 2011; Ludlow 2008; Ludlow 2012; Stanton 2010). Still, depression, regret, and guilt are also common (Exhale 2016; Kimport, Foster, and Weitz 2011; Ludlow 2008; Ludlow 2012; Stanton 2010).

### **Stigma**

Erving Goffman (1963) defines stigma as an “attribute that is deeply discrediting,” that changes the identity of an individual to a “tainted, discounted one,” (Goffman 1963, 3). Goffman discusses three categories of stigma, (1) “abominations of the body,” such as physical deformities, (2) “tribal stigma of race, nation, and religion,” meaning that one’s race, ethnicity, or religion are perceived negatively, and (3) (the meaning most relevant for this thesis) “blemishes of individual character perceived as weak will,” such as addiction or premarital sex (Goffman 1963, 132). An individual who would be positively received under “normal” circumstances could have others “turn away” from them if they share that they have had an abortion.

Kimport, Foster, and Weitz (2011) noted several causes of stigma relating to abortion, many of which stem from both pro-life and conservative viewpoints. An important factor was decision making when it came to the abortion. Many women reported that they felt or were made to feel responsible for taking care of the issue by their partners, families, and friends (Cockrill et al. 2013; Kimport, Foster, and Weitz 2011; Kumar, Hessini, and Mitchell 2009; Stack 2012). This illustrates a gender gap in responsibility (Hanschmidt et al. 2016; Kimport, Foster, and Weitz 2011). Another cause stemmed from religious or personal views about abortion. Several researchers noted that women who disclosed their abortion to close friends sometimes lost that friendship if the friend expressed disagreement or judgment (Kimport, Foster, and Weitz 2011; Ludlow 2012; Stack 2012). Sharing their story with family members or partners also resulted in

some judgment. This fear of rejection and invalidation results in many women hiding their abortions (Cockrill and Nack 2013; Kimport, Foster, and Weitz 2011; Ludlow 2008; Ludlow 2012; Stack 2012).

Cockrill and Nack (2013) posit that there are three types of abortion stigma that women face: internalized/self-stigma, felt stigma, and enacted stigma. Internalized stigma, also called self-stigma, is when women take learned stereotypes of abortions and place them on themselves. Some of these labels include murderer, naïve, careless, promiscuous, irresponsible, selfish, and uneducated (Cockrill and Nack 2013; Stack 2012). Self-stigma appears when a woman thinks these stereotypes apply to her and when she believes that the discourse is legitimate (Cockrill and Nack 2013; Stack 2012). Cockrill and Nack (2013) suggest a strong relationship between religion and self-stigma: 65% of religious participants interviewed made statements that revealed self-stigma, compared to only 35% of non-religious women.

Felt stigma is when a woman feels she will incite adverse and unsupportive reactions by disclosing an abortion decision or history. Several women in Cockrill and Nack's (2013) study admitted that they feared guilt trips, condemnation, and unwanted advice if they shared their abortion story. Many women chose to stop disclosing their abortion to others if they had previously received an adverse reaction. Some women even feared "extra stigma" for things like pre-marital sex, rape, not wanting a disabled child, or not wanting to be a mother (Cockrill and Nack 2013; Ludlow 2012).

Enacted stigma are subtle actions that reveal prejudice against those involved in abortion (Cockrill and Nack 2013). An example of enacted stigma would be confrontations between patients and protestors. This includes interactions with pro-life healthcare providers. Many

women fear having their moral character judged or being condemned by their doctor (Cockrill and Nack 2013; Ludlow 2008; Ludlow 2012; Stack 2012).

Although the literature describes pro-life rhetoric as being a cause of stigma, some researchers also cite pro-choice speech as being a cause as well (Cockrill and Nack 2013; Ludlow 2012; Stack 2012). This tends to be an unpopular notion because pro-choice people are supposed to be supportive of a woman's right to choose (Baker 2015; Ginsburg 1982). However, sometimes this "support" can be misguided (Exhale 2016; Ludlow 2012).

Jeannie Ludlow (2012) briefly describes the problem of "misguided support" by arguing that pro-choice discourse enables abortion stigma. Because pro-choice activists are almost always claiming that abortion is a woman's choice, it leaves little room for those who regret or were not the final decision-maker for their abortion (Cockrill and Nack 2013; Exhale 2016; Ludlow 2008; Ludlow 2012). Pro-choice advocates are often silent on the topic of abortion stigma (Exhale 2016; Ludlow 2012; Stack 2012). Autonomy and rights arguments also do not appeal to many women who have had abortions because, according to Ludlow, women are not choosing at that moment to "exercise their rights," but are doing the best they can at the time and given their circumstances (Ludlow 2012, 476).

Stack (2012) only briefly points the blame at pro-choice activists. Her Master's thesis argues that the context of women's lives creates abortion stigma. She found several themes related to stigma: stereotypes; pro-life activism and rhetoric; and politics, religion, and silence (Cockrill and Nack 2013; Kimport, Foster, and Weitz 2011; Ludlow 2008; Ludlow 2012; Stack 2012). Stack also mentions a new movement within the abortion conversation: "pro-voice."

## **Pro-Voice**

Pro-voice is a term coined by Aspen Baker, the founder of post-abortion talkline, Exhale. Pro-voice means listening to a woman's abortion story without judgment (Baker 2015; Exhale 2016). It creates a social climate where each woman's experience is heard, respected, supported, and free from stigma (Exhale 2016; Stack 2012). The core values of pro-voice include viewing each woman as a whole person, recognizing her belief system, and striving for cultural competency, in which the diversity of women is accepted and affirmed. They believe in empowering women who have abortion experiences through knowledge, self-awareness, and self-care (Exhale 2016).

Stack (2012) briefly mentions pro-voice and Exhale and notes that the talkline can be helpful for many women, but does not believe Baker's position is entirely accurate when it comes to stigma and abortion disclosure. Stack believes that keeping abortion a secret only adds to stigma, while Baker is more concerned with giving women safe spaces to share their abortion stories (Baker 2015; Stack 2012). Baker (2015) posits that women are not required to disclose their abortion experiences to close family and friends, but notes that having a safe space to share their abortion story is vital to reducing abortion stigma.

People can be pro-life and pro-voice, as well as pro-choice and pro-voice (Baker 2015; Exhale 2016). Although seemingly contradictory, one can be pro-life and pro-voice because "a pro-voice person will offer compassion and respond with empathy instead of defensiveness, even when under threat," (Baker 2015, 25). Pro-voice is not a political stance, but rather a social one. Creating a culture that supports women and their experiences is the primary goal of pro-voice.

The following chapters examine the outcome of the research for this thesis. Chapter 2 describes the methodology used during the research process. Chapter 3 examines the results of

the research and discusses it in regards to the literature. Chapter 4 concludes the findings and notes the limitations and implications for future research.

## CHAPTER 2

### METHODS

#### **Research Approval**

This research was approved by the Georgia Southern Institutional Review Board (IRB) under protocol #H17327. To be approved by the IRB, the project underwent several revisions, two full board reviews, and one expedited review over a course of five months. The project was revised to respond to IRB concerns about the safety of both myself and the interview participants.. Georgia Southern’s IRB expressed that they thought interview participants talking about their abortions may become overly emotional or violent and required that the interviews take place in a location that was both public *and* private. To fulfil this requirement, interviews took place in public library study rooms. To alleviate the IRB’s concerns, I added a fourth committee member, Dr. April Schueths, a licensed psychotherapist (LCSW) with extensive clinical experience. I also attended a Trauma 101 training.

#### **Study Population**

Survey respondents and interview participants in this research were women over the age of 18 in South Georgia and the metro-Atlanta area who have had abortions. I define “South Georgia” as counties roughly in line with Bibb County (Macon) and all counties below. I included the metro-Atlanta counties (Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Fulton, Gwinnett, and Henry) to provide an urban vs. rural comparison with abortion experiences. I excluded women who were under 18, lived outside the selected regions, and those who were currently seeking an abortion.

## Recruitment

I posted flyers (Appendix A) advertising the project around the Georgia Southern (Statesboro) campus. I also posted digital flyers on the social media sites Facebook and Tumblr. I made a public Facebook post on an account created specifically for this project, which allowed others to share the flyer widely. The Facebook account, titled “Abortion Story Thesis,” allowed participants who wanted to be interviewed to reach out to me through an email explicitly made for this project, [abortionstorythesis@gmail.com](mailto:abortionstorythesis@gmail.com). They could also elect to complete an online Qualtrics survey instead. Because there were two options for participation, study participants could select the level of contact with which they were most comfortable. Some participants elected to do both the survey and the interview.

I also made a Tumblr post advertising the project. There is an abortion support community on Tumblr, which I was able to access through a blog. Tumblr has a feature where posts can be “tagged” with five keywords that allow the post to show up within those tags. Users of Tumblr can search key terms and see all the posts tagged with those terms. The keywords I used were: (1) abortion, (2) Georgia, (3) pro-choice, (4) pro-life, and (5) abortion experience. This post was available for users to reblog and share widely. It contained the same contact email and link to surveys, and interview participants privately contacted me through that email address. All social media recruitment was carefully designed to ensure that viewers (1) could not see my identity, and (2) all volunteers remained unnamed to me. I have used pseudonyms throughout the research process.

### **Data Collection**

The survey (Appendix B) contained a cover page that provided the respondents with an informed consent document (Appendix E) on which they could select “Agree” or “Disagree” to consent to the survey. If they selected “Agree,” they were then taken to second page to certify that they were over the age of 18. If they selected “Yes,” they were then taken to third page to certify that they were currently living in South Georgia or the metro-Atlanta area. A “Yes” answer took them to the survey. If a respondent selected “Disagree” or “No” to any of the three preliminary questions, the survey ended and thanked them for their time. The final page of the survey thanked respondents for their time and contained my research email address. The page explained that if they would like to discuss the topic in more depth, they should contact me. The final page also contained counseling resources in case a respondent experienced strong emotions after detailing their abortion experience. The survey opened on May 1, 2017 and closed on October 31, 2017.

I conducted eight semi-structured, in-depth interviews with women between the ages of 19 and 68. Six women lived in rural locations and two women lived in urban locations. Semi-structured interviews allow the participant to express themselves on their terms and at their own pace, and also allows the interviewer to keep the conversation on track (Bernard 2006). In-person interviews have many advantages: (1) if a participant did not understand a question, I was able to elaborate, or if I felt that the participant was not answering thoroughly, I could use verbal probes for more information, (2) there is evidence that a more conversational style interview produces more accurate data, and (3) in-person interviews can be comfortably longer than interviews done over the telephone (Bernard and Russell 1995). However, telephone or Skype interviews proved

necessary when a participant was unable to meet in-person or was uncomfortable doing an in-person interview.

Interviews relied on participants detailing their abortion experiences and discussing their post-abortion lives. Interviews were done in-person or over a Skype video call to accommodate each woman's schedule. There were five in-person interviews and three Skype video call interviews. All in-person interviews took place in public library study rooms.

At the start of each interview, I provided written informed consent (Appendix D) and received verbal confirmation. I then asked the interview participant to tell me about her abortion experience and allowed her to give as much detail and information as she was comfortable. An interview guide (Appendix C) was also utilized to ensure all the necessary data was collected. Seven interviews were recorded with a digital voice recorder, which allowed for accuracy in interview transcription. One participant did not want to be recorded but allowed me to take detailed notes during her interview. I also made notes during every interview to remember specific details for when I began to read through and code the data. Interviews took place between May 1, 2017 and October 31, 2017. Audio interviews were uploaded to a password-protected computer in the locked Graduate Assistant office in the Carroll Building and stored on a flash drive that is used only for the project. The flash drive remained in my locked desk, located in the room mentioned above. Interview notes were typed and fleshed out on a computer.

### **Data Analysis**

Data analysis for the survey responses began with simple statistical analyses to determine the frequency of each answer (e.g., what is the average age of abortion? Where do most of the abortions occur?) (Dressler and Oths 2014). Bivariate statistics were used to find patterns in the

data, such as the relationships between religion and decision to keep abortions secret, or the number of abortions and reason for having them.

Data analysis for the interviews began with interview transcription completed by listening to reduced speed versions of the interviews on my computer's audio program (Windows Media Player) and typing them. Once the interviews were transcribed and the notes written up, I then began to carefully read over them to look for common themes. These themes were hand-coded with colored pencils using a color-coded thematic system, as well as with NVivo. NVivo is a software specifically designed to assist in organizing, analyzing, coding, and securing data. The data were coded and analyzed for themes that illustrated what the informants identified as issues, which topics had broader significance, what was similar and different among the interviews, and what new information was learned. The notes and interviews were continually read and reread throughout the research process.

Once I completed data coding, I connected the themes that emerged in both the interview and survey data and correlated the similarities and differences that emerged from the mixed methods.

The methods for this thesis included an online survey and qualitative interviews. In total, there were thirty-nine survey responses. The responses to each question were varied. For the interviews, a total of eight women discussed their abortion experience with me. Six primary themes emerged throughout their interviews.

## CHAPTER 3

## RESULTS AND DISCUSSION

**Surveys**

I received a total of thirty-nine survey responses. However, some respondents chose not to answer some questions. Of those who told how many abortions they had (n=22), 90% of them responded with one. One respondent answered two, and another one answered three. Table 1 gives a summary of the survey responses.

<b>Survey Results</b>	
<b>Survey Question</b>	<b>Responses</b>
How many abortions have you had? [n=22]	One abortion – 90% Two abortions – 4.5% Three abortions – 4.5%
What was your reason for having an abortion? (Choose all that apply) [n=32]	Did not want a child – 40.6% Could not afford a child – 25% Abusive relationship – 9.3% Health concerns – 3% Not married – 3% Other – 18.7%
Did you face any obstacles when obtaining your abortion? (Choose all that apply) [n=27]	Protestors – 33% Money – 29% Transportation – 11% Childcare – 7% Lodging – 11% Other – 7%
Did you seek out post-abortion support? [n=19]	Yes – 5.2% No – 94%
Have you disclosed your abortion to family or friends? [n=19]	Yes – 68% No – 31%
Do you identify as pro-choice or pro-life? [n=18]	Pro-choice – 94% Pro-life – 5%
What religion do you identify with? [n=18]	Christianity – 33% Judaism – 5% Pagan – 5% Agnostic – 22% Other – 11% None – 22%

Table 1

Reasons for having an abortion varied (n=32). Forty percent said they did not want a child, 25% said they could not afford a child, and 18% wrote in their answers, such as “I was too young to care for a child.” Others responded that they were in an abusive relationship or that they were not married.

Twenty-seven people answered that they faced obstacles when obtaining their abortion. Thirty-three percent said they met protestors and 29% said they had financial constraints. Some (11%) said they had difficulty with transportation and lodging. One respondent noted that her parents presented as an obstacle.

Of those who answered if they had sought out post-abortion support (n=19), 94% answered no. The one respondent who answered yes said that the support came from their friends. Of those who answered whether or not they disclosed their abortion to family or friends (n=19), 68% said yes while 31% said no.

Of the respondents who answered whether they were pro-choice or pro-life (n=18), an overwhelming majority (94%) said they were pro-choice. Only one answered that they were pro-life. In regards to religion (n=18), 33% answered Christian, 22% said they were agnostic, another 22% said they did not identify with any religion, one said that they were Pagan (Wiccan), and another one answered that they were Jewish.

When asked if they would be willing to speak with me about their abortion (n=18), 61% said that they would not talk about their abortion with me. Seven respondents indicated that they would like to have an interview. The eighth interview came from someone who saw my flyer online and wanted to participate in the interview, but not the survey. There were no linkages between who responded to the survey and who chose to be interviewed, unless the interview participant explicitly mentioned their survey responses.

## Interviews

Table 2 describes the eight interview participants. The interview participants were all white women. All names have been changed to protect the privacy of the participants.

<b>Name</b>	<b>Age at Abortion</b>	<b>Elapsed Time</b>	<b>Current Age</b>	<b>Location</b>	<b>Type of Abortion</b>	<b>Details</b>	<b>Religion</b>
Clara	23	45 years	68	South Georgia	Vacuum aspiration	Had a medically necessary abortion. Married. Mother of Lexa.	“A little spiritual.”
Evelyn	21	22 years	42	Metro-Atlanta	Vacuum aspiration	Married and mother of 2.	Christian
Dinah	36	3 months	36	South Georgia	Vacuum aspiration	Married and a mother of a seven-year-old.	Christian
Lexa	22	13 years	35	South Georgia	Vacuum aspiration	Daughter of Clara.	Wiccan
Nellie	20	10 years	30	Metro-Atlanta	Dilation and evacuation (D&E)	Had a medically necessary late-term abortion. Married.	Baptist
Tess	19	3 years	22	South Georgia	Vacuum aspiration	College student.	Christian
Genevieve	16	4 years	20	South Georgia	Vacuum aspiration	Had to travel out of state for her abortion.	Agnostic
Rebekah	19	1 year	19	South Georgia	Medical abortion	Became pregnant from sexual assault. College student.	Agnostic

Table 2

I conducted eight semi-structured interviews with women aged 19 to 68. The mean age was 33.5. Six primary themes emerged during the qualitative data analysis: (1) emotional responses, (2) time, (3) Christianity (practicing vs. non-practicing), (4) obstacles to obtaining an abortion, (5) support, and (6) stigma. I will discuss these themes in detail below.

## Discussion

### *Emotional Responses*

All eight women discussed some feeling or collection of emotions during our interview. Relief was a commonly expressed emotional response. Dinah, age 36, describes her emotions during recovery: “I was a little emotional in recovery just from like, how nice everyone was. I was like, ‘these women are like angels from God.’ You know, feeling like that. Grateful and relieved. And happy.” Tess, age 22, also describes her feelings of relief: “I don’t remember feeling anything but relief during and after this procedure . . . I honestly felt so great after this experience because now I had a second chance to make a better life for myself to properly bring a child into this world someday.”

The women who expressed relief after their abortion also described not feeling regret. “I was glad when it was over. I have no regrets in having an abortion,” was said by Clara, age 68. Her daughter, Lexa, age 35, also stated that “I have never once regretted my decision.” Evelyn, age 42, talked about how her abortion allowed her to start a family when she was ready. “Once the procedure was finished, I was so relieved. I wasn’t pregnant anymore, and that was just the greatest feeling. Because of my abortion, I was able to graduate college and start my family when I was ready for it. I will never regret my abortion.”

It should be noted that women felt relief only *after* the abortion was over. The decision-making process for all eight women was complicated and filled with varying emotional responses. While some women debated their decision for more than a week, others knew right away they would get an abortion. The most notable example comes from Dinah, a 36-year-old wife and mother. Dinah spent a lot of time detailing her decision-making process during our

interview. “So there was a couple of days, two or three days maybe? Where, you know, we’ll see what the doctor says – I don’t know what course yet. Back and forth, agonizing, praying, talking to my husband . . . What should we do? Should we have this? Should we not? What’s the next step?”

Dinah felt that it was vital for her to get as much information as possible before she made her decision. She sought out the opinion of her doctor, her pastor, and her twin sister. She also expressed the importance of she and her husband being on the same page when it came to the final decision. Dinah described her OBGYN visit as “bad.” She explained that she had to pry information from her provider and she felt that her provider did not want to give her any information regarding abortion. She describes feeling disappointed: “I was expecting help, you know? Like, this is the person I’ve been going to for all my lady needs for 14 years or whatever since I moved here.”

In contrast, Rebekah, a 19-year-old college student who became pregnant after a sexual assault, knew right away she would have an abortion: “I had always thought in the case that it ever happened to me, if I ever became pregnant while I was in school, the best choice would be to get an abortion.” It is interesting to note that Rebekah still experienced sadness. She attributes her feelings of sorrow and grief to being sexually assaulted, as well as being raised Catholic.

Of the eight women interviewed, two aborted for medically necessary reasons. Their experiences were starkly different from one another, however, because one was for personal health early on in the pregnancy, while the other was because of an unviable fetus in the third trimester. Clara, a 68-year-old woman who describes herself as a hippie, had an abortion in 1973 at the age of 23. She discovered she was pregnant even though she had an IUD: her uterus had grown around it, and there was no way she would be able to carry the pregnancy to term without

harming herself or the fetus. “I felt that I didn’t have a choice because it was a medical necessity. But looking back I’m glad I didn’t have a child with my then-boyfriend. He was a pig. I probably would’ve had an abortion anyway,”

Nellie is a 30-year-old married woman who had a late-term abortion at the age of 20. The doctor diagnosed her child with encephalocele, a neural tube defect that causes the brain to develop in a sac behind the head. Tearfully, she shares her story:

Three different doctors all confirmed there was no chance for life . . . an unviable baby. I asked if there was a way to donate the organs or give the whole baby for research, but all the answers were “no.” There was no benefit to continuing the pregnancy, so I decided to terminate to save myself even more grief. I was 25 weeks pregnant. It has taken years to deal with the grief and to mourn. – Nellie, age 30

Both Clara and Nellie had to terminate their pregnancies for medical reasons, but both had vastly different experiences. While Nellie experienced grief at the loss of her child, Clara felt no sadness. Still, neither one had much of choice when it came to termination.

Another universal emotional response felt by these participants was that of fear and/or anxiety. Much of the stress came from a presence of protestors at the clinics. Lexa, a 35-year-old graduate student, describes feeling intimidated when she arrived at the clinic for her appointment only to be yelled at by a woman holding a sign depicting a dead fetus. “It was not what I carried in my stomach. That was a fetus that was six or eight months along. But that woman, she was yelling at me, calling me a whore and a murderer, and just all these really horrible things and coming up and getting in my face. It was really horrible.” Even after her abortion was over, Lexa stated that she was terrified of having to face the protestor again.

Rebekah also had a run-in with a protestor. She describes that the woman had “terrible signs” and was yelling at her, telling her she was “going to hell.” That experience made her anxious for when she needed to come back for her follow-up:

When I had to go back for my follow-up appointment, there were more people outside, and I actually ended up lying to them. ‘Cause I was terrified of them . . . And when I was walking in, I was like, “Oh I’m just getting a pregnancy test done, that’s it.” And they said, “Oh, come to our clinic, it’s free.” And I’m like, “Oh no, I already made an appointment.” And when I walked out the same people were there, and they asked me how it went. And I said, “It’s positive!” Like, lying to them and trying to act happy for them, ‘cause I was terrified of them. They were just hurling abuse at everybody who went by. – Rebekah, age 19

Other moments of fear included having the abortion itself. Genevieve, a 20-year-old woman, had an abortion at the age of 16. When she found out she was pregnant, she “started crying and having a panic attack.” She claims her fear came from being pregnant at 16, her father finding out, and then being told she had to go through an abortion. Tess, a 22-year-old college student, found that her nerves came from not knowing what to expect.

Emotional responses were a recurring theme throughout the interviews. Most women felt a combination of varying emotions, though every woman felt some sort of negative emotion at one point or another. Similar to research by Kimport, Foster, and Weitz (2011), negative emotional responses often occurred when women felt that the decision to abort was not entirely theirs. Yet, there are also difficult circumstances, such as sexual assault, that can contribute to those negative emotions.

### ***Time and Waiting***

The theme of the passage of time emerged in every interview. In particular, the duration of the pregnancy along with the waiting time in the clinic before their abortion was significant among many women. Lexa remembered having to wait several weeks before she could have an

abortion. “I had to wait until . . . I can’t remember if it was eight or twelve weeks, but they wanted to be able to see it on an ultrasound before they would do the procedure.” Dinah wanted to have her decision made quickly so that she would have time to obtain an abortion if she wanted to. “Like, I’m not trying to delay this thing. Even though everything says you can wait three months or whatever the weeks are . . . It just seemed like the sooner the better, you know?” Tess describes having to wait over a week for her appointment: “I estimated I was six weeks pregnant, but I had to wait over a week for my appointment. So, I had my abortion at 7 and a half weeks.”

Most women also expressed a need to have the abortion as soon as possible. Dinah mentioned that she did not want to be pregnant: “When I got pregnant, it-it didn’t feel good. It was bad. The feeling was “get this outta me,” just . . . on a gut level.” Clara said that she “wanted it to be over with as soon as I could get an appointment.” Tess stated that being pregnant “was starting to take a toll on my body. There was no way I could tell my parents I was pregnant, so I needed it gone.” For Genevieve, age 20, trying to get an abortion was more time-consuming because she needed to travel out-of-state. “I was upset that I missed my appointment the first time because of traffic. I was ready to get it over with. The next appointment wasn’t for another month. If I had waited any longer, I wouldn’t have been able to get an abortion. I don’t know what I would’ve done then.”

Time was important to these women because they knew they only had so much time before abortion became illegal in Georgia, at 20 weeks gestation (O.C.G.A. § 16-12-141). Their phrasing indicates that women are not making these decisions lightly: they know that time is of the essence when it comes to abortion. As Dinah said, “the sooner the better.”

Of significance to this concentration on time is that every woman recalled in vivid detail their time in the waiting room at the clinic. They mentioned the sounds, smells, and people they encountered. Most women spent at least ten minutes describing their experience in the waiting room of the abortion clinic. “After my counseling session, I was sent to a separate waiting room with other women who were there for the same reason. Cell phones weren’t allowed, but we could interact and watch TV until we were called. It was a lot of waiting,” said Tess.

I was the only one there who wanted their child and couldn’t have it . . . There was a woman I sat near in the waiting room named Anne; she and her husband already had two kids under two years old, and they couldn’t afford a third kid. I wanted to offer to adopt hers so bad. I regret the loss of her child as much as mine. – Nellie, age 30

We had to wait in the waiting room for a couple of hours at least. And we had to be there first thing in the morning, like 8:00 in the morning we had to be there. And they didn’t have a clock, so I don’t exactly know how long we waited, but it was a while. And we got called back, and they put me in a gown, got me on an IV drip, and then I waited another few hours in a waiting room with other girls. It was long enough that I actually fell asleep. – Lexa, age 35

But there was a nice waiting room, there’s a little TV room, they try to play like calm music, and there’s two different waiting rooms for, you know, getting your pregnancy test and waiting again. They tried to play this soothing new agey music, but you could still hear the other waiting room’s classic rock . . . that was funny. – Dinah, age 36

Some women, like Dinah and Rebekah, mentioned the importance of being with other people who were going through the same thing.

A lot of women in there. It was interesting to see all the different women. There was one very pregnant lady, like late 20s maybe, and a teenager, like young teenager. Like either way that’s a bad situation. Like we don’t know which lady is there for the abortion, either way that’s bad. And some other men were there, too. I felt like, comradery, you know? All these girls, women, girl power. – Dinah, age 36

Everybody was ignoring each other, and I understand that obviously. I know it’s a very private thing for everybody. But this lady started talking to me. She was probably in her mid- to late thirties. She asked me if it was my first time and I said, “yeah it is; I’ve never done this before.” And she said that she was a mom, and she already had three kids, but she just wasn’t

willing to have a child anymore. And she just talked to me, and we ended up talking about school. We talked about what I wanted to do in life. And actually, it really helped me calm down. I have to give so much credit, so many props to that woman because I would've walked out if she wasn't there, because I was so scared. – Rebekah, age 19

A woman's time in the waiting room was an essential component of their abortion experience.

Often they would be waiting for a few hours, as many abortion clinics are only open two or three days a week. It is telling that some women remember specific details several years after their abortion, perhaps for two reasons: (1) women who have to abort under unfortunate circumstances, like Nellie, or (2) the uncertainty and nervousness of having an abortion, like Tess.

### *Christianity (Practicing vs. Non-practicing)*

The theme of Christianity emerged in over half of the interviews. Seventy-nine percent of Georgians identify as Christian, so this comes as little surprise. Of the five women who discussed Christianity, only one is a currently practicing Christian. The other four describe growing up in Christian households, but no longer regularly practice. Of the four who do not practice, two noted that their Christian upbringing did play a role in their abortion experience, and two said that it did not.

Dinah is a practicing Christian who describes her faith in God as helping her make her decision to have an abortion. She and her husband sought out pastoral counseling after they discovered she was pregnant. Their church has two pastors, a man and a woman, and Dinah mentioned that while Rev. Susan was a woman, Rev. David had known them the longest and she felt closer to him.

Sam [my husband] and I both went, and we ended up talking with David. And he was sooo great. Like, we had a really good experience talking to

him, saying, “Y’all are great. You’re great parents and wonderful people. I love you; God loves you. Whatever you do, you pray about it, and it’ll be fine.” – Dinah, age 36

Dinah says that she and her husband had been looking for “confirmation” to keep the baby, or “permission to terminate.” It was important to them to speak with their pastor about their decision and to receive that religious guidance, even though they had already been leaning towards abortion.

After we had that little consultation with the pastor – twenty minutes where we talked and prayed – we went to lunch and were feeling much better about termination . . . I don’t know if he [David] meant to give us permission to terminate, but it’s kinda what we were both leaning toward after that. – Dinah, age 36

Although she and her husband had both been raised in Christian households, Dinah expressed that both of them had never agreed with the Church’s teachings on abortion. They felt that choosing abortion was a moral choice. She said, “I had eliminated the possibility of abortion being evil . . . I’ve never been apart from God, why, evil can’t touch me! I’m close to God, you know what I mean?”

While Dinah found comfort in her faith, Tess and Rebekah had difficulty reconciling their decision to terminate with their Christian upbringing. Tess still identifies as Christian but does not practice on a regular basis. She states that her family is very religious and that she still identifies with a lot of Christian beliefs. “I was raised to follow and believe the standard Christian morals, especially abortion being wrong. I always told myself and other people that if I ever got pregnant, I would never have an abortion. I thought abortion was murder, and murder is wrong.” Life does not always happen the way one thinks it should, as Tess discovered: “Being pregnant changed my views on a lot of things. Especially things I never thought would change

my mind or heart . . . It broke my heart that I decided on my own to end the life that was beginning inside of me.”

Rebekah on the other hand, grew up Catholic but now identifies as agnostic. In our interview, she talked about how her Catholic upbringing played a significant role in her abortion experience. She became emotional when talking about it: “My entire family’s Catholic, you know, so pro-life is kind of a big thing for them . . . I’ve always been pro-choice, but still . . . Growing up with that . . . um, when you’re in that situation it tends to creep in on you, and I . . .” She takes a moment to collect herself, apologizing for her tears: “. . . I felt like I was lying the entire time [at the clinic]. In the interview she asked, “Is anyone forcing you to do this?” And in some ways, no, nobody was forcing me to do this, but in some ways I was kinda forced into that situation.”

Being raised in a Catholic family, Rebekah was taught that having an abortion was a sin. Because her family is still very much Catholic, she was unable to tell them about her abortion. Even her mother, who knew that Rebekah had been sexually assaulted, had no idea she was pregnant and seeking an abortion. “For a long time I thought I was going to hell, like those were the nightmares that I’d have. That was rough. And that’s why I didn’t go to help or anybody, especially with my family.”

Growing up in a religious family seemed to have an important impact on a woman’s abortion experience. Both Tess and Rebekah felt that they could not go to their families for support because of the Christian beliefs that they held. This can be both isolating and stigmatizing to women who have abortions.

However, Evelyn and Nellie both noted that while they had been raised in Christian homes, it did not influence any part of their abortion experience. In Evelyn’s case, her family had

always told her that abortion was a decision to be made between a woman and God. For Nellie, she no longer ascribed to her family's Baptist beliefs.

### ***Obstacles to Obtaining an Abortion***

A fourth theme that arose during interviews involved obstacles to obtaining an abortion. These obstacles varied among the eight women, from financial hurdles, to travel time, to encountering protestors outside the clinic.

*Financial* Some women mentioned that their insurance would not cover their abortion. Tess described how she paid for her abortion: "My abortion cost \$500. My boyfriend didn't offer any help financially. I had to save every penny from working at a local restaurant and even had to pawn some of my best jewelry so that I could have enough money for my abortion." On the other hand, Lexa mentioned that she had help paying for her abortion: "It was about \$900. The guy I was seeing paid \$400 and my mother paid the rest. 'Cause like I said, I wasn't in a good financial situation at the time. I was barely getting by with just my income." Evelyn had a student job on campus, but her insurance did not cover abortion. "God, I wish my insurance had covered it. I just had one of those student jobs on campus, you know, so I wasn't making that much. I basically lived on crackers and tap water for a month just to afford it."

Dinah and Rebekah both had insurance that would cover their abortion but chose not to use it. For Dinah, she merely had not submitted the paperwork for the facility to fill out. She mentioned that the cost was not a big deal because she and her husband are financially stable and the price was relatively low compared to other medical procedures. Rebekah, however, explained that she could not risk her pro-life mother finding out about her abortion, so she had to pay for the procedure herself: "I decided to do it without insurance because, well, my mom knew about

the [sexual] assault that happened, and I didn't tell her about the abortion. She is very, very pro-life. I didn't use insurance, so it cost me \$450."

*Travel* Another significant obstacle nearly every woman faced was that of travel. Because 96% of Georgia counties do not have an abortion provider, most women had to travel at least an hour to receive abortion care. Only two women (Nellie and Evelyn) lived in a county with an abortion provider, in the metro-Atlanta area. Women located in South Georgia had more difficulty with travel. One woman, Genevieve, had to travel out of state: "Planned Parenthood was the only place that would do a payment plan for us. I had to travel out of state because there wasn't a Planned Parenthood in my area that offered abortions. That sorta made me miss my appointment the first time, because the traffic getting there was so bad."

Other women had to travel well over an hour (sometimes over two hours) to obtain their abortion. The only clinic available to them in South Georgia is in Savannah (see Appendix F). This clinic only provides abortions two days a week, thereby adding an additional constraint to women seeking one. Several women had to take days off from work and/or class to have their abortion, including having the procedure, recovery time, and a follow-up appointment. Lack of clinic access can make obtaining an abortion more difficult because women need additional time to compensate for travel.

*Protestors* A third obstacle faced by many women were protestors. Although some women stated that the protestors did not bother them, others, like Rebekah, felt afraid of them. Rebekah mentioned that the demonstrators made her feel "awful" and she expressed that she was fearful of them.

Genevieve stood up to the protestors outside of the clinic, telling them they needed to leave her alone. Clara said that while there were protestors at her appointment, they "didn't mess

with” her. Lexa was approached by protestors who told her she was “committing murder.” She talks about how her mother (Clara) stood up for her:

But she was yelling at me, calling me a whore and a murderer, and just all these really horrible things and coming up and getting in my face. And my mother [she chuckles], it was the first time I’ve really seen her go into “mama bear” mode. She got in this woman’s face and threatened her if she didn’t back off. And she did. My mom and my friend got me into the clinic safely. – Lexa, age 35

Protestors had an impact on women’s abortion experiences. Even if they did not necessarily affect them personally, women expressed feeling angry at the fact that they were also there. “They didn’t mess with me, but they made me angry. They don’t get to tell people what to do with their bodies. Who says what is justified? I’m the one who decides what’s justified,” said Clara.

### *Support*

The fifth theme that I found was that of support. Women either expressed having support, not having support, or some combination of both. Having some support system was necessary for the women interviewed. The support of one’s partner was essential to some women. For example, during Dinah’s interview, she used “we,” “us,” and “our,” often, referring to her and her husband. She stressed the importance of she and her husband being on the same page and doing everything together, including doctor visits and pastoral counseling.

And one thing we decided on the first day we learned we were pregnant, we gotta think about this together. [laughs] Even with the pastor. Whatever happens, Sam and I . . . it just has to be both of us. And if either one of us started feeling strongly one way or the other, that would impact the other one. You know? Like, “if you start feeling God is saying to keep it, it’s fine.” We’re both trying to be open and together. – Dinah, age 36

Other forms of partner support included financial help: Lexa’s partner was able to pay for part of her abortion. The support of friends was also crucial to many women, like Tess: “I asked my

boyfriend if he would come with me, but he said he had to work. But my best friend Meredith was more than ready to come with me and be there for me because she knew I didn't have anyone else. That's what best friends are for, right? I would do the same thing for her."

Lexa also expressed the importance of her best friend coming with her to her appointment. She says that at the time, her best friend had been pro-life, but had supported her in her decision and even became pro-choice afterward.

It wasn't until a few years later that I found out that she had been very pro-life up until that point. She had never questioned me, never, you know, said anything to me regarding it. She just . . . I talked to her about my decision and told her why, and she accepted it and said she wanted to go with me. It makes me love her a bit more. – Lexa, age 35

An interesting thing to note is that every woman described her experience at the clinic positively regarding staff/personnel. Even when women were afraid or nervous, they represent the clinic staff as helpful, thoughtful, and compassionate towards them. "The people at the clinic were so sweet. They took good care of me," said Clara, age 68. Genevieve described how she appreciated the therapist at the clinic: "I was so scared, but she gave me a smooth stone to hold to help me calm down." Other women had this to say:

But I really trusted them. The ladies were really nice, even though I said on my intake the thing I was most scared of was this facility that I've never been to before, and I'm about to have a medical procedure. Who are these people? I don't know the doctor, or what the qualifications of anybody are, so I did, you know, put that on my form and say that in my interview. She noted that on my form and I was just like, this is the scariest thing 'cause I've never been here, you know? I'm actually conscientious when choosing my medical providers. But there's no choice; you have to use this place. – Dinah, age 35

So the clinic does this counseling session before the abortion. And this session was very comforting, and my counselor made sure that I was here on my own free will and hadn't been coerced into this. We talked about

everything: the boyfriend, the parents, the best friend, and real birth control options. – Tess, age 22

Having support at the abortion clinic was important for the women I interviewed. It helped them handle their nerves and made them more comfortable, in Nellie's words: "As comfortable as an abortion clinic can be."

Unfortunately, there was also a lack of support for some women. This lack of support often came from family members or partners. For Dinah, not having the support of her twin sister was difficult. She tells her twin everything, and when she said she was considering abortion, it did not go over well. "But I was not talking to my sister anymore. She was emailing me and texting me; her husband was emailing and texting Sam . . . 'Cause she was sending things like, "if you don't want the baby we'll have it," which Sam and I just rolled our eyes at – that was not even an option. Like, you don't understand." Even after her abortion, Dinah's relationship with her twin was still a little rocky.

They knew that we went through with the abortion, but then we did kinda like a debrief call. And it wasn't that good. They don't understand. She didn't ask anything about "are you okay? How was the procedure?" Whatever. It was just like, we were just saying what our reasoning was and they hadn't considered that maybe we are listening to God, that we have good reasons. You know? They were assuming that we were going crazy or something. I don't know. That's the hurtful part. Like, do you know me at all? I'm slowly talking to Danielle [twin] again. We haven't mentioned "the incident." I mean, I'm sure it'll be – our relationship – will be fine. It was just kind of surprising not seeing eye to eye. – Dinah, age 36

Other women found that they had very little support from their partners. Genevieve mentions that her boyfriend had been supportive at the time, but he now regrets the abortion: "He makes me feel like shit for getting it," she says. Nellie also did not have a supportive partner at the time of her late-term abortion: "My boyfriend at the time – he was a jerk – always played the

victim and I couldn't really mourn at the time because he took my attention; that was just a bad situation on its own."

Tess, who initially thought about continuing the pregnancy, changed her mind when her boyfriend told her that he would not help. "I tried and tried to talk to my boyfriend about what I was feeling, but he didn't want to hear any of it. Once I brought up the idea of abortion, that's all he pushed for." The lack of support experienced by many of the women I interviewed is a good introduction to the sixth and final theme found in the research: stigma.

### *Stigma*

As described earlier, stigma is "an attribute that is deeply discrediting" that alters the identity of an individual to a "tainted, discounted one," (Goffman, 1963, 3). Of the three types of abortion stigma described by Cockrill and Nack (2013), the most common among the eight women interviewed was that of felt stigma. Recall that felt stigma is when a woman imagines adverse and unsupportive reactions due to disclosure of an abortion decision or history. This data also included two instances of enacted stigma: subtle actions that reveal prejudice against those involved in abortion (Cockrill and Nack 2013).

Felt stigma was prevalent among women who had a Christian upbringing. Rebekah, for example, knew that she was making the best decision for herself, but still had moments of doubt due to being raised Catholic: "I think the experience would've been a lot better if there was less stigma surrounding it. If I felt comfortable going to people for support or help."

For women experiencing felt stigma, they may feel it is better to keep their abortion a secret rather than risk ostracization by their family and friends. Some women expressed anxiety over disclosing their abortion for fear of having their reasons questioned.

Even though we were living in a super conservative town, my friends and I were pro-choice. But I heard them talking about someone who got pregnant twice and had two abortions because she didn't use condoms, and they were saying how irresponsible she was. I know I just had one abortion, but I wasn't using birth control either. So I couldn't tell them that. – Evelyn, age 42

Dinah and Rebekah experienced enacted stigma. When Dinah found out she was pregnant, her first thought was that she needed to see her doctor so that she could learn about her options. However, her health care provider was not as helpful as Dinah had hoped she would be.

I called 'em and I said, "I'm-I think I'm pregnant." And she said, "Okay, well just, you need to come in in the next couple weeks . . ." and I said, "I don't want it. What if you don't want the baby?" And they were like, "Wait, you don't want it?" It caught me off guard at first 'cause they weren't prepared for that or something. Like, "Why are you calling us if you don't want a baby?" And the nurse said, "There's nothing you can do. There's no morning after pill or anything at this point." – Dinah, age 36

Dinah's story illustrated a critical aspect of stigma: misinformation. For women seeking information on abortion, this can be detrimental. Dinah's encounter with this idea of enacted stigma only gets worse, however:

She [the physician's assistant] couldn't help us at all. She was just like, "I think you have to go to Savannah. You just Google it." And she didn't have a contact – she couldn't make a referral. She couldn't even say what the procedure was. I was looking for medical information, you know? Talking to my doctor . . . trying to make a decision. I hadn't made a decision; I was just wondering what my options are for termination. She didn't really know, which surprised me. I don't know if she was trying not to tell me or what, you know? 'Cause she gave us the contact info for the local crisis pregnancy center: "I have a friend at the crisis pregnancy center, ABC Pregnancy Center, here." And she said, "Like a personal friend, here's her number. That would be the next step, that's the next step for you. They are the ones who deal with crisis pregnancies. And I know that a clinic in Savannah is the only option for . . . abortions. And you'll just have to deal with them or deal with the crisis. If you want the baby, come back in a couple weeks." – Dinah, age 36

Dinah and her husband had to almost pry any information from the PA. She described her experience at the OBGYN office as "bad." She found it more difficult than anticipated to receive

the medical information she was looking for. Even when she was able to obtain information, she was skeptical of the PA's answers: "She offered that a lot of women regret it. Which I didn't really buy. Really? 'Cause my skeptic was like, 'How do you know?' I felt like she was a little bit like, 'You shouldn't have an abortion.' You can just tell, you know?" Dinah was upset that she was unable to get the information she needed, notably because this was the same health care provider she had seen for over a decade. She and her husband had to do the research themselves.

Rebekah experienced enacted stigma when she went to her university's health center for a pregnancy test. She had taken two pregnancy tests at home, but got mixed results, so she thought it best to seek a "professional's opinion."

I'm gonna be honest, the health services at 123 University – it was a traumatic experience for me. They would not allow my support person to with me, they wouldn't allow it at all. Questioned why I would ever want somebody there. I took the urine test and then I was waiting for 45 minutes by myself, waiting for the person to come back. And when the person did come back, it took them another 20 minutes to tell me the result, and instead they decided to criticize my weight and prescribe exercise. It was very odd.  
– Rebekah, age 19

Her test was negative, but Rebekah wanted to be entirely sure, so she requested a blood test and found out she was pregnant a few days later.

According to Cockrill and Nack (2013), medical practitioners are in authoritative roles, and as a result, may feel justified in condemning "deviant" behaviors. "A woman who expects nonjudgmental treatment from a medical practitioner but receives enacted stigma has reason to fear reactions from others in her life," (Cockrill and Nack 2013, 981). Dinah said that she felt "isolated" when she realized she would not be able to be open about everything: "I wanna talk about everything."

Other women explained that they thought the existence of stigma was "unnecessary." Lexa recounted that she told people she had a miscarriage to avoid the political aspect of

abortion. She felt that it was easier to say she lost the pregnancy than to “deal with ignorant people that don’t think I should make my own decisions regarding my own body.” Lexa also noted that although her decision to have an abortion was an easy one, that is not always the case for other people. Evelyn wished people would be more open to listening to one another and hoped that women’s voices would be at the front of the abortion conversation. Rebekah expressed that she thought that people do not understand the experiences of women who have abortions: “Like, if people could just respect that there are a multitude of reasons why people do it, and nobody is going there because they want to, nobody’s going there to “kill” a baby. That’s not their end game.”

In the previous chapter I discussed the process of gaining research approval through the Georgia Southern Institutional Review Board. The lengthy process and the multiple sets of changing requirements necessary in order to gain approval reflects the stigma of abortion. Members of the IRB expressed concern that women would become violent or overly emotional during an interview. Although some women did cry during the interview, no one became “overly emotional” or “violent.” Most women expressed that they felt better after talking about their abortion with me. In light of the extended time period, changing requirements through the review process, and the expressions of concern about women’s emotional stability, I argue that abortion stigma was prevalent during the IRB process.

Abortion undoubtedly carries a stigma with it. Women who have abortions experience shame, though at varying degrees. Women also argue that the stigma of having an abortion is unnecessary and expressed their desire to see an end to it.

## CHAPTER 4

### CONCLUSION

Abortion is a complex experience for many people. This thesis research sought to answer the question of whether or not Georgia women experience abortion stigma. The answer is clearly yes, but women's descriptions of their experiences are complex and varied.

As an overwhelmingly conservative and pro-life state, Georgia's rural towns lack simple access to abortion care. Unless a woman lives in the Atlanta or Savannah area, she will have to travel to receive abortion care. Many of the women indicated that they had to travel to receive their abortion care. Some women, such as Dinah, had difficulty finding information on their options for dealing with an unwanted pregnancy.

The emotions that surround having an abortion vary and are a large part of a woman's abortion experience. The post-abortion talkline Exhale recently stated that 43% of their callers are calling about their emotions, whether they are depressed, confused, or are experiencing emotional changes about their abortion (Exhale 2018). While relief was the most commonly expressed emotion during interviews, other feelings were present, and participants deemed those just as important.

The presence of abortion stigma was apparent in their experiences. All of the women interviewed mentioned abortion stigma in some way, and most of them even utilized the word "stigma" when describing their experiences. Several women noted that they could not be open about their abortion because of the stigma that surrounds it. Rebekah even remarked during our interview that she was afraid to speak to me because she thought it might be some sort of trap. Because of abortion stigma, many women have been pushed into silence about their experiences.

### **Limitations**

There are some limitations associated with this research project. First, the survey instrument was limited in the data that it collected. The survey also did not ask any demographic information, which would have been helpful during data analysis.

Another limitation is that of the small sample size. Future research should expand the number of interviews and surveys. It is not possible to make generalizing remarks about abortion stigma using only eight interviews and thirty-nine surveys. The interview participants were also all white; a more diverse sample would have included women of color. This project sought volunteers to be interviewed, and the eight women who volunteered were the *only* volunteers.

### **Contributions to the Literature**

The data presented in this thesis contributes to the broader literature by providing in-depth, qualitative evidence of abortion stigma and the emotions that women experience when they have an abortion. It was also essential to include some perspective from women living in the Southeastern United States more generally, and those living in Georgia more specifically.

Additionally, this data contributes to the literature by introducing themes and topics for further exploration. For example, the idea of time found in the interviews seems to be important to a woman's experience with abortion and should be a focus of future research.

Women talking about their abortions can help normalize the experience. Abortion stigma may be reduced if the procedure is normalized and the women who have them are seen as people doing the best they can at the time. Women who have abortions are diverse but share a common life experience. The sharing of their personal abortion stories can strengthen bonds with family and friends, help them not feel alone, and it can generate more social respect for all unique abortion experiences (Exhale 2018).

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## APPENDIX A

## Recruitment Flyer

## Have you had an abortion?

I am interested in speaking with women living in Georgia who have had abortions. You must be over 18.

Please tell me your story.  
All interactions will be confidential and judgement free.

I am a Graduate Student in Anthropology conducting research on abortion experiences in Georgia.

**Contact Me:**  
[abortionstorythesis@gmail.com](mailto:abortionstorythesis@gmail.com)  
or take a brief survey at  
[https://georgiasouthern.co1.qualtrics.com/jfe/form/SV\\_0OG0MYSR9ARf7SZ](https://georgiasouthern.co1.qualtrics.com/jfe/form/SV_0OG0MYSR9ARf7SZ)



This project has been approved by the Georgia Southern IRB under protocol number H17327.

## APPENDIX B

## Survey

**Page 1:**

Participation in this research will include completion of a brief survey. The survey will be administered electronically through Qualtrics, a program used by Georgia Southern University. The online system in Qualtrics will not record your email address or IP address, so your survey will be completely anonymous. There are no direct benefits to participating in this study, however:

- a. The benefits to participants include a safe space to share your abortion story.
- b. The benefits to society include helping to destigmatize abortion.

I estimate a minimum of 5 – 10 minutes will be needed to complete the survey.

You will not be identified by name anywhere in the survey or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. Deidentified or coded data from this study may be placed in a publically available repository for study validation and further research. You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.

- a. The online system in Qualtrics will not record your email address or IP address, so your survey will be completely anonymous.

You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher's faculty advisor, Dr. Jennifer Sweeney-Tookes at (912) 478-6587. For questions concerning your rights as a research participant, contact Georgia Southern University Office of Research Services and Sponsored Programs at 912-478-5465.

You do not have to participate. You may refuse to answer any or all questions, and can end the survey at any time. You must be 18 years of age or older to consent to participate in this research study.

This project has been reviewed and approved by the GSU Institutional Review Board under tracking number **H17327**.

**Do you understand that completion of this survey is anonymous, completely voluntary, and that you can stop at any time?**

Yes (→ next page)

No (→ elimination page)

### Elimination Page for “No”

Thank you for your time, but you are not the approved demographic for this particular study. Should you need help, the following resources are available to you:

- b. Exhale talk-line (1-866-439-4253)
- c. Backline talk-line (1-888-493-0092)
- d. Connect and Breathe talk-line (1-866-647-1764)
- e. Ending A Wanted Pregnancy Support Group (endingawantedpregnancy.org)
- f. Faith Aloud talk-line (1-888-717-5010) : Roman Catholic, Jewish, Unitarian-Universalist, Protestant Christian, and Buddhist clergy available. Non-religious people also welcome.

### Page 2:

Are you over 18 years of age?

Yes (→ next page)

No (→ elimination page)

### Page 3:

Was your abortion in Georgia?

Yes (→ next page)

No (→ elimination page)

### Page 4:

Which Georgia county do you live in? (Choose one)

Appling	Clinch	Irwin	Pulaski	Ware
Atkinson	Coffee	Jeff Davis	Quitman	Wayne
Bacon	Colquitt	Jenkins	Randolph	Webster
Baker	Cook	Johnson	Schley	Wheeler
Ben Hill	Crawford	Lanier	Screven	Wilcox
Berrien	Crisp	Laurens	Seminole	Wilkinson
Bibb	Decatur	Lee	Stewart	Worth
Bleckley	Dodge	Liberty	Sumter	Clayton
Brantley	Dooly	Long	Talbot	Cobb
Bryan	Dougherty	Lowndes	Tattnall	Coweta
Brooks	Early	Macon	Taylor	DeKalb
Bulloch	Echols	Marion	Telfair	Douglas
Calhoun	Effingham	McIntosh	Terrell	Fayette
Camden	Emanuel	Miller	Thomas	Fulton
Candler	Evans	Mitchell	Tift	Gwinnett
Charlton	Glynn	Montgomery	Toombs	Henry
Chatham	Grady	Muscogee	Treutlen	
Chattahooche	Harris	Peach	Turner	
Clay	Houston	Pierce	Twiggs	

**Page 5:**

1. How many abortions have you had?
  - a. 1
  - b. 2
  - c. 3
  - d. 4 or more
  
2. What was your reason for having an abortion? (Choose all that apply)
  - a. Did not want a child
  - b. Could not afford a child
  - c. Abusive relationship
  - d. Health concerns
  - e. Not married
  - f. Not acceptable to others for me to be pregnant
  - g. Other\_\_\_\_\_

**Page 6:**

3. Did you face any obstacles when obtaining your abortion? (Choose all that apply)
  - a. Protestors
  - b. Money
  - c. Transportation
  - d. Childcare
  - e. Lodging
  - f. Other\_\_\_\_\_
  
4. Did you seek out post-abortion support?  
Yes or No
  - a. Select all that apply:
    - i. Friends
    - ii. Family
    - iii. Post-abortion talk-line
    - iv. Counseling
    - v. Christian or other religious support
    - vi. Other\_\_\_\_\_
  
5. Have you disclosed your abortion to family or friends?  
Yes or No

**Page 7:**

6. Do you identify as pro-life or pro-choice?
  - a. Pro-life
  - b. Pro-choice
  - c. Other\_\_\_\_\_

7. What religion do you identify with?
- a. Christianity
  - b. Judaism
  - c. Islam
  - d. Hinduism
  - e. Universalist
  - f. Buddhism
  - g. Pagan
  - h. Agnostic
  - i. Other\_\_\_\_\_
  - j. None
8. Would you be willing to speak with me about your abortion experience?  
Yes or No
- If yes, please contact me at [abortionstorythesis@gmail.com](mailto:abortionstorythesis@gmail.com)

## APPENDIX C

## Interview Guide

1. I would like to know about your abortion experience. Could you tell me about it?
2. Why did you have an abortion?
3. Can you describe your feelings when making the decision to have an abortion?
4. Will you explain any obstacles you encountered to seeking an abortion?
5. Did you tell anyone you were seeking an abortion? Why or why not? Who?
6. Did you have someone to support you through the process? Will you describe that support?
7. Can you tell me about your experience at the abortion clinic?
  - a. Were there people outside the clinic? Who were they or what were they doing?
  - b. How were your interactions with the clinic staff/nurses/doctor during your experience?
  - c. How did you feel during the procedure/abortion/termination? (*Word choice based on how the informant discusses her own abortion*)
  - d. What was your recovery experience like?
8. Can you tell me about your feelings after the abortion? You can talk about how you felt immediately after, a month later, or six months after, for example.
9. Do you tell people about your abortion? Why or why not?
10. What are your views toward abortion?
11. What have been other people's reactions to your having an abortion?
12. Would you describe yourself as a religious or spiritual person?
13. Does your religion/spirituality play a role in your abortion experience?
14. What do you think most people don't know or understand about abortion?
15. Do you think having an abortion in Georgia is different than the same procedure elsewhere? How/why?

## APPENDIX D




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**COLLEGE OF LIBERAL ARTS AND SOCIAL SCIENCES**


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**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY**


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**INFORMED CONSENT (Interview)**

1. My name is Kendra Cooper and I am a graduate student studying Anthropology at Georgia Southern University. I am studying abortion experiences in Georgia for my Master's Thesis.
2. Purpose of the Study: The purpose of this research is to understand how Georgia women with abortion experiences perceive abortion stigma.
3. Procedures to be followed: Participation in this research will include completion of a semi-structured, in-depth interview in which you share your abortion experience. Some interview questions may be personal. You may refuse to answer any or all questions.
4. Discomforts and Risks: You could potentially be uncomfortable speaking with me about your abortion. This research deals with a sensitive issue. If you feel that you need assistance at any time, you can contact any of these post-abortion counseling services:
  - a. Exhale talk-line (1-866-439-4253)
  - b. Backline talk-line (1-888-493-0092)
  - c. Connect and Breathe talk-line (1-866-647-1764)
  - d. Ending A Wanted Pregnancy Support Group ([endingawantedpregnancy.org](http://endingawantedpregnancy.org))
  - e. Faith Aloud talk-line (1-888-717-5010) : Roman Catholic, Jewish, Unitarian-Universalist, Protestant Christian, and Buddhist clergy available. Non-religious people also welcome.
5. Benefits: There are no direct benefits to participating in this study, however:
  - a. The benefits to participants include a safe space to share your abortion story.
  - b. The benefits to society include helping to destigmatize abortion.
6. Duration/Time: I estimate a minimum of 20 minutes, but will allow you to determine the length.

7. Statement of Confidentiality: You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. Deidentified or coded data from this study may be placed in a publically available repository for study validation and further research. You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.
  - a. Audio recordings will be stored on a password-protected computer in a locked room.
  - b. Only the researcher will have access to the materials.
8. Right to Ask Questions: You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher's faculty advisor, Dr. Jennifer Sweeney-Tookes at (912) 478-6587. For questions concerning your rights as a research participant, contact Georgia Southern University Office of Research Services and Sponsored Programs at 912-478-5465.
9. Compensation: There is no compensation for participating in this study.
10. Voluntary Participation: You do not have to participate. You may refuse to answer any or all questions, and can end the interview at any time. You may also request a change in venue.
11. Penalty: There is absolutely no penalty for not participating in this study.
12. You must be 18 years of age or older to consent to participate in this research study.

You will be given a copy of this consent form to keep for your records. This project has been reviewed and approved by the GSU Institutional Review Board under tracking number H17327.

**Title of Project:** Abortion Experiences in Georgia

**Principal Investigator:** Kendra Cooper, Georgia Southern University, Department of Sociology and Anthropology, (678) 918-0086, kc06017@georgiasouthern.edu

**Faculty Advisor:** Dr. Jennifer Sweeney-Tookes, Georgia Southern University, Department of Sociology and Anthropology, (912) 478-6587, jtookes@georgiasouthern.edu

Due to confidentiality concerns, verbal informed consent will be obtained.

## APPENDIX E



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**COLLEGE OF LIBERAL ARTS AND SOCIAL SCIENCES**

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**DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY**

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**INFORMED CONSENT (Survey)**

1. My name is Kendra Cooper and I am a graduate student studying Anthropology at Georgia Southern University. I am studying abortion experiences in Georgia for my Master's Thesis.
2. Purpose of the Study: The purpose of this research is to understand how Georgia women with abortion experiences perceive abortion stigma.
3. Procedures to be followed: Participation in this research will include completion of a brief survey. The survey will be administered electronically through Qualtrics, a program used by Georgia Southern University. The online system in Qualtrics will not record your email address or IP address, so your survey will be completely anonymous.
4. Discomforts and Risks: You could potentially be uncomfortable taking a survey about your abortion. This research deals with a sensitive issue. If you feel that you need assistance at any time, you can contact any of these post-abortion counseling services:
  - a. Exhale talk-line (1-866-439-4253)
  - b. Backline talk-line (1-888-493-0092)
  - c. Connect and Breathe talk-line (1-866-647-1764)
  - d. Ending A Wanted Pregnancy Support Group ([endingawantedpregnancy.org](http://endingawantedpregnancy.org))
  - e. Faith Aloud talk-line (1-888-717-5010) : Roman Catholic, Jewish, Unitarian-Universalist, Protestant Christian, and Buddhist clergy available. Non-religious people also welcome.
5. Benefits: There are no direct benefits to participating in this study, however:
  - a. The benefits to participants include a safe space to share your abortion story.
  - b. The benefits to society include helping to destigmatize abortion.
6. Duration/Time: I estimate a minimum of 5 – 10 minutes will be needed to complete the survey.

7. Statement of Confidentiality: You will not be identified by name anywhere in the survey or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions. Deidentified or coded data from this study may be placed in a publically available repository for study validation and further research. You will not be identified by name in the data set or any reports using information obtained from this study, and your confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.
  - a. The online system in Qualtrics will not record your email address or IP address, so your survey will be completely anonymous.
8. Right to Ask Questions: You have the right to ask questions and have those questions answered. If you have questions about this study, please contact the researcher named above or the researcher's faculty advisor, Dr. Jennifer Sweeney-Tookes at (912) 478-6587. For questions concerning your rights as a research participant, contact Georgia Southern University Office of Research Services and Sponsored Programs at 912-478-5465.
9. Compensation: There is no compensation for participating in this study.
10. Voluntary Participation: You do not have to participate. You may refuse to answer any or all questions, and can end the survey at any time.
11. Penalty: There is absolutely no penalty for not participating in this study.
12. You must be 18 years of age or older to consent to participate in this research study.

This project has been reviewed and approved by the GSU Institutional Review Board under tracking number H17327.

**Title of Project:** Abortion Experiences in Georgia

**Principal Investigator:** Kendra Cooper, Georgia Southern University, Department of Sociology and Anthropology, (678) 918-0086, kc06017@georgiasouthern.edu

**Faculty Advisor:** Dr. Jennifer Sweeney-Tookes, Georgia Southern University, Department of Sociology and Anthropology, (912) 478-6587, [jtookes@georgiasouthern.edu](mailto:jtookes@georgiasouthern.edu)

Informed consent will be obtained by clicking "Agree," which will take the participant to the survey. If "Disagree" is selected, the survey will end.

### APPENDIX F

Key:

Pink = county with an abortion clinic

1 star = 1 (approximate) clinic location

