



LATINA IMMIGRANT WOMEN'S ACCESS TO ABORTION: Insights from Interviews with Latina Grasstops Leaders

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NLIRH conducted a series of qualitative, semi-structured interviews with Latina “grasstops” leaders in immigrant communities in three regions: Minneapolis/St. Paul, Minnesota, the Rio Grande Valley of Texas, and New York City, New York. These 3 regions were chosen for three key reasons:

- Minnesota, Texas, and New York are states in which NLIRH has built long-term partnerships with Latina activists on the ground, and therefore is committed to research that can advance reproductive health policy in these regions.
- These three regions represent examples of the diverse Latino communities in the United States. Each place has a unique socio-historical context in which Latino communities were established, different economic conditions and degrees of urbanization, and at the state and local level, varying policies and programs supporting Latina health. These differences allowed us to acknowledge Latino communities' diversity in our research.
- We may identify potential commonalities that can contribute to understanding and making of national level policies, such as integrating the impact of immigration status into efforts to advance Latina reproductive health.

BACKGROUND

Understanding Latinas' experiences with abortion is important in order to dispel stereotypes and ensure that Latinas have timely, safe access to abortion services. Latinas have more than twice the abortion rate (28 abortions per 1000 women) of white women (11/1000);¹ this is explained in part by Latinas' higher pregnancy rate overall (146.3 per 1,000 women) compared to white women (84.3 pregnancies per 1,000 women).² In fact, when Latinas become pregnant, they are only somewhat more likely to have an abortion compared to white women. In 2004, 22% of Latinas' pregnancies ended in abortion, compared to 15% of pregnancies among white women.¹ This difference in abortion ratios between Latinas and white women overall is likely attributable in part to higher rates of unintended pregnancy among Latinas.³ When looking at just unintended pregnancy, the disparity in abortion ratios disappears: in 2001 43% of unintended pregnancies among Latinas ended in abortion and 44% among white women did.³ Health access inequities may explain why: compared to white women, Latinas have significantly lower rates of health insurance coverage⁴ and are disproportionately low-income⁵, both of which make accessing family planning services more difficult. Other research also indicates that some Latinas may have higher rates of contraceptive failure when they do use a family planning method.⁶

Latina adolescents however, have slightly lower abortion ratios compared to white girls: in 2004, 25% of pregnancies among Latina youth aged 15-19 ended in abortion, compared to 30% of pregnancies among their non-Hispanic white counterparts.⁷ Taken together, these data about Latina pregnancy and abortion paint a complex picture: while overall 7% more of the pregnancies among Latinas ended in abortion compared to white women, 5% fewer of Latina adolescents' pregnancies ended in abortion compared to white adolescents. The gap has widened among youth: in 2006, 6.4% fewer pregnancies among Latina youth ended in abortion compared to white girls. For Latina youth, similar access is-

issues might also contribute to their lower abortion ratio compared to white girls. For example, they may be less likely to have the insurance or money to pay for an abortion compared to white girls. The logistics of getting an abortion poses barriers for all youth, but may disproportionately constrain young Latinas—they must often get out of school, navigate parental consent laws, get transportation, and often want or need confidential care. Some Latina adolescents may also be more open to becoming a mother compared to white girls, and therefore less likely to choose abortion when they become pregnant.

Like U.S. born Latinas, many immigrant Latinas in the United States face several barriers to abortion services, such as disproportionately low rates of health insurance coverage, and high rates of low-income. In addition, immigrant women may not get the health services they need because of the federal 5-year ban on Medicaid eligibility for immigrants, fear of using healthcare services because of their or a family member's immigration status, and among some immigrant women, a lack of knowledge about laws regarding their right to abortion services. Despite these social and policy realities, popular perceptions of Latinas as being monolithically against abortion or as not ever considering abortion because of religious or conservative beliefs persist. However, little research is available documenting the experiences and perspectives of Latinas, especially immigrants, regarding access and utilization of abortion information and services. By conducting interviews with Latina “grasstops” leaders, we sought to document their perspectives on the role of abortion in their own advocacy, organizing, health education and services work.

The purpose of these interviews was to identify the reproductive health issues that Latina grasstops leaders saw as priorities for their communities as well as identify strengths and strategies that they are using to address those issues. This research brief will present the analysis of participants' responses regarding abortion.

METHODS

Between October 2008 and March 2009, we conducted 13 qualitative semi-structured interviews with 16 Latinas who were identified by their peers as “grasstops” leaders in their communities (two were group interviews). Interviews were conducted in English or Spanish. We recruited participants by asking activists and advocates that NLRH had previously worked with in each region of MN, TX, and NY to refer us individuals who they felt were Latina/o grasstops leaders in their community and who we could ask to participate. We defined grasstops leaders as “community-level advocates and activists” in the Latino community who work with constituencies that recognize them as leaders, but who are not always recognized at the state and national level as leaders.

While all interviewees happened to carry out their leadership role in their paid work at the time of the interview, at least in part, not all had always done so, and it was not required for them to participate. Participants worked in organizations with a diversity of missions and services. Latina leaders' experiences and perspectives on abortion was a main research question for this project and therefore was a structured part of the interview. The interview transcripts were read multiple times to identify themes, and texts that discussed abortion were further coded and charted to identify common narratives as well as disconfirming examples of the patterns identified. Three themes emerged from participants' responses regarding abortion: lack of access to adequate information and referrals, the impact of abortion on funding for programs and services, and immigrant youth access to abortion.

FINDINGS

None of the grasstops leaders interviewed worked on any service or program whose goals or purpose specifically addressed abortion education, services or referrals. Despite the diverse focus of participants' work, abortion was discussed in the majority of interviews (8 of 13) and in all three regions: Minneapolis/St. Paul, New York City, and the Rio Grande Valley.

Access to Information / Referrals

Of the 8 grasstops leaders who talked about abortion, 4 discussed their experiences helping women and girls facing an unplanned pregnancy get information and referrals regarding abortion services. Two other participants described addressing abortion in the context of health advocacy and education, and another two discussed their experience with both. Of the remaining 5 interviews in which participants did not describe any experiences with abortion, 1 participant briefly mentioned the pro-life stance of a local politician, and 4 did not discuss abortion at all.

A Minnesota youth health educator and trainer for promotoras (community health worker) at an anti-domestic violence organization described how her training sessions frame issues like abortion, in which there may be differing perspectives in the group:

Interviewer: Do other issues that are sensitive come up in the workshops, like abortion?

P: Yes, we approach it as the need to be able to respect others' right to full information and options in order to do the job of being a promotora.

Interviewer: How does it go?

P: It goes well. We are very intentional about the women we bring to the trainings, but we are not out there changing people's minds but to teach them how to respect where others are coming from.

A Texas promotora discussed including abortion issues in grassroots advocacy efforts, but described some women's discomfort with abortion as a topic:

Yes, we talk about it but we talk about it very subtly. And in fact one time we went to the capital to talk to some representatives and one of the issues was abortion. And some women from the community said definitively, 'If you are going to talk about that, we aren't going to go.' So we had to take that issue out and talk about something else.

This promotora also said that she did not have the experience of being approached by women asking for referrals for abortion services or information for making a decision about an unplanned pregnancy. However,

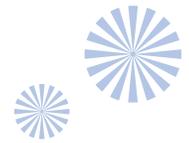
other grasstops leaders did discuss working with women who needed this information and their experiences particularly highlight the lack of information and resources some Latina immigrants face when seeking abortion care. When asked to describe the major reproductive health issues that Latinas in her community face, a Minnesota promotora trainer discussed how, as a Spanish speaker, she was called away from her regular work to speak with women who showed up at the clinic in which her promotora program was housed:

It wasn't in my work directly, it was more being around the clinic often times I would get a call because it would be a Latina women who was at the front desk and nobody spoke Spanish, and they didn't know what was happening. And so it was interesting because they lacked the vocabulary to even request an abortion or say what they were there for. So even though I was speaking Spanish, and they were speaking Spanish, it would be a little dance around what is it that you need, and I couldn't figure out for like 15 minutes until it finally became clear that they were pregnant, that they wanted to terminate the pregnancy... and that clinic that I was based at did not even do abortions, so you required a whole other set of assistance and resources to get them connected to where they needed to go... I mean they weren't even clear about what they wanted in their own language let alone in a language that was not there own. So that was a really interesting experience for me just to see that. It's the whole idea of the secret of abortion and how do you talk around so that you don't really say what you are there for that makes it so difficult...I keep thinking about the women who may have come when I wasn't in my office, and who didn't get connected to the right places.

A Texas promotora who had worked for nearly 20 years at a family planning clinic (that does not provide abortion services) said that as a promotora, she found that women usually got abortion referrals directly from the clinic providers or staff, and did not usually consult her as a promotora. She described the few times women had asked her for information about abortion:

Well, I've been asked, but look, they come to my house. Not the person herself, they bring the person in the car and her friend is the one that says “look I brought my friend” or “my neighbor,” right? And she wants to have an abortion. So what I do is give them the information I have about where to have an abortion. And I do find out later that she has done it. So I have been asked but not very often. Since I have been a promotora I only remember 3 times. I think it does happen, but we don't know about, we don't realize it because all of that happens in secret.





Immigrant Youth

In 4 interviews, participants discussed their experiences with immigrant Latina adolescents with unplanned pregnancies. Latina grasstops leaders described facing particular challenges with adolescents seeking abortion services, and facing unintended pregnancy overall. The Minnesota youth health educator and promotora trainer at a anti-domestic violence organization was asked if there is a place that immigrant youth can get confidential, unbiased pregnancy options counseling and she replied “There are options, like a clinic, but they don’t know about them.” This participant emphasized several times that the immigrant women and girls she works with have “no information” about reproductive health services and resources, such as clinics, available to them. She emphasized also that young immigrant women have little information about their own reproductive health. When asked by one immigrant Latina adolescent for advice about her unplanned pregnancy, this trainer and educator felt strongly that she could not discuss with the girl her pregnancy options or her decision, only connect her to information:

I’ll give an example, a girl came to me who was pregnant and she had no idea what to do. I drove her around to a couple of clinics...She didn’t know what to do...she found herself pregnant and, “what happens next?” I loaded her up with as much information as I could to help her make an informed decision. Brought her to the teen annex clinic and it went pretty good.

A New York City promotora trainer and program coordinator whose work, in part, was to connect immigrant teens to confidential reproductive health services had also aimed to provide as many resources as possible to adolescents facing pregnancy, but wasn’t herself able to discuss pregnancy options with girls. While she referred pregnant adolescents to a reproductive health clinic to learn about pregnancy options, including abortion, there was no such facility in the immediate municipality and the closest one was 40 minutes away by subway. According to this grasstops leader, Latina teens can often count on their parents to help them deal with an unplanned pregnancy, but that many Latinas also need an advocate:

Well, I am not trained to counsel them on, you know, making their choice whether they want to have an abortion or not. I usually refer them to the counselors at the reproductive health clinic. Again it’s unfortunate we don’t have one here (reproductive health clinic) so they have to go to either (neighboring county) or (another neighboring county). Yeah so they go out there, they don’t need to take a parent with them and they can sit and talk to a counselor. A lot of times the counselors themselves will encourage them to involve their parents in the decision making just because of the family support. A lot of times the parents, because they are Latino parents who are conservative and very Catholic, religious, they’ll say keep the child, even though the youth might not want to. And they are sort of looking for you to convince their parents but you don’t want to do that or, you don’t know... you don’t want to cross that family line.

In one interview with three Minnesota health providers who work in an adolescent health services program, they also described working with youth who navigate a combination of their family’s support and pressure in making their decision about their pregnancy. In this case however, providing pregnancy options counseling was part of working with a young woman and her family:

P1: Of the other (pregnant adolescents) that I remember, there are not many (that chose to have an abortion). Those that have gone with their mothers, even the moms pressuring the girls a little bit...

P2: ...we don’t care what the decision is, but she needs to make the decision. Recently we had a case where we felt it was the mom that was pushing, pushing so we asked her to come back every two, three

days just to be sure, until, as much as we know, we were listening to her voice saying “its my decision”...and maybe its because we’re able to provide them that space, that confidential space.

All of the grasstops leaders who discussed the abortion services for youth emphasized their desire to ensure that young women are able to make their own informed decision regarding pregnancy, and are able to access abortion services when they need them. However, leaders had different sets of resources: in three interviews leaders felt that youth needed access to unbiased options counseling and in two interviews, leaders described providing that support to youth themselves. All women interviewed expressed that the Latina adolescents they worked with dealt with a combination of internal conflict and outside pressure and support when deciding whether or not to have an abortion. They mentioned many of the same individual factors that many women and girls may weigh when deciding what to do about an unplanned pregnancy: personal values, and parents’ or doctors’ own values and feelings about abortion that seem to put pressure on her towards one decision or another, even if she herself feels differently. Some mentioned that traditional values honoring motherhood, conservative Catholicism, and the secrecy that shrouds abortion may make immigrant Latina teens’ experience considering abortion very difficult. A Minnesota health educator also felt that like other youth, immigrant adolescents are beginning to form their own identities, but must struggle to balance the values and traditions of the U.S. with those of their countries of origin, while doing so. Having to make a decision about an unplanned pregnancy brings these conflicts into stark relief where cultural values regarding abortion, sex outside of marriage, and motherhood are at play. Finally, these grasstops leaders expressed that for immigrant Latina teens, lack of health insurance, lack of information about clinics and health services overall, language and cultural barriers to getting reproductive health services confidentially, and not having a safe space to discuss the practical and emotional considerations of making a decision about an unplanned pregnancy are major concerns, in addition to facing the emotions that all teens may experience when facing an unplanned pregnancy.

Funding

Half of the grasstops leaders discussed program grants’ restrictions on discussing or providing information about abortion. For example, a Minnesota promotora trainer whose past work focused on reproductive health and primarily trained immigrant Latinas as promotoras, described needing to avoid abortion as a topic because of her program’s funding from the state department of health:

P: “There’s still a lot of confusion and questions for some people about abortion. What does that mean for me as Latina, and what does that mean for me as a Latina who’s Catholic, or Morman, or some Protestant religion, and that created a lot of heated discussions...”

Interviewer: That still needed to happen?

P: That still needed to happen probably. ...one of the things that’s really fascinating is that even though it is a reproductive health program, the funding we received is from the government. And because of that, it has restrictions on what you can and cannot say about abortion. So, one of the really big things is that even though we would try to keep an open space, we couldn’t actually do a training on abortion. Or pregnancy options that included abortion, which is crazy...and so, even though we had a philosophy of answering questions honestly and giving no bias, or not being judgmental around those issues, I think we modeled that as much as we could without, you know breaking...we couldn’t break the law...to be able to keep the program.



Another Minnesota leader who facilitated multi-sector community discussions around health and inequity never got funding in the first place: she was working closely with her local health department to implement a teen sexually transmitted infection (STI) prevention program that partnered adolescents with health department officials. The program could not be funded because she wouldn't ensure that abortion would not be discussed in the program:

P: The funding for the Dept of Health of the state, and I believe that this is true for all states, STI's is considered a national issue not a local issue, so all the funding comes from the CDC. And my understanding is that they really hamstring what kinds of programs...We talk way too much about abortion and way too much about reproductive choice so they really can't support our work.

DISCUSSION

More complex ideas about how to understand the role of abortion in the reproductive health of immigrant Latinas emerged from these qualitative interviews with Latina grasstops leaders. Three main findings were identified:

- Latina grasstops leaders address abortion in their work providing health education, advocacy, and health services referrals. Far from the stereotype of Latinas being anti-choice, these Latinas leaders do find the need and opportunity to ensure that immigrant women can consider abortion if they choose to, and they are committed to doing so, just as they are when women want to be informed of other health issues.
- Some immigrant women and girls may severely lack information and resources to consider and choose pregnancy options, including abortion. The grasstops leaders interviewed described working with Latina immigrant youth who needed emotional and practical support in making a decision about an unplanned pregnancy. Some leaders noted that, in their experience, immigrant teens do not have consistent resources for medically accurate, unbiased, culturally relevant pregnancy options counseling.

CONCLUSION

The results of this project provide a snapshot of the challenges that grasstops leaders in Latina immigrant communities have in providing abortion information and referrals to Latina women and girls. It also highlights the possible opportunities there are to address gaps in services and information by providing support to grasstop leaders, who are providing critical information and services about reproductive health to Latina immigrants. Further research should seek to better understand the contexts that emerged from this cross-sectional interview study. If as these interviews indicate, young immigrant Latinas face tremendous challenges in learning about and accessing abortion

The grants that funded the programs discussed by Latina leaders in these interviews are constantly changing, both in terms of available funds and the ideological and public health frame of their intents. Depending on the administrations and regulations at the state and federal level, as well as the prevailing understanding of how to address sexual and reproductive health in various communities, reproductive health program funding may not always prohibit discussing abortion. Therefore, these restrictions may or may not be in place currently or in the future. These interviews do offer a cross-section of experiences that Latina leaders have with funding-based restrictions on reproductive health issues; so while they cannot tell us the extent or effect of such restrictions, this analysis offers an entry point to begin to study and document the impacts of such policies.

- Programs grant restrictions that prohibit discussing abortion and a lack of resources for pregnancy options counseling make it difficult for Latina grasstops leaders to provide women with the full information and resources they would like to regarding unplanned pregnancy options.

This analysis focused on key informants' responses about abortion because the particular political, social and medical isolation of abortion from other health issues in the United States makes it likely that immigrant women may have to rally a separate set of resources and cultural structures when they need abortion information. However, this analysis has several limitations. First, grasstops leaders interviewed can only describe their perspectives and experiences, and despite most of these participants being part of the communities they work in, their responses don't give insight into the perspectives and experiences of women themselves. Second, this analysis does not indicate how common or important immigrant women's access to abortion information and services is, especially compared to other reproductive health concerns. This analysis does, however, indicate areas for further policy analysis and research that could not have been identified from national-level or quantitative data alone.

services, some important future questions are: What is the impact of such barriers on their health and well-being? What resources or training do grasstops leaders need or want to be able to provide information and referrals for abortion services adequately? How will the tremendous changes that the recent health care reform bill will introduce, alleviate or exacerbate grasstops leaders' ability to connect immigrant women and girls to abortion services? Applied policy research answering these questions is needed to understand how the findings from these interviews fit into a broader picture of immigrant women's reproductive health and the opportunities to promote it.

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