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## Mind Your Own Uterus: An Analysis of Reproductive Health Disparities Among U.S. Latinas and Latine Individuals

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### Executive Summary

- Despite significant improvements in reproductive health over the last century, Latinas still face higher disparities compared to White women.<sup>1</sup>
- In June 2022, *Roe v. Wade* was overturned. About 42% of Latinas of reproductive age live in the 26 states that are projected to ban abortions, and they will feel the brunt of these negative health impacts.
- Actions to protect Latinas' reproductive health status include: 1) enshrining the right to abortion in state constitutions, and 2) holding social media and search engines accountable to reduce abortion misinformation.

### Background

#### *Defining Terms*

**Latine** is a gender-neutral term to refer to a person of Latin American origin or descent that is inclusive of individuals who are gender fluid, non-binary, or non-conforming.<sup>2</sup>

**Individuals with uteruses** refer to individuals that utilize reproductive health services because they have or previously had a

uterus.<sup>3</sup> Historically, data references cisgender women, but when possible, this brief will use "individuals with uteruses," also shortened to "individuals."

**Reproductive health** refers to the condition of the "female" reproductive system, including breasts, ovaries, and uteruses.

**Contraception** refers to devices, medications, procedures, or behaviors intended to prevent pregnancy.<sup>4</sup> It can include tubal ligation, birth control pills, condoms, and long-acting reversible contraception, such as intrauterine devices.<sup>5</sup>

**Abortion** is the termination of a pregnancy through medication or surgical procedures.<sup>6</sup>

#### *Overview of Reproductive Health Service Access*

**Prenatal Care.** Prenatal care minimizes risks of adverse fetal, birth, and parental outcomes through managing maternal health conditions, screening for fetal abnormalities, and advising on lifestyle behaviors.<sup>7</sup> While recommended in the first trimester of pregnancy, nearly 30% of Latinas start care after the first trimester and attend less than the recommended number of visits.<sup>8</sup> Only 71% of Latinas receive adequate

prenatal care compared to non-Latinas.<sup>9</sup> In fact, only 13% of Latinas took folic acid, a vitamin intended to prevent neural tube defects, compared to 31% of White women.<sup>10</sup> Latinas are also less likely to undergo prenatal testing, and 31.6% of Latinas that were high-risk for fetal anomalies declined prenatal testing due to limited understanding of the procedures.<sup>11</sup>

**Abortion.** From the late 1800s to the early 1970s, abortion was criminalized and illegal.<sup>12</sup> In 1973, the decision in the landmark Supreme Court case, *Roe v. Wade*, ruled that the due process clause under the 14th Amendment of the Constitution protected the right to abortion in all fifty states.<sup>13</sup> This was the first time that the Supreme Court recognized that the constitutional right to privacy covered an individual's decision to terminate their pregnancy.<sup>14</sup> In 1992, *Planned Parenthood v. Casey* reaffirmed this right but created an "undue burden" framework, which made it difficult to challenge laws that did not prohibit abortion yet still had the intent to create barriers for individuals seeking abortions.<sup>15</sup> In June 2022, the ruling in *Dobbs v. Jackson Women's Health Organization* overturned the federal right to

*Latinas are the largest group of women of color that are impacted by current and future state abortion bans.<sup>21</sup> More than 40% of Latinas of reproductive age live in states where abortion bans are being implemented.<sup>22</sup>*

abortion, giving states the authority to create laws to protect or restrict abortion.<sup>16</sup>

Prior to the reversal, 21% of Latinas reported having an abortion compared to 33% of White women.<sup>17</sup> Approximately 82% of abortions among Latinas occur within the first nine weeks of pregnancy, while 12% occur within 10-13 weeks.<sup>18</sup> Only 6% of abortions among Latinas occur between 14-20 weeks, and 1% occur after 21 weeks, reflecting the general population.<sup>19</sup> Following the reversal, there is minimal data on Latine abortion access. However, the Kaiser Family Foundation found that 63% of Latinas ages 18-49 did not want *Roe v. Wade* overturned, and 75% believe that abortion is a personal choice.<sup>20</sup>

## Program Analysis

### Reproductive Health Outcomes

Disparities in reproductive health access lead to poor health outcomes for Latinas. In particular, pregnancy can lead to adverse outcomes, including gestational diabetes, preterm birth, and preeclampsia, which can pose health risks even after pregnancy.<sup>23</sup> Lower, inconsistent, or incorrect contraception use contributes to most incidences of unintended pregnancy.<sup>24</sup> Unintended pregnancies are correlated with lower levels of prenatal care and breastfeeding, lower birth weights, higher rates of premature birth, child abuse, intimate partner violence, and poor maternal mental health.<sup>25</sup> Unintended pregnancy rates were twice as high for

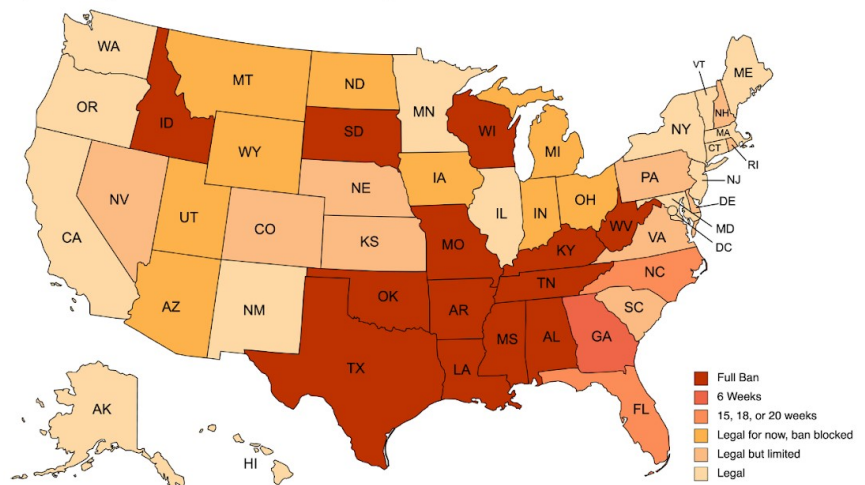
Latinas compared to White women.<sup>26</sup> Inadequate prenatal care also contributes to premature birth, low birth weight, and higher mortality rates from perinatal and postnatal infections.<sup>27</sup> In a California study on birth outcomes, 10.1% and 9.57% of Mexican-American and non-Mexican Latinas had preterm births compared to 7.3% of White women.<sup>28</sup> Also, 4.9% and 5.9% of Mexican-American and non-Mexican Latinas had babies with low birth weights compared to 3.8% of White women.<sup>29</sup> Following the 2020 pandemic onset, Latina maternal mortality increased by 44%, with 18.2 deaths per 100,000 births.<sup>30</sup> COVID-19 was a contributing factor for 32% of Latina maternal deaths because of conditions directly related to the infection, such as respiratory or viral infections, or conditions worsened by infection, such as diabetes or cardiovascular diseases.<sup>31</sup>

Delayed prenatal care during the pandemic may have also contributed to increased maternal mortality.<sup>32</sup>

### Implications of the Abortion Ban

Over 6.5 million Latinas ages 15-49 live in the 26 states that have banned or will ban abortion, leaving them with limited options for access.<sup>33</sup> If they cannot access abortion in their state, they may travel to other states. In 2020, nearly one in ten abortions were provided to out-of-state patients.<sup>34</sup> It is expected that this pattern will increase as more states enact bans. Nearly three million Latinas living in ban states are economically insecure, meaning they are more likely to lack funds for interstate abortion travel and may experience increased poverty as a result of being denied abortion care.<sup>35</sup> Almost 50% of

Figure 1  
Map of Legal Status of Abortion by State as of Jan. 2023



NOTE: AZ and UT have a gestational limit on abortion at 15 and 18 weeks, respectively. However, separate abortion bans in these states have been temporarily blocked by a judge.  
SOURCE: New York Times, 2022

*“...an abortion ban could lead to a 21% increase in pregnancy-related deaths among Latinas.”<sup>45</sup>*

affected Latinas are already mothers, and without abortion access, it increases the economic insecurity of their children.<sup>36</sup> Lastly, about 43% of Latinas with disabilities live in these 26 states, presenting increased obstacles for a population that already faces abortion barriers due to disability discrimination and lack of accessibility.<sup>37</sup>

Latinas living in Texas, Florida, and Arizona comprise about 75% of Latinas in abortion ban states.<sup>38</sup> In these states, the 1.4 million Latinas who experience large wage disparities will be harmed as they are over-represented in low-wage service occupations that are less likely to provide paid sick days and flexible scheduling.<sup>39</sup> Without employment benefits, Latinas are less likely to take time off to access abortion services.<sup>40</sup> They are also likely to be targets of increased criminalization.<sup>41</sup> About 39% of Latinas in affected states are not U.S.-born, and anti-immigrant laws and policing are more prevalent in ban states.<sup>42</sup> These policies, along with abortion surveillance, puts undocumented Latinas at risk of deportation, detention, and family separation.<sup>43</sup> With minimal access, they may perform “back alley,” or self-induced abortions, or be forced to carry an unwanted pregnancy.<sup>44</sup> According to the University of Colorado, an abortion ban could lead to a 21% increase in pregnancy-related deaths among Latinas.<sup>45</sup>

## **Contributing Factors to Reproductive Health Outcomes**

### *Economic Stability*

While Latinas represent 18.1% of women in the U.S., they comprise 27.1% of women in poverty.<sup>46</sup> Among transgender and

non-binary Latinas, 43% are living in poverty, compared to 18% of all U.S. Latinas.<sup>47</sup> Low-income Latinas are less likely to access medical services, as 31% of Latinas in households that make <\$25,000 per year do not have the financial security of knowing they will have coverage if they need to see a doctor, compared to 16% of White women.<sup>48</sup> Low-income women are more likely to not use contraception compared to higher-income women.<sup>49</sup> In fact, only 25% of women who want an IUD receive one after learning the costs.<sup>50</sup> Despite being more likely to be in the workforce, Latinas are less likely to have employer health insurance, and more likely to enroll in Medicaid, meaning that Latina Medicaid beneficiaries can incur out-of-pocket costs for an abortion.<sup>51</sup>

### *Health Care*

As of 2020, 45% of Latinas had employer-sponsored insurance, 22% had Medicaid, and 22% were uninsured.<sup>52</sup> Latinas face the highest coverage disparity of all reproductive-age women, and Latinas in the South have the lowest rates of health coverage (28% uninsured), which increases barriers in a state, like Texas, to health services.<sup>53</sup> Furthermore, under the Hyde Amendment, federal funds cannot be used for abortion unless the pregnancy endangers the individual’s life or they were a victim of rape or incest, decreasing abortion access for 44% of Latinas with Medicaid or no insurance.<sup>54</sup>

Another factor is the quality of patient-provider interactions, often impacted by racial bias. About 30% of Latinas said their

women’s health concerns were not taken seriously by medical providers.<sup>55</sup> Latinas (38%) were less likely than White women (49%) to report receiving excellent care from their contraception care provider.<sup>56</sup> Even with access, they may not discuss reproductive health concerns out of discomfort. In a study on Latinas in Brooklyn, 24 out of 26 respondents felt that their physician lacks compassion, respect, or politeness.<sup>57</sup> About 58% experienced discomfort discussing sexual health with male or younger physicians.<sup>58</sup> Similarly, in a study on transgender Latinas in Florida, 93% of participants noted inadequate provider treatment, including being ridiculed and misgendered.<sup>59</sup>

Lack of cultural competency also contributes to poor medical experiences. Nearly 60% of Latine immigrants have difficulty communicating with providers due to language barriers.<sup>60</sup> About 36% of Latina immigrants prefer a Spanish-speaking provider, but only 9% of providers are Latine.<sup>61</sup> Therefore they may rely on others to translate, such as children, affecting the quality of information and the extent to which concerns are addressed.<sup>62</sup> There are even fewer U.S. providers who speak indigenous languages, such as Nahuatl, Zapotec, Garifuna, or Quechua.<sup>63</sup>

### *Physical Environment*

Aside from state residence in Fig. 1, living in rural areas impacts reproductive health access. Rural communities experience lower access to hospitals.<sup>64</sup> Rural residents are more likely to be uninsured or on Medicaid.<sup>65</sup> Less than half of rural women live within thirty

minutes and 87.6% live within an hour's drive from a hospital offering perinatal services.<sup>66</sup> In 2022, Latinas represented the largest percentage of the rural minority population (9%).<sup>67</sup> One study noted that a lack of independent transportation, an inability to drive, and high gas costs impeded rural Latinas from accessing health care.<sup>68</sup>

This study found that long-acting reversible contraception was more available in rural areas, but when Latinas were the predominant population, the trend was reversed. In addition, only half of pharmacies in the study area offered Spanish interpretation services, hindering contraception access.<sup>69, 70</sup> Lack of hospital proximity can be fatal, and rural Latina mothers age 17 and under were more likely than White women of the same age to develop maternity complications from inadequate prenatal care and lack of accessible obstetric care providers.<sup>71</sup>

### *Community and Social Context*

The utilization of abortion is impacted by the experience of stigma. It reflects an individual's concerns about poor treatment or damaged reputation if their abortion was known by others.<sup>72</sup> Abortion stigma is a barrier in the decision-making process for individuals seeking abortion.<sup>73</sup> Race, culture, and religion are social constructs impacting stigma experience.<sup>74</sup> In the U.S., 40% of all Catholics are Latine.<sup>75</sup> The Catholic Church emphasizes abortion as a sin, which is often ingrained among Catholic Latinas.<sup>76</sup> Female sexuality is stigmatized in Latine culture, so premarital pregnancy increases the risk of experiencing social ostracism from loved ones.<sup>77</sup> When abortion is perceived as a sin, having one can increase guilt

or shame.<sup>78</sup> This may make Latinas less likely to seek social support when considering abortion.<sup>79</sup> Latinas (50%) were more likely to perceive abortion stigma from friends and family compared to White women (44%).<sup>80</sup> They were also most likely to keep their abortion secret.<sup>81</sup>

### **Conclusion**

While Latinas are at a higher risk of adverse reproductive health outcomes, there are actions to address this public health crisis. Policymakers can enshrine the right to abortion in their state constitutions.<sup>82</sup> In the 2022 mid-term elections, five states voted to protect abortion rights, and in August 2022, Kansas voted to protect abortion rights on a ballot measure.<sup>83</sup> These states have seen sizable growth in the amount of reproductive-age Latinas in the last decade.<sup>84</sup> In January 2023, South Carolina joined these states by overturning the state's six-week abortion ban.<sup>85</sup> Four states, Montana, Kansas, Kentucky, and South Carolina, are historically conservative states, which provides hope for other states to enshrine the right to abortion in future elections.

Policymakers must also be proactive in addressing the role of the internet in abortion access. About 61% of American adults use the internet for health information, which includes abortion services.<sup>86</sup> However, individuals must be cautious of misleading "crisis pregnancy center" advertisements, which market themselves as clinics, yet advise against abortions. They can delay access to prenatal and abortion care. About 11% and 37% of Google and Map searches for abortion services led to nonmedical facilities that do not provide abortions.<sup>87</sup> In addition, one in ten abortion

search results in "Trigger Law" states lead to fake abortion clinics.<sup>88</sup> Given the surge in abortion-related misinformation in Latine communities, they are at risk of being targeted for misleading advertisements.<sup>89</sup> Congress must hold social media and search engines accountable, through leading letters or introducing legislation, to remove illegitimate clinic advertisements and promote accurate information within their platforms so that Latinas receive patient-centered reproductive health care. With actions like these, Latinas can maintain protection and autonomy as the fight continues to expand reproductive health care for all individuals.

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