Increasing Access to Abortion for Women in Diverse Communities

Recommendations from a National Consortium

April 4, 2001 • Washington, DC

NATIONAL ABORTION FEDERATION

In April 2001, the National Abortion Federation invited individuals who have worked to increase women's access to comprehensive reproductive health care to discuss the unique barriers faced by women of color, low-income women, and immigrant women.

This report is a compilation of our discussion and provides a summary of the key recommendations that were made during this consortium.

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Introduction

While the *Roe v. Wade* decision in 1973 legalized abortion in the United States, it did not ensure equal access to abortion for all American women. Since that case was decided, socio-economic, language and cultural barriers have made it increasingly difficult for certain women in underrepresented communities to obtain abortion care. While abortion is one of the safest and most commonly performed medical procedures, too many women of color, low-income women, and immigrant women do not have access to unbiased information about abortion or the resources to obtain safe, high quality, abortion care if they decide to terminate unplanned pregnancies.

To remedy this inequality, activists have been working for the past two decades to identify and ameliorate barriers to safe and accessible abortion care for women in diverse communities. As a continuation of this effort, the National Abortion Federation convened the Consortium on Increasing Access to Abortion for Women in Diverse Communities in Washington, DC on April 4, 2001. Participants from health care advocacy associations, faith-based organizations, human rights groups, abortion clinics, and academic institutions discussed both the manifold barriers faced by women in diverse communities and possible strategies and solutions.

Barriers. Once a woman has made the decision to have an abortion, she will often find that she faces one of the many well-documented barriers to accessible abortion care. The most recent survey found that 86% of all counties in the United States have no identifiable abortion provider. In non-metropolitan areas, the figure rises to 95%.[1] As a result, many women must travel long distances to reach the nearest abortion provider. Other factors contributing to the lack of access to abortion services include a shortage of trained abortion providers, state laws that make getting an abortion more complicated than is medically necessary, continued threats of violence and harassment at abortion clinics, and fewer hospitals providing abortion services. In addition, women of color, low-income women and immigrant women must contend with further obstacles unique to their situations.*

Women of Color. The United States is home to a growing population of ethnic and immigrant populations. The 2000 Census data indicates that Hispanics are currently 13% of the population and the Census Bureau projects that by 2050, Hispanics will be 24% of the population. Blacks and African Americans are currently 12.9% of the population and by 2050, Blacks and African Americans will increase to 14.7% of the population. The Asian and Pacific Islander data show that they are currently 4.2% of the population and by 2050 they will be 9.3% of the population and the American Indian population will increase from

"WE KNEW THAT THERE WAS MORE THAT WE COULD AND SHOULD BE DOING. IT IS FOR THIS REASON THAT WE BROUGHT TOGETHER EXPERTS WHO WORK IN DIVERSE COMMUNITIES TO IDENTIFY THE BARRIERS, DEVELOP RECOMMENDATIONS, AND PUT INTO PLACE PROGRAMS THAT WILL BE EFFECTIVE IN INCREASING WOMEN'S ACCESS TO THE RESOURCES THAT THEY NEED TO MAKE THE DECISIONS THAT ARE RIGHT FOR THEM."

—VICKI SAPORTA

* *In attempting to understand the unique barriers faced by women in diverse communities, we do not pretend that the women encompassed by these categories are a monolith and will share all of the same characteristics. Please see "A Note on Terminology" at the end of this section.*

.9% of the population to 1.1% of the population in 2050. While the percentages of people of color and of different races will continue to increase in the United States, we know that when women of color in the United States obtain any type of health care they may face overt or subconscious discrimination by providers, and differentials in treatment from White patients. The National Black Women's Health Project Fact Sheet explains that "minorities…continue to be burdened with disproportionate rates of illness and death. [There is] compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations."[2] We know that Latinas are approximately two times as likely as White women to have an abortion, and Black women are more than three times as likely.[3] However, these figures may represent the general problem of access to culturally appropriate health care, including a continuum of reproductive health services.

In addition to these disparities, women of color have historically been subjected to controlling and coercive reproductive policies. For example, the Indian Health Service, the primary provider of health care services on reservations, has a long history of reproductive rights abuses. Charon Asetoyer reports that currently some Native American women are still being forced to become sterilized. Black women's history of slavery in the United States leads them to resent efforts to control how many children they have. Brenda Romney put it succinctly: "There is a strong message that has been communicated to Black women. When our children were property, we were encouraged to have them. When our children are ours, we are not worthy parents. Those are the messages, the background, and the context of health care in general. This is some of what Black women bring with them when they seek health care information or abortion services."

Women of color must often face silences around sexuality and the stigma of abortion in their own communities. The National Asian Women's Health Organization found that reproductive and sexual health issues are typically not discussed in Asian American families, and many women did not feel comfortable discussing their reproductive health with their partners. Rather than searching for information and referrals to qualified providers, women in diverse communities are often more concerned with non-medical issues, such as privacy, confidentiality, low cost, and convenience in location. Unqualified and unethical health care providers actively target their advertising to these women with messages directed at their concerns.

Low-Income Women. The Hyde Amendment denies federal Medicaid funding for abortions except in cases of rape, incest or life endangerment. Some states allow *state* Medicaid funds to cover abortion services for Medicaid-enrolled women under broader circumstances. However, the majority of states also restrict the use of state Medicaid funding to the very limited cases covered by the Hyde Amendment. Therefore low-income women and Medicaid-eligible women in the United States face an uphill battle in accessing abortion services. Although the cost of a first trimester abortion has increased only slightly since 1973, many women still cannot afford the fee. Medicaid-eligible

women who become pregnant and wish to terminate their pregnancies are directly affected by the Hyde Amendment's funding restrictions for abortion services. The Alan Guttmacher Institute reports that when public funds are not available for abortion care, 20-35% of Medicaid-eligible women who would choose abortion carry their unplanned pregnancies to term.[4] Furthermore, even when states are required under Medicaid law to provide coverage for abortions, the National Abortion Federation has chronicled numerous instances when Medicaid payment has been unlawfully denied.

The result of this lack of financial support is that too many women who need abortions must wait while they raise funds, postponing their abortions until later in their pregnancies when the costs of these more complicated abortion procedures are higher. For women who are struggling to make ends meet and who do not have insurance that covers abortion, the legal right to have an abortion does not guarantee that they will have access to this service.

Immigrant Women. Women who are new to the United States often confront similar issues to those detailed in the two previous sections. Additionally, immigrant women and non-English speaking women often simply do not know or understand that abortion is legal, and that there are safe, affordable clinics that provide confidentiality to their patients. Not only is there a lack of resources in languages other than English, there are anti-abortion organizations that specifically mislead recent immigrants about their reproductive rights in the United States. Of particular concern, "Crisis Pregnancy Centers" (CPCs) erroneously advertise their services as abortion counseling and offer free pregnancy tests as incentives to visit the centers. There are over 3,000 CPCs in the United States, compared with just over 2,000 abortion providers. Many distribute Spanish-language materials, and some subject women to anti-choice videos, literature, and biased "counseling." Women who are unfamiliar with the process of obtaining an abortion in the United States are particularly vulnerable to such misinformation strategies.

The Need for Additional Data

Identifying and quantifying barriers for women in diverse communities is complicated by the lack of data. Several organizations have begun to collect their own data and produce their own studies, but a concerted effort led by experienced researchers should exist to supplement the few statistics and many anecdotes that are currently available. Community leaders, politicians, and activists need access to accurate, credible information about the health care needs of their constituents, and health care providers should be informed about the unique barriers that patients from diverse communities face. Furthermore, researchers are just beginning to understand how social class and ethnicity come together to affect health outcomes. This report is just one facet of a much larger endeavor to collect the appropriate data to ensure that women in diverse communities are fairly and equitably represented.

"THE SERIOUS LACK OF DATA ABOUT THE REPRODUCTIVE HEALTH OF WOMEN IN DIVERSE COMMUNITIES MUST BE RECTIFIED. STUDIES MUST BE CONDUCTED AND DISSEMINATED TO THE COMMUNITY AND POLITICIANS."
—ANGELA WONG

A Note on Terminology

As one Consortium participant said, "there are women in diverse communities who are left out of the Big Four: the Black, the Native American, the Asian American, and Latina experiences." Even within these categories, there is diversity in terms of language, immigration status, economic class and marital status. For example, women in Asian American communities speak over 100 different languages and dialects and represent more than 50 ethnicities. In hosting the Consortium and in preparing this report, we do not suggest that any of the barriers or solutions will be applicable to all women from diverse communities. Instead, we hope to continue the discussion about women's differing experiences with health care in general, and abortion care specifically, and to attempt to ensure that abortion is safe, legal, and accessible for all women.

Recommendation I:

Utilize the global human rights framework to redefine abortion as an essential aspect of the broad spectrum of basic health care.

Historically, the pro-choice movement has coalesced around a single issue: abortion. Women and men who have dedicated time and resources to this movement sometimes point to abortion as an essential part of the spectrum of the reproductive health services offered in the United States, but the focus of activism and resources remains on abortion. As a result, the abortion rights movement has missed important opportunities to broadly define abortion as part of the human right to health care.

It is a truism in communities of color that the pro-choice movement is largely composed of White and privileged women working to guarantee what is perceived as the narrow right to have an abortion. Activists in diverse communities who must work to ensure that their neighbors receive basic health care do not want to focus on what is perceived as a single, tangential issue. One of the participants in the Consortium explained that "I used to feel, quite frankly, that it was a luxury to worry about reproductive health and rights. I really didn't think I had the time. People were dying, and I had to turn my attention to that. Women understand, though, how their lives intersect. Women don't want to be talked to about their head, their vagina, or their children. It is all one, and it is the context of their lives." It is this trend towards holistic thinking that the pro-choice community must embrace. Women in diverse communities are concerned about an array of health issues and may be more likely to support efforts on behalf of abortion rights if they are defined as essential to health rather than based on a philosophical claim of choice.

Throughout the Consortium, the participants continuously identified "choice" as a problematic concept. In one sense, the use of choice as a defining concept for the abortion rights movement has heightened the perception of a movement that has lost touch with some of the communities that it aims to serve. As one Consortium participant explained, "it is clear when we talk to each other what choice means, but for a lot of people, choice does not have a basis in their reality. They don't feel like they have a lot of choices about things. We need to talk to women in language that resonates, and choice is not a basic known fact for a lot of communities." In another sense, participants stressed that choice must mean more than the right to abortion because women in diverse communities are also concerned about coercive health policies that may prevent them from being able to have children, such as forced sterilizations or Medicaid policies that encourage few children.

In order to broaden the scope and

"Mexico has lowered its birth rate significantly despite the Catholic church's efforts against birth control and abortion. Mexico still does not offer safe, legal, affordable abortions, but women are finding them. People are making decisions that are benefiting them and their families. We must not be shy about going to our sisters in the Latina community and asking them to consider the full range. We need to say 'If not for your sake, then for the sake of all women, let's make sure that abortion remains a real possibility within the full range of choices that women can make.'"

—Ignacio Castuera

"We need to recognize that in the movement of women of color, there is growing recognition that reproductive rights are human rights, that abortion rights are human rights. The global human rights framework gives us the power of making global connections, the power of building a united human rights movement in which one wing works on reproductive rights, one wing works on environmental justice, one wing works on gay/lesbian issues, and one wing works on youth issues. We need to use a shared framework that builds a movement for undivided justice."

—Loretta Ross

appeal of the abortion rights movement, Consortium participants recommended moving away from choice as a defining framework and instead embracing the existing global human rights framework to make connections about the importance of reproductive freedom as one element of a broad movement for human rights. Participants noted that the use of the human rights framework on the international stage has been very successful, especially in organizing diverse communities. For example, the Institute for Women and Ethnic Studies, in consultation with activists from around the globe, made the seamless connection in their Reproductive Health Bill of Rights: "All people are born free and equal with dignity and rights as set forth in the Universal Declaration of Human Rights. Historically, women of color across nations, cultures and different religious and ethnic groups have been subject to racist exploitation, discrimination and abuse. Manipulative, coercive and punitive reproductive health policies and practices deprive women of color of their fundamental human rights and dignity."

However, the human rights framework has not yet been effectively adapted for use in the domestic arena. It is sometimes difficult to relate global issues to the American public, but there are issues that provide a useful first step in translation. For example, there is a constitutionally protected right to privacy that protects women who choose to have an abortion, but this right does not extend to women who are receiving public assistance and cannot afford an abortion. It is in cases like these that talking about abortion as part of the basic human right to control fertility provides the abortion rights movement with a better framework for discussing the ramifications of neglecting to ensure that all women are able to control the course of their lives.

Recommendation II:

Create an economically and politically sustainable coalition of mainstream abortion rights groups and organizations representing diverse communities.

Within reproductive health activism, there is a great deal of organizational segmentation. There are numerous groups working at the national, state and local level to address reproductive rights. Some of these organizations have evolved specifically to serve diverse communities who were not being fully represented by the many organizations already in existence. In order to reach out to communities of color, leaders in the national abortion rights movement must work to create sustainable coalitions that are inclusive of a variety of voices.

In the past several decades, there have been various attempts to form working coalitions between mainstream pro-choice organizations and those serving women in diverse communities. For example, in 1989, the *Planned Parenthood v Webster* Supreme Court decision spurred an increase in the efforts to organize women of color in support of abortion rights. A group of African-American women leaders produced a brochure focusing on the reproductive freedom of Black women entitled "We Remember." The brochure was authored by Marcia Gillespie and funded by Planned Parenthood. There were 250,000 copies distributed to groups around the country. It was an effective organizing tool in large part because Planned Parenthood did not insist on putting its name or logo anywhere on the brochure. Consortium participants pointed to examples of collaboration like this one as successful because groups were able to work together to accomplish specific goals without being encumbered by organizational egos.

However, the abortion rights movement must not rely on event-specific organizing. Leaders in the pro-choice movement must make a concerted effort to reach out to organizations representing women in diverse communities on an ongoing basis. Although some of the organizations for women in diverse communities may not specify abortion in their missions, using the human rights framework and defining abortion as one aspect of comprehensive health care should allow the abortion rights movement to broaden its base of allies and make connections with a variety of groups.

Consortium participants identified specific tasks for mainstream abortion rights organizations and those representing women in diverse communities that are interested in creating an economically and politically sustainable coalition. First, the leaders in the national abortion rights

"There is a movement that exists of people who collectively believe that there is oppression taking place, that there is the denial of basic rights. Only through a collective voice, only through the connection of those oppressions are we going to be effective and form a multi-dimensional movement."

—Leslie Watson

"We must unify so that the moral and public ownership is shared, so that we as women of diverse communities are not only the clientele, the research, and the data, but that we own some of the passion and the visibility on a sustainable, continued basis."

—Jatrice Martel Gaiter

movement should find authentic representatives of diverse communities and build long-term, working relationships with groups rather than calling only in times of need. This includes making a space at the proverbial table for organizations representing diverse communities and avoiding tokenism at times when it is politically or culturally convenient. Second, all organizations involved in the coalition must address organizational barriers to working in coalitions, the most important of which is the allocation of resources, which includes both staff time and funding. Third, organizations must work together to put coalitions into the funding agendas of private foundations. Too often, groups representing women in diverse communities fail to get funding from foundations that support mainstream pro-choice organizations. It is incumbent upon leaders in the national abortion rights movement to be vocally, and to the extent possible, economically supportive of nascent organizations serving women in diverse communities to help them become sustainable.

"The time has come for us to build a united movement around Hyde. If there is a number one issue that is a dividing line weakening our movement, it is that class fissure that we have yet to surmount. Until we take that on, we are always going to be the divided and conquered."

—Loretta Ross

Hyde Amendment

There was universal consensus at the Consortium that the coalition's first goal should be a united effort to encourage legislators to rescind the Hyde Amendment. As one Consortium participant explained, "for those who are Medicaid-eligible, the absence of abortion coverage is a huge and unacceptable gap." Consortium participants were adamant that national pro-choice organizations must take on the Hyde Amendment in coalition with organizations serving diverse communities in order to be taken seriously in their efforts to reach out to women of color, low-income women and immigrant women. A failure to acknowledge the importance of eliminating the Hyde Amendment would perpetuate the perception of national abortion rights organizations as primarily interested in serving privileged women who do not have to worry about scraping together the funds for needed abortion procedures.

Recommendation III:

Acknowledge the moral agency and spirituality of women who choose abortion.

In attempting to connect the decision to have an abortion with the overtly secular rhetoric of choice and constitutional rights, the abortion rights movement has ceded ground to right-wing, religious groups who use spiritual language to denounce women's ability to make moral decisions. The vast majority of Americans describe themselves as spiritual or religious, and a majority of Americans believe in a woman's right to choose abortion. Therefore, the abortion rights movement must make room for a discussion of spirituality and moral agency in relation to abortion.

Consortium participants felt that using "choice" as a defining framework for the abortion rights movement has prevented mainstream organizations from highlighting the moral agency of women who choose abortion. Choice connotes consumerism, and it trivializes the difficult decisions that women make about their fertility. Abortion rights organizations must move beyond the language of choice to communicate the importance of abortion as part of a woman's need to create and sustain a healthy family.

As part of the effort to highlight the morality of abortion, the pro-choice movement should continue to call on religious and spiritual leaders who are supportive of the full range of reproductive options. Several organizations have partnered with religious activists to ensure that women who choose abortion hear positive messages about reproductive health and rights from religious institutions, which can be especially important in diverse communities that are dominated by conservative, traditional religious institutions. For example, the Religious Coalition for Reproductive Choice recently launched *La Iniciativa Latina* to assist clergy and laity involved in Latino communities to address the need for comprehensive sexual and reproductive health education from a religious values perspective.

In addition to working with religious institutions, the mainstream abortion rights movement should incorporate spiritual language and acknowledge the ways in which a woman's spirituality affects her reproductive decisions. For example, Charon Asetoyer explained to Consortium participants that in traditional Native American culture, the society of women was of utmost importance. Abortion was not part of the political arena; it was a matter between women and between an individual woman and the spirits. However, once Native Americans were confined to reservations where colonial laws influenced by the church and European biomedical procedures took hold, women's knowledge and authority was undermined.

Although the reintroduction of spirituality into discussions of reproductive rights seems difficult from a North American, pro-choice perspec-

"'Choice' connotes the idea of women making selfish choices. It is a discussion about resources and women are portrayed as greedy and consuming. If women are going to take responsibility for life, then we need to have some control over and accountability for the resources necessary to sustain life. Women all over the developing world would rather die than bring a child into the world that they cannot care for. The error of the individualistic frame-work obscures women's moral agency when choosing abortion to produce healthy families."
—Ester Shapiro Rok

"Medical schools do not address the social, economic, political, ethical, and medical aspects of abortion, particularly as it relates to women of color, and students need to hear about it. Minority medical students felt undereducated in the historical perspectives and social implications of reproductive health and its effect on minorities. As future medical providers, it is essential to be able to look at reproductive and sexual health beyond the clinical framework and evaluate them within the reality of women's lives."

—Euna August

tive, a "pro-life/pro-choice" language has been increasingly embraced by young women and women of color seeking an ethical response to the anti-abortion movement's propaganda. Ester Shapiro Rok recently led the adaptation of *Our Bodies, Our Selves* into *Nuestros Cuerpos, Nuestras Vidas*, a translation that was not limited from strict English to Spanish text but also included a "cultural adaptation" from North American feminist concerns to Latin American feminist sensibilities. One of the major differences between the two works is the introduction of spirituality into *Nuestros Cuerpos, Nuestras Vidas*. The book uses the guiding framework offered by Catholics for a Free Choice/Catolicas por el Derecho a Decidir, so that women have both a language and a link to an activist organization working to change women's relationship to the Catholic Church in the U.S. and internationally. What follows is a comparison between the two volumes:

Our Bodies, Our Selves

"Our ability to protect our reproductive and sexual health, and to control whether and when we have children, is critical to our freedom — both to shape our lives and to express and enjoy our sexuality. This unit starts off with some basic tools for knowing our bodies better. It explains our sexual anatomy and the reproductive life span, the hormones of the menstrual cycle, and ways to deal with problems in menstruation. The unit discusses birth control and abortion: the two major tools available to women who have sex with men and do not want to have children right now. It describes how we can be sexually active and stay healthy — whether we are sexually active with men or with women — and offers ways to prevent sexually transmitted diseases (STDs), including AIDS." (p 263)

Nuestros Cuerpos, Nuestras Vidas

"Our health depends on our ability to share love and pleasure. As women, our bodies have the capacity to create new life. This responsibility and privilege unites us with all our surroundings in an intimate relationship with the tides and the moon, with the family and community, with society and culture, and with the spiritual. The ability to choose how many children we wish to have, and what time in our lives we wish to dedicate to their care, assures us a healthy future for all. Precisely because we value so highly the sacred seed of life, we take so seriously the conditions for life's unfolding. We want to share with all women how to care for our bodies in a way that's clear and informed, taking into account all the respect our most vital decisions merit." (p 303)

Connections to spirituality are part of health, and women who choose abortion consider a variety of sources when considering their options. Leaders in the mainstream abortion rights movement must not be afraid to speak about morality and spirituality when discussing why women choose abortion. There is much to learn from activists representing diverse communities who have begun to make connections with religious leaders, and who recognize the importance of religion and spirituality as sources of healing, community bonding, and political change.

Recommendation IV:

Encourage cultural competency in clinics and increase the number of providers from diverse communities.

Women from diverse communities often have specialized needs for information and support in order to access quality abortion services. Although creating culturally appropriate translations of health materials, as discussed in the previous recommendation, is part of cultural competency, it also involves boosting the number of providers of color, being aware of concerns that are unique to patients from diverse communities, and increasing the availability of basic educational materials in languages other than English. The lack of culturally competent programs and services that can appropriately address the reproductive and sexual health needs and concerns of women from diverse communities can lead to poor health care experiences and may deter women from accessing care in the future.

Consortium participants felt that one of the most important aspects of cultural competence in abortion clinics was to ensure that the staff of abortion clinics, including counselors, nurses and physicians, looked like the populations that they serve. The closer that health care providers are to a community, the more effective they are as practitioners. However, this is easier said than done, particularly with the decline in the number of abortion providers across the country. Increasing the number of providers of color is one of the primary goals of the Institute for Women and Ethnic Studies. The founders of this organization found that many physicians of color were pro-choice, but few organizations fostered their professional development in the abortion rights movement. The mainstream abortion rights movement can encourage the recruitment and retention of providers from diverse communities by ensuring that clinics take cultural competence into account when hiring new clinicians and through the creation of fellowships for medical students and residents of color.

Consortium participants also stressed that educational materials and informed consent documents must be available in a variety of languages. Women who do not speak English often find themselves without resources when trying to access reproductive health care. There are a variety of translation services and translated materials available, and clinics must be sure to have these resources available for their patients. Leaders in the national pro-choice movement can encourage clinics to be prepared to respond quickly to patients from diverse communities who may need additional materials. Health care conferences now routinely include workshops on cultural competency, but the didactic lessons learned in a conference center must be translated into daily clinical practices in order to effect a change in the way that women from diverse communities experience reproductive health care in the United States.

"Women know. No priest, no pope and no threat will get in the way of women getting what they need in the moment that they need it. We do not want these decisions to be met with danger. Women should be met with compassion and care. We need to make sure that every woman gets the information she needs to make the decisions she wants to make."
—Ignacio Castuera

Conclusion

"It feels like we have been having conversations about this for a long time. And this group, as powerful as it is, must not just have conversations, but must identify actions, both short-term and long-term, that we can take to affirm women's health overall, and particularly women of color, as they access abortion services."

—Brenda Romney

It is important to identify and describe the barriers faced by women in diverse communities who attempt to access abortion care, but it is more important to ensure that the conversation results in action to create solutions. As one participant stated, "the voices have been speaking for a long, long time. It is not that it has not been said, but the problem is that not enough people have been listening or doing anything about it." It is our hope that this report will lead to concrete steps to redefine abortion in ways that make it more relevant to diverse communities, create coalitions incorporating a variety of organizations, and continue to increase the cultural competence of abortion providers.

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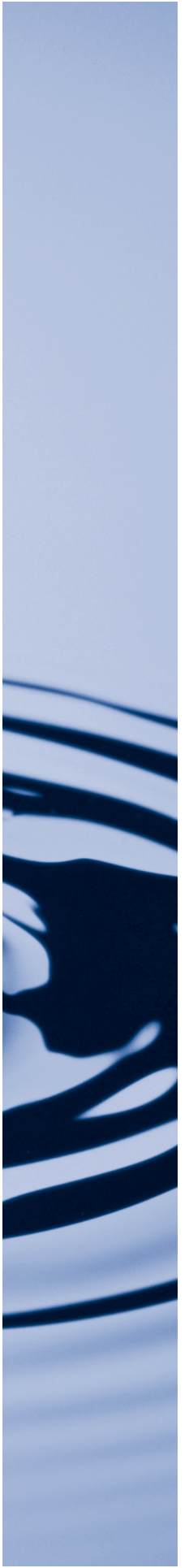

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