



FACTS ABOUT

# REPRODUCTIVE HEALTH CARE AND ASIAN & PACIFIC ISLANDER WOMEN

**A**sians and Pacific Islanders (APIs) represent the second fastest-growing population in the U.S. with more than 30 diverse ethnic subgroups. Yet few studies have documented the reproductive health care needs, practices, and attitudes of API women, and even fewer studies break down their health care needs. The studies that do exist reveal that comprehensive reproductive health care remains a critical issue for API women.

## WHAT ENCOMPASSES REPRODUCTIVE HEALTH CARE?

For API women, reproductive health care includes a broad range of services, such as access to abortion, family planning, counseling, nutrition, pre-natal care, contraceptive options, emergency contraception, culturally appropriate services, bilingual and interpreter services, affordable health insurance, and preventive care.

## HEALTH DISPARITIES

Unfortunately, the health needs of API women are often overlooked due to the “model minority” myth. This myth promotes the erroneous view that API women have financial security and lead healthy lives, when in fact API women continue to suffer from a number of health disparities:

- The rate of cervical cancer among Vietnamese American women is five times higher than it is among white women and is the highest of any ra-

cial or ethnic group.

- 20% of API women and 53% of Vietnamese American women have never had a pap smear, compared to 6% of women in the general population and 5% of white women.
- Native Hawaiian women have the highest rate of breast cancer mortality.
- Less than 50% of API women over age 50 obtain regular mammograms, the lowest for any racial or ethnic group.
- Only 56% of Laotian Americans receive prenatal care, one of the lowest of any racial or ethnic group. Carrying a pregnancy without prenatal care increases the risk of delivering low-birth weight infants and infant mortality.
- While the rate of sexually transmitted diseases is decreasing for the overall population, the rate is increasing for API women under age 25.

## BARRIERS TO REPRODUCTIVE HEALTH

Lack of health insurance, discrimination, stereotypes of the API community as the “model minority,” and cultural and language barriers prevent API women from fully accessing reproductive health care services and results in poor health outcomes. Moreover, sexuality is often a taboo subject within many API cultures. For example, a study found that Asian women were more likely to use non-verbal and non-direct strategies when negotiating condom use with


their partners. Because of the stigma associated with API sexuality, many women are afraid to speak or ask questions about issues that are vital to their reproductive health.

## POLICIES AND PRACTICES THAT WILL IMPROVE THE REPRODUCTIVE HEALTH FOR ALL API WOMEN

### Provide Affordable Health Care Coverage

Approximately 24% of API women under age 65 have no health insurance, and Korean Americans are the most likely racial or ethnic group to be uninsured. Additionally, Asian immigrants are concentrated in low-wage jobs, such as the garment industry, that do not provide health coverage. Current immigration laws also prohibit newly arriving immigrants, including pregnant women and children, from receiving health care benefits under Medicaid or the State Children's Health Insurance Program (SCHIP) for five years, creating significant consequences for the API community. Studies have shown that insurance coverage makes a critical difference in accessing health care services, utilizing preventive screenings, and maintaining one's overall health.

### Promote Linguistically and Culturally Appropriate Services

Over 60% of the Asian immigrant population is limited English proficient 



(LEP). According to Census figures, 37% of all API individuals speak English less than “very well.” As a result, language barriers exist between a LEP patient and her doctor which can create significant impediments to quality medical care and increase the risk of misdiagnosis or mistreatment. Additionally, cultural norms inhibit discussions about sexual and reproductive health within the API community, preventing many API women from disclosing intimate details about their sexual history to their doctors or seeking necessary information and services altogether. Finally, Western clinical practices fail to incorporate and provide insurance coverage for traditional non-Western medicines and remedies, many of which are used by API women.

#### **Support Policies that Promote Reproductive Rights and Reproductive Justice**

Seventy-seven percent of API women identify as “pro-choice,” and support a woman’s right to choose an abortion. Yet, for many low-income, uninsured API women, accessing safe legal abortions remains difficult due to barriers such as the Hyde Amendment. (For more information about the Hyde Amendment,

please see our Hyde Amendment fact sheet available online at [www.napawf.org](http://www.napawf.org).) Under the 1976 Hyde Amendment, public funding for abortion is available only in situations involving rape, incest, or where the woman’s life is endangered.

Reproductive justice is achieved when all women and girls have the ability to make well-informed decisions about their bodies, health, sexualities, families, and communities. It is connected to broader struggles for social justice and human rights. To this end, reproductive justice includes the right to safe and reliable contraceptive services, including emergency contraception. Over two-thirds of API women are sexually active, yet less than 40% regularly use contraception, increasing their risk of contracting STDs and becoming pregnant. Although the API community is often viewed as having low teen pregnancy rates, the failure of studies to disaggregate research by subpopulations misrepresents the high incidence of pregnancy among specific API groups. For instance, Laotian Americans have the highest teen birth rate of any racial or ethnic group in California.

#### **Expand Research Efforts to Include Data on API Women**

There is a paucity of data on the reproductive health of API women generally, and by subpopulation specifically. This creates the misconception that API women are not at risk of illness or disease. In fact, out of the total number of published reproductive and sexual health articles, only 2% include information on Asians and Pacific Islanders (who comprise 5% of the population) compared to 18% for Latinos (15% of the population), 35% for African-Americans (13% of the population), 4% for Native Americans (1% of the population) and 41% for whites (66% of the population). Further, this misperception limits the development of public education programs, allocation of public resources targeted at the API community, and the ability of health care providers to adequately serve the diverse and unique population of API women and their families. Investing in research that includes data on API women will not only broaden our understanding about the reproductive health status of this community, but also help reduce the number of health disparities and create better health outcomes for all API women. ♀

UPDATED AUGUST 2007

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### RESOURCES

- Kaiser Family Foundation, Issue Brief: Medicaid’s Role for Women (May 2006).
  - Lora Jo Foo, Asian American Women: Issues, Concerns, and Responsive Human and Civil Rights Advocacy, Chapter 6 (2007).
  - Asians & Pacific Islanders for Reproductive Health, Center for Reproductive Health Research and Policy & National Centers of Excellence in Women’s Health, Teen Pregnancy Among Asians and Pacific Islanders in California: Final Report (2001). Solutions: Meeting the Challenge of STDs in Asian Americans and Pacific Islanders (2000).
  - National Asian Women’s Health Organization, A Profile: Cervical Cancer and Asian American Women (2000).
  - National Asian Women’s Health Organization, Expanding Options: A Reproductive and Sexual Health Survey of Asian American Women (Jan. 1997).++
  - National Asian Women’s Health Organization, Expanding Options: 6 Learning from Communities: A Guide to Addressing the Reproductive Health Needs of Vietnamese American Women (1998).
  - U.S. Census Bureau, The American Community—Asians: 2004 (Feb 2007).
  - U.S. Census Bureau, Minority Population Tops 100 Million (May 17, 2007).
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