



LATINA IMMIGRANTS AND ABORTION

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OVERVIEW OF LATINA IMMIGRANTS' EXPERIENCE WITH ABORTION

While there is limited research on abortion experiences among Latina immigrants, it is unquestionable that abortion remains an important reproductive health service for all Latinas. Latina immigrants carrying unwanted pregnancies face a number of challenges to accessing abortion services, including limited resources, language and cultural differences, and lack of information about family planning and abortion. Limited access and information has led some Latina immigrants to use off-label prescription medication to self-induce abortions. Latina immigrants, especially young Latinas, need more information about preventing unwanted pregnancies and access to safe and affordable abortion services.

STATISTICS ON LATINA IMMIGRANTS AND ABORTION

- According to the Guttmacher Institute, between 17-20% of women having abortions in the United States are Latinas.ⁱ
- Latinas, who represent 13% of all women, are having abortions at a disproportionate rate.
- Studies indicate that recent immigrants have lower rates of abortion than U.S. born Latinas, although this may not accurately account for underreporting and self-induced abortions.

CHALLENGES TO ACCESSING ABORTION FOR IMMIGRANT LATINAS

The high rate of poverty among Latinas, coupled with limited public funding sources for abortion, make it difficult for many Latinas to access abortion. In at least 33 states, Medicaid coverage is only available for abortions needed in the case of rape, incest and/or life endangerment. State Medicaid programs cover abortion services for a broader range of needs in only 17 states.ⁱⁱ A recent report by the National Network of Abortion Funds showed that immigrant Latinas have been denied coverage for their abortions because Medicaid personnel wrongly assumed their immigration status disqualified them from coverage.ⁱⁱⁱ Latina immigrants may also not be familiar with private abortion fund networks that help cover costs for needy women.

Low-income undocumented women have even fewer financial resources to cover the cost of an abortion procedure. Abortion is not considered an emergency service under Medicaid for which undocumented women would be eligible. A handful of states, including California and New York, cover abortion services for undocumented women through their Medicaid programs. Undocumented women do not always apply for Medicaid coverage in these states, however, because they assume they are ineligible or they fear deportation.



NATIONAL LATINA INSTITUTE FOR REPRODUCTIVE HEALTH

In addition to the economic constraints, many Latina immigrants experience difficulties communicating with their provider because of linguistic and cultural differences. For example, some Latina immigrants may not speak English proficiently, and interpreters are not always available in abortion clinics and hospitals. Latina immigrants may also not feel comfortable talking about terminating a pregnancy with individuals who do not speak Spanish or have a shared cultural background. Confidentiality and cultural competency are especially important in the area of abortion services.

The barriers to effective communication about abortion are not limited to providers; abortion rights advocates must also become familiar with cultural and language differences and should create messages and materials that resonate with all Latinas. For example, advocates should recognize that some Latina immigrants may not have the historical reference necessary to understand the meaning of *Roe v. Wade*, and that many immigrants from Latin America have lived in countries where abortion is illegal in most or all cases. Moreover, the term “pro-choice” does not translate well into Spanish and may not galvanize Latina immigrants to exercise their choices and join the reproductive health movement. The National Latina Institute for Reproductive Health uses the slogan *Salud, Dignidad y Justicia* to mobilize Latinas because it reflects a broader campaign for social justice and health access.

SELF-INDUCED ABORTION AMONG LATINA IMMIGRANTS

There is growing documentation that Latinas are self-aborting and they are using a variety of methods to do so. Some Latinas are obtaining medication that induces abortion from Central/South America or at their local *bodegas*. For example, Latina immigrants in New York City have been buying Misoprostol and using the ulcer treating medication off-label to induce abortions for many years.^{iv} Latina immigrants may be electing to self-induce abortions because the medication is significantly cheaper than an abortion procedure at a licensed clinic. Others are self-aborting in part because they are unaware that abortion is legal in the United States. The practice of underground self-induced abortions through prescription drugs is common in many Latin American and Caribbean countries. Latina immigrants may also not be familiar with family planning and abortion clinics serving their community.

Before self-aborting, it is important Latina immigrants know that abortion is legal and available in the United States and that many clinics have sliding scales for low-income individuals. Clinics should also ensure that clinic personnel do not unnecessarily question a patient’s immigration status. In some states, such as New York, abortion is covered by Medicaid for all eligible individuals, regardless of immigration status. Latinas who decide to self-administer the medication at home should also have access to complete and accurate information about the drug and its side-effects in order to make a fully informed decision.

A recent example of the devastating consequences limited access can have on Latina immigrants is the case of a migrant farm worker in South Carolina who was put in jail for



taking Misoprostol to self-induce an abortion. In South Carolina, an abortion must be performed by a licensed physician. This case highlights the dire situation many Latina immigrants find themselves in without adequate information and access to reproductive health care services.

ATTITUDES ABOUT ABORTION AMONG LATINA IMMIGRANTS

There is very little research about attitudes about abortion among Latina immigrants.^v Limited studies have found that abortion attitudes correlate with traditional beliefs about women, education levels and assimilation. One study found that Latinas who held less traditional beliefs about women and motherhood had higher rates of abortion, presumably because they wanted smaller families to fulfill non-traditional roles.^{vi} Polling also suggests that Latinas' views about abortion liberalize over generations and with higher levels of education.^{vii} Thus, over time and with access to accurate information about pregnancy and abortion, Latina immigrants may be more likely to support legalized abortion. Despite the dearth of available research, it is a myth to assume that all Latina immigrants oppose abortion simply because they are Catholic or they were born in countries with restrictive abortion policies.

IMMIGRANT LATINA YOUTH

Immigrant Latinas, especially youth, tend to be less sexually active than acculturated Latinas. Acculturation is the process of entering another society and acquiring a new language, cultural practices, and/or values. Nevertheless, Latina immigrant teens have higher birth rates than non-immigrant teens and non-Latinas.^{viii} The highest birth rate is among teens of Mexican origin. There are a number of reasons for their higher birth rate. For example, Latina immigrant youth often lack access to comprehensive sexual education. As a result, Latina immigrant teens who are sexually active use contraception less consistently and effectively than non-immigrant Latinas.^{ix} Pregnant immigrant Latinas are also less likely to choose abortion than native-born Latinas and white teens.^x It is important to note that not all pregnancies among Latina teen immigrants are "unwanted," and this may be reflected in their decision not to use contraception or have an abortion.^{xi} On the other hand, increased access to information and services would likely lower the high teen birth rate that persists among Latina teens.

ⁱ Alan Guttmacher Institute & Physicians for Reproductive Choice and Health, *An Overview of Abortion in the United States* (2003).

ⁱⁱ National Abortion Federation, *Public Funding for Abortion: Medicaid and the Hyde Amendment* (2002); ACLU, *Public Funding for Abortion* (2002).

ⁱⁱⁱ National Network of Abortion Funds, *Abortion Funding: A Matter of Justice* (2005).

^{iv} Mark Rosing & Cheryl Archbald, *The Knowledge, Acceptability, and Use of Misoprostol for Self-Induced Medical Abortion in an Urban Population*, JAMWA (2000).

^v Alan Guttmacher Institute, *Opportunities for Action: Addressing Latina Sexual and Reproductive Health* (March 2005).

^{vi} Celia Kaplan et al., *Young Latinas and Abortion: The Role of Cultural Factors, Reproductive Behavior, and Alternative Roles to Motherhood*, Health Care for Women International (2001).

^{vii} NLIRH, *Special Report: Latinas and Abortion*.



^{viii} Center for Reproductive Health Research and Policy, University of California, San Francisco, *Issue Brief on Latino Youth: Reproductive Health* (Nov. 2002).

^{ix} Ibid.

^x Ibid.

^{xi} Ibid.