



# ISSUE BRIEF

January 2004

## LATINAS AND ABORTION ACCESS

The *Roe v. Wade* decision, which gave women the right to a safe and legal abortion, was decided by the Supreme Court on January 22nd, 1973. This historic decision was a milestone for women's health and rights. Unfortunately, the fight for abortion rights did not end with this decision and since 1973, there have been numerous government restrictions passed which have severely limited access. Cultural and linguistic differences, as well as restrictions based on age, economic status, religious affiliation and geographic location are obstacles that prohibit many women, especially Latinas and other women of color, from seeking safe abortions and from exercising their reproductive freedom. And with today's politically conservative climate, preserving women's reproductive rights will continue to be an uphill battle. For many Latinas, especially those who are poor or uninsured, *Roe v. Wade* is an abstract concept with little bearing on their reality. That is why the National Latina Institute for Reproductive Health (NLIRH) actively supports the right of every Latina to seek a safe and affordable abortion.

### **Do Latinas support abortion rights?**

Latinas have been fighting alongside white feminists and activists in the name of abortion rights for decades. NLIRH polling data shows that 53% of Latinas actively identify as pro-choice, and a large percentage is opposed to any restrictions on abortion rights. According to the Alan Guttmacher Institute, 20% of women having

abortions are Latinas, and among Latinas between the ages of 15-44, 25% of pregnancies end in abortion. The majority of Latinas are opposed to any government restrictions on the right to decide when and if to have children. However, because the term "pro-choice" does not resonate with many Latinas, there is a common misconception that Latinas are anti-choice. "Pro-choice" language is often difficult to translate and many immigrant Latinas are not too familiar with the American political context. The reproductive rights of Latinas have been threatened by a range of coercive and punitive policies, all of which have denied Latinas access to basic health care services. Consequently, for many women of color, the fight for abortion rights is broader and the term "pro-choice" is too limiting.

### **Barriers to Abortion Access**

#### ***Linguistic and Cultural Barriers***

When accessing reproductive care services such as abortion, Latinas face many cultural and linguistic barriers. Finding a provider that is proficient in Spanish is one difficulty many Latinas encounter; finding providers who can offer care that is culturally sensitive and appropriate is another. Oftentimes, Latinas are reluctant to see health care providers at all for fear that they will not be understood. And since immigrant Latinas come from many different countries, they may base their understanding of the American health care system on experiences they have had in

their country of origin and may not realize that certain services, including abortion, are legal and available.

### ***Age Restrictions***

The majority of young women in America are denied public education on how to have safer sex and prevent pregnancy. Then, in turn, they face numerous restrictions on their right to access abortion services. Outside of the states of New York, Washington, DC, Vermont, Connecticut, Hawaii, Washington and Oregon, minors are required to either notify a parent or obtain parental consent in order to have an abortion. While several other states do not rigorously enforce their parental notification or consent laws, having this law on the books makes it possible for judges to choose to enforce them at any time. These laws impose particular difficulties on young Latinas, who may perceive their parents as less supportive of abortion or anti-choice.

Most parental notification or consent laws include exceptions for medical emergencies, but these exceptions are often difficult for many Latinas and young women to attain. Many states also offer judicial bypass procedures in the case that a teen is unable to involve her parents. In a judicial bypass procedure, a judge has to decide if a young woman is mature enough to make the decision of whether or not to have an abortion. However, a judicial bypass is often difficult to obtain because they are left completely to the discretion of each individual judge. Immigrant Latinas are less likely to be aware of the existence of such legal procedures, and may feel intimidated by the process due to cultural and linguistic barriers. And for all women, obtaining a judicial bypass or a medical exemption for an abortion can be a complicated process that is frightening and at times embarrassing. Because this whole process can take multiple days, it will require women to miss more school, seek more financial assistance, and further delay the abortion procedure.

### ***Economic Limitations***

Many Latinas are low-income and are less likely to have private insurance that covers the full range of reproductive health options. At least an estimated 32% of all Latinas are uninsured, a rate that is higher than those of African-Americans and white Americans. Latinas are also more reliant upon federal funds for provision of their health services than other ethnic groups. Under Title X, the Public Health Service Act, public funding may be used to provide comprehensive family planning services to all in need of such services and to those who cannot otherwise afford them. All services are provided on a sliding scale, and Title X is crucial in providing contraception, STI treatment, and prenatal counseling for many low-income Latinas.

The Hyde Amendment, which passed in 1977, prohibits the use of all federal funds for abortion services, making it impossible for millions of low-income women to access abortions. Currently, federal funding for abortion is only available in cases of life endangerment, rape, or incest. These restrictions have had a long lasting, chilling effect on the ability of Latinas to access abortion. While a handful of states use their own funds to provide abortions for low-income women, the majority do not. The first woman reported to have died as a direct result of the Hyde Amendment was Rosie Jimenez, a young Latina who resorted to an unsafe abortion because she did not have the means to pay for the procedure. Without health insurance and without federal funding for abortions, Latinas consistently face reduced access to abortion services. To this day, Latinas are disproportionately affected by economic limitations on access to abortions and other reproductive health services.



### ***Geographic Limitations and the Provider Shortage***

According to the National Abortion Federation, approximately 87% of U.S. counties do not have an abortion provider. In non-urban or rural areas, this percentage increases to 97%. This issue is of particular concern for Latinas, since a growing proportion of new immigrant Latinos live in non-urban areas – for example, North Carolina and Tennessee. Many women, including Latinas, have to drive hours or even days to see an abortion provider. Traveling long distances to see a provider can be costly and time-consuming. At the same time, the shortage of abortion providers means that doctors who are providing abortions in rural areas may only be there a few times per month, further limiting women’s access to abortions. The aging of doctors who are trained, the limited number of medical schools that offer this training and the violence and harassment that many providers experience all result in a dwindling number of doctors who can and who are willing to provide abortions.

### ***Religious Hospitals***

Many Latinas seek abortion services at hospitals instead of smaller clinics. Obtaining abortion services from religious or religiously affiliated hospitals can be difficult, if not impossible. Research conducted by MergerWatch indicates that nearly 1 in every 5 hospital beds in the United States is now operated by a religious health system, and 5 of the nation’s 10 largest health systems are affiliated with the Catholic Church. Catholic hospitals don’t provide abortions or even contraceptive services. When Catholic hospitals form business partnerships with secular hospitals, they often insist that these non-religious facilities adopt religious restrictions and ban reproductive services. This is a grave limitation on women’s rights to choose when and if to have children, and is a violation of the fundamental human right to freedom to practice or not practice religion or observe religious beliefs.

### ***Recommendations for Change Changing the Abortion Rights Movement***

The right to an abortion should be framed as a human right - reframing the issue in this context is a necessary part of incorporating Latinas into the reproductive rights movement.

- The right to have an abortion is also linked to the right to raise healthy children, to have prenatal care, and to have access to all reproductive services. Thinking and talking about reproductive rights as a social justice issue is the key to mobilizing Latinas, who represent a major and rapidly growing social, political, and economic force.
- 20% of all women having abortions are Latinas – it’s time we create safe and supportive environments for Latinas and all women seeking abortions. We can do this by educating community clinic reproductive health care providers, talking to the families and partners of Latinas seeking abortions, and lessening the stigma around abortion and reproductive rights in our community.

### ***A New Policy Agenda***

Reproductive rights activist must become proactive and advocate against policies that deny women of color and low-income women the fundamental right to decide when and if to have children. This includes:

- Fighting for the repeal of the Hyde Amendment.
- Supporting increased funding for culturally and linguistically appropriate abortion and reproductive health services.
- Advocating for educational incentives and financial assistance that will help more students of color enter into reproductive health fields and become health providers.

## ***Creative Education and Outreach***

Outreach and education to Latina communities about abortion rights must be done in new ways.

- *Promotoras de Salud* (peer health education) programs give Latinas the chance to create and use their own languages and cultural influences to educate their neighbors, friends, and community members. Community clinicians and providers must also be appreciated and approached as a resource for community education.
- Faith-based models that incorporate spirituality into a comprehensive approach to sexuality and reproductive health can be very useful in the Latino community, since religion is often a major influence in Latino culture.



National Latina Institute for Reproductive Health  
[www.latinainstitute.org](http://www.latinainstitute.org)  
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## **Resources**

The National Latina Institute for Reproductive Health has authored a series of culturally and linguistically accessible publications on reproductive health and rights, which are available by accessing our website, [www.latinainstitute.org](http://www.latinainstitute.org), or contacting our office. For further information, please see:

Alan Guttmacher Institute  
*Issues in Brief: Revisiting Public Funding of Abortion for Poor Women.*  
2000.

Catholics for a Free Choice  
[www.cath4choice.org](http://www.cath4choice.org).

Center for Reproductive Rights  
*Mandatory Parental Consent and Notification Laws.*  
March 2001.

Center for Reproductive Rights  
*Restrictions on Young Women's Access to Abortion Services.*  
July 2003.

Center for Reproductive Rights  
*Judicial Bypass Fails Young Women Seeking Abortions.*  
July 1999.

Jones, Raquel, et al.  
*Patterns in the Socioeconomic Characteristics of Women Obtaining Abortions in 2000-2001. Perspectives on Sexual and Reproductive Health*  
2002, 34(5).

Latino Issues Forum  
*Our Health, Our Rights: Reproductive Justice for Latinas in California.*  
September 2003.

MergerWatch, A Project of the  
Family Planning Advocates of New York State  
[www.mergerwatch.org](http://www.mergerwatch.org).

National Latina Institute for Reproductive Health  
*Special Report: Latinas and Abortion.*  
March 1999.

Religious Coalition for Reproductive Choice  
[www.rcrc.org](http://www.rcrc.org).

**NATIONAL LATINA INSTITUTE  
FOR REPRODUCTIVE HEALTH**



**[www.LatinaInstitute.org](http://www.LatinaInstitute.org)**