UNEARTHING LATINA/O VOICES
ON FAMILY, PREGNANCY AND REPRODUCTIVE JUSTICE

©2010 California Latinas for Reproductive Justice
# Table of Contents

Surveying Latinas/os on Family, Pregnancy and Reproductive Justice ........................................... 1

Unearthing Latina/o Voices ............................................................................................................. 4

What Latinas/os Really Think About Pregnancy, Sexuality and Reproductive Health Care .......... 5

Implications for Promoting Latinas’os’ Reproductive Justice ....................................................... 13

Policy Recommendations .............................................................................................................. 16

Endnotes ....................................................................................................................................... 18

Acknowledgements ....................................................................................................................... 19
WHY LATINAS'/OS' VIEWS MATTER

Latinas/os are projected to become the largest racial/ethnic group in California by 2020 and to constitute a majority by 2050. Currently, they comprise the largest group of residents under age 30.1 Despite these significant projections, there is a lack of information concerning Latinas’ attitudes and beliefs regarding reproductive and sexual health issues, particularly around pregnancy; pregnant and parenting youth; communication around sexuality; and accessing reproductive and sexual health information and services, including pregnancy termination. This gap in information has contributed to a poor understanding of Latinas’ decision making processes and pigeon-holed Latinas/os based on perceived assumptions that fail to contextualize the multifaceted factors that shape their decisions around these issues. When little is known, much is assumed.

This void of information regarding reproductive and sexual health issues has also perpetuated public opinion that categorizes these topics as controversial, taboo, and for policy-purposes, “wedge” issues. These topics, which have significant policy implications, are rarely raised in policy debates as important to the Latina/o community, unless the issues are being discussed as a “problem” among Latinas/os, as with “teen pregnancy,” or when speculating about voting decisions. Immigrant Latinas’/os’ priorities have been explored even less. Immigration status is frequently discussed under various contexts, most often with negative connotations; however, its true implications are poorly understood and examined, particularly as it relates to issues of Reproductive Justice. In drawing out immigrant Latinas’/os’ opinions and further dissecting other factors, such as age, gender and socio-economic status, the compounding layers can be unfurled to dismantle the concept of a monolithic Latina/o community.

This gap in knowledge compelled California Latinas for Reproductive Justice (CLRJ) to delve deeper into investigating Latinas’/os’ values and opinions and what role they may play in their decision-making. CLRJ, in collaboration with Lake Research Partners, assessed the opinions, attitudes and beliefs of California Latina/o adults concerning reproductive health, rights and justice issues through a statewide public opinion survey. The survey findings unearth Latina/o voices on these significant topics, including immigrant voices that have been marginalized most. The findings also proffer an opportunity to reframe the policy debate from a more accurate, community-informed and value-based point of reference. Ultimately, the survey findings will arm diverse Latina/o communities with vital knowledge to inform and urge policymakers to incorporate reproductive and sexual health issues as part of their overall health policy platform and thus, better address Latinas’ holistic health needs.

KEY FINDINGS

- Core values of family, education and health shaped responses throughout the survey as participants applied them to many different areas, most notably around pregnancy, pregnancy termination and when thinking about youth.
- The vast majority of the participants indicated it is very important for pregnant and parenting youth to have family support and educational opportunities.
- Respondents overwhelmingly support communication about sexuality amongst families and many attributed adolescent childbearing primarily to a lack of family communication and teaching about sexuality.
- Of the reproductive and sexual health services queried, the respondents found preventative health, pre-natal care, testing and counseling for sexually transmitted infections (STIs) and access to contraception and birth control services the most important services to be available to everyone in their communities.
• Young Latinas/os (under 30), immigrants and Latinas/os with less formal education (high school degree or less) were more likely to indicate that cost of services and lack of insurance are “a large barrier” to accessing health services.

• Female immigrant respondents stated service providers not understanding their culture is a larger barrier than providers not speaking their language.

• The majority of respondents “strongly agreed” that women need medically accurate information about pregnancy termination services, but the information should not be coercive, shaming nor should it try to change her mind.

• Over eight in ten participants “strongly agreed” that every woman should have a right to decide for herself the number and spacing of her children.

**Policy Recommendations to Promote Latinas’/os’ Reproductive Health and Justice**

The findings draw out significant reproductive and sexual health needs that policymakers at all levels of government should address. As such, CLRJ identified the following key policy recommendations:

• Promote policies that further the monitoring and enforcement of the California Comprehensive Sexual Health and HIV/AIDS Prevention Act (Education Code 51930-51939) in California public schools, and inform educators, parents, and community members regarding the Act.

• Support policies and community-based programs to promote voluntary family communication about sexuality.

• Promote policies and enforce existing laws that support positive health and educational outcomes for pregnant and parenting youth in order to improve their social, economic and educational opportunities.

• Advance health care proposals for affordable coverage of and access to comprehensive health care for all Californians, regardless of immigration status.
• Promote policies that provide non-coercive and factual information and counseling services that are culturally and linguistically relevant to both young and adult Latinas/os regarding access to and use of reproductive and sexual health care, including information on pregnancy, parenting, termination, and adoption.

• Support policies that ensure young and adult Latinas have access to all contraceptive methods, medical services, devices and testing and treatment of sexually transmitted infections as part of basic preventive care.

• Preserve and strengthen state programs that provide reproductive and sexual health services, such as Family PACT, particularly for men and women that will remain ineligible for health coverage post the implementation of health care reform legislation.

• Support policies to increase availability of Promotora and community-based peer health educator models targeting youth and adults in Latina/o communities with the greatest need according to health, social and economic indicators.

• Include community participation in efforts that address cultural and linguistic competency in the delivery of health care information and services.

**Methodology**

The survey consisted of 28 questions divided into five keys areas: Values and Priorities; Pregnancy and Young Families; Talking about Sexuality; Pregnancy Termination; and Access to Reproductive and Sexual Health Services.

CLRJ worked closely with Lake Research Partners staff in developing the survey instrument and reviewing the translation of the survey from English to Spanish to ensure that all questions were culturally and linguistically relevant.

The survey reached a total of 890 Latina/o adults statewide in California, with an oversample of 75 Latina/o immigrants. Of those surveyed, 475 were reached by phone from November 30 through December 3, 2009 and 415 were reached online from December 1 through December 9, 2009.

Telephone numbers for the sample for the phone survey were drawn from a random digit dial sample (RDD). The sample was stratified geographically based on the proportion of adults in each region. The data for the total survey was also weighted by gender, age, education, parental status, and region in order to ensure an accurate reflection of the demographic configuration of this population. The margin of error for the total survey is +/- 3.5 percent.

Immigrants were defined as Latinas/os who were born in a country other than the United States. In addition, the immigrant oversample included U.S.-born Latinas/os whose parents were immigrants.

**Additional Respondent Demographic Information:**

• One fourth were under the age of 30;

• One half completed at least some college;

• Over 60 percent were married or had a partner;

• Over half of immigrant respondents indicated they had lived in the United States for more than 20 years;

• Forty-six percent had children eighteen or younger, living at home with them;

• Fifty-eight percent spoke both Spanish and English at home;

• Approximately a third attended church or religious services every week;

• A little over a third personally knew a pregnant or parenting youth; 40 percent of those indicated the adolescent was a family member;

• Roughly 52 percent stated they personally knew someone who had an abortion. Immigrants were less likely to have a personal connection to abortion - 39 percent knew someone personally; and

• Eighty-six percent of the surveys were conducted in English.
UNEARTHING LATINA/O VOICES

Through its Policy, Community Education and Research Programs, CLRJ recognized the critical need to promote community-informed, policy-relevant research concerning Latinas’ reproductive and sexual health that is accessible to policymakers, policy advocates, Latina/o community leaders and the community as a whole. CLRJ identified topic areas and questions for the survey that reflected its previous research findings in order to address Latinas’ real needs and priorities from a Reproductive Justice perspective. CLRJ’s previous research\(^2\) found the need to gather more data around:

- The role that family and community play in seeking health care;
- The values and beliefs that drive the decision-making around reproductive and sexual health issues;
- The access barriers to reproductive health information and services faced by the most underserved Latinas/os;
- Latinas/os’ perceptions and attitudes about pregnancy termination; and
- The extent to which stereotypes concerning Latinas/os’ views about reproductive and sexual health issues affect and drive public policies.

Based on these previous findings, the survey asked respondents to rate the personal importance of different values and how these values influence their decision-making and beliefs about reproductive and sexual health concerns. The values asked included: Opportunity, Education, Religion and Spirituality, Community, Health, Family, Dignity and Children and Youth. Although survey participants placed a great deal of worth on each value, there was some variation in intensity. Respondents identified family as most important, followed closely by education, health, children and youth and dignity.

Core values of family, education and health shaped responses throughout the survey as participants applied them to many different areas, most notably around pregnancy, pregnancy termination and when thinking about youth (See Figure 1).

### Figure 1

Now let me read you some values that some people have said are important. For each one I want you to tell me how important that value is to you personally on a scale that goes from 0 to 10, where 0 is not at all important and 10 is extremely important.
WHAT LATINAS/OS REALLY THINK ABOUT PREGNANCY, SEXUALITY AND REPRODUCTIVE HEALTH CARE

PREGNANCY AND YOUNG FAMILIES
Views on family formation, pregnancy and parenting, and communication around sexuality issues.

When asked who or what influenced them most as they formed their views about when and whether to have children, the majority of respondents agreed that family played a significant role, with seven out of ten stating a “large role for family.” In fact, in both an open-ended question and when given a list of influences, the participants identified family as the greatest influence over whether and when to have children. Religion or faith was a response in both cases as well, though it ranked much lower (See Figure 2). These findings challenge the presumption that Latinas/os base reproductive and sexual health decisions primarily on their religious beliefs.

Slightly less than half of the participants stated it was “extremely important,” when asked how valuable pregnancy and parenting is in the Latino culture. While the number of respondents who expressed this sentiment about pregnancy and parenting among youth decreased to a third, a majority said it is valued nonetheless.

FIGURE 2

Who or what influenced you most as you formed your views about when and whether to have children?

<table>
<thead>
<tr>
<th></th>
<th>OPEN-ENDED</th>
<th>RESPONSE CHOSEN FROM LIST</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAMILY/PARENTS</td>
<td>47%</td>
<td>41%</td>
</tr>
<tr>
<td>PERSONAL EXPERIENCE</td>
<td>9%</td>
<td>34%</td>
</tr>
<tr>
<td>RELIGION OR FAITH</td>
<td>6%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Respondents indicated happiness, excitement, and hope, when asked to choose three out of six emotions that they mostly associated with “pregnancy and parenting.” In contrast, respondents mostly chose fear, anxiety and confusion, when asked about emotions they associated with “pregnant and parenting teens.” Although further research is necessary to explore factors leading to these responses, previous research has indicated that adults worry about the potential outcomes for children born to young parents. This concern may be related to the lack of resources available to many young parents, including pre-natal care, parenting classes, child care and other services that support healthy outcomes for both the child and the young parents. These sentiments are also consistent with the mainstream public discourse surrounding pregnant and parenting youth, where adolescent childbearing is framed as a “problem,” thus invoking negative feelings.

In spite of the negative feelings regarding adolescent childbearing, the vast majority of the participants – 85 percent – indicated that family support is “very important” for pregnant and parenting youth. However, only four out of ten respondents stated that “a lot of family support” is given. It is vital to further explore why, despite expressing the importance to support pregnant and parenting youth, respondents perceived that the actual support young families receive is low.

Notwithstanding the low perception of family support, over eight in ten respondents stated “access to educational opportunities was very important,” reflecting their value placed on education. This finding is particularly important considering research has shown that pregnant and parenting youth experience systemic discrimination in their schools. Participants also indicated the need for youth to have access to comprehensive sexuality education. When asked what they thought most contributed to a teen becoming pregnant, respondents identified the lack of access to comprehensive sexuality education as a major contributing factor. This finding supports other research, where 90 percent of Latina/o parents and 89 percent of California parents support comprehensive sex education in schools.

Moreover, nearly half of the participants attributed adolescent childbearing primarily to a lack of family communication and teaching about sexuality. This is noteworthy as roughly eight in ten respondents stated it is “extremely important” that parents talk to their own children about sexuality-related issues, including continuing or terminating a pregnancy, sexual health and sexuality, and contraception. These findings dismantle the commonly held perception that Latinas/os do not consider engaging in conversations regarding sexuality with their children important. In fact, roughly a third of participants said these conversations should happen between ages 13 and 18, another third said between ages 11 and 12, and 28 percent said the dialogue should begin somewhere between ages 7 and 10 (See Figure 3). Despite responses varying widely on when discussions about sexuality between parents and children should begin, it is clear that the respondents overwhelmingly support communication about sexuality amongst families.

In addition to asking about family communication regarding sexuality issues, the poll asked respondents to denote from a list of people how comfortable they felt talking about sexual health and sexuality. The participants were most comfortable talking about sexuality and sexual health with their spouse or partner – significantly more so than with their boyfriends or girlfriends, doctors, and nurses. Immigrant respondents were less comfortable talking to medical professionals, supporting the need for more culturally and linguistically relevant health care delivery models.
ACCESS TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES
Views on the availability and barriers to reproductive and sexual health services, including pregnancy termination.

The respondents found preventative health, pre-natal care, testing and counseling for sexually transmitted infections (STIs) and access to contraception and birth control services the most important services to be available to everyone in their communities (See Figure 4). Moreover, over six in ten Latina participants found access to these services far more important than their male counterparts. In comparison to access to reproductive health care services that are needed more often or on a regular basis, pregnancy termination finds itself just below fertility and other reproductive assistance services. Nearly five in ten female respondents gave access to pregnancy termination a score of 6 or higher.

When asked how available participants thought the listed services are for everyone in their communities, over half of the respondents believed the top services - STI testing and prenatal services - are available to everyone, while over eight in ten said contraception and preventative health services like breast cancer screenings and pap tests are readily available to at least some people in their communities. Respondents considered pregnancy termination and emergency contraception as less widely available, while fertility and adoption services were seen as the least available of the services questioned (See Figure 5).
Thinking about your community, for each one I want you to tell me how important it is to have that service available to everyone in your community, on a scale that goes from 0 to 10, where 0 is not at all important and 10 is extremely important.

**FIGURE 4**

<table>
<thead>
<tr>
<th>Service</th>
<th>Men</th>
<th>Women</th>
<th>Immigrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative health services, like breast cancer screenings and pap tests</td>
<td>8.9</td>
<td>9.3</td>
<td>9.1</td>
</tr>
<tr>
<td>Pre-natal care services</td>
<td>8.8</td>
<td>8.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Testing and counseling services for STIs</td>
<td>8.2</td>
<td>8.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Access to contraception and birth control services</td>
<td>7.3</td>
<td></td>
<td>8.5</td>
</tr>
<tr>
<td>Adoption services</td>
<td>7.3</td>
<td></td>
<td>7.2</td>
</tr>
<tr>
<td>Emergency contraception services</td>
<td>6.3</td>
<td>7.2</td>
<td>7.1</td>
</tr>
<tr>
<td>Fertility and other reproductive assistance services</td>
<td>6.2</td>
<td>7.1</td>
<td>7.1</td>
</tr>
<tr>
<td>Pregnancy termination services</td>
<td>4.6</td>
<td>5.3</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Thinking about your community, please tell me if you think that service is available to everyone in your community, is available to some in your community, or is not available at all.

<table>
<thead>
<tr>
<th>Service</th>
<th>Available to Everyone</th>
<th>Available to Some or Everyone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing and counseling services for STIs</td>
<td>(51%)</td>
<td>87%</td>
</tr>
<tr>
<td>Pre-natal care services</td>
<td>(48%)</td>
<td>84%</td>
</tr>
<tr>
<td>Access to contraception and birth control services</td>
<td>(44%)</td>
<td>89%</td>
</tr>
<tr>
<td>Preventative health services, like breast cancer screenings and pap tests</td>
<td>(46%)</td>
<td>83%</td>
</tr>
<tr>
<td>Pregnancy termination services</td>
<td>(35%)</td>
<td>69%</td>
</tr>
<tr>
<td>Emergency contraception services</td>
<td>(32%)</td>
<td>69%</td>
</tr>
<tr>
<td>Fertility and other reproductive assistance services</td>
<td>(31%)</td>
<td>62%</td>
</tr>
<tr>
<td>Adoption services</td>
<td>(28%)</td>
<td>66%</td>
</tr>
</tbody>
</table>

*Note: Available to Everyone and Available to Some or Everyone percentages are provided.*
While respondents mostly felt that the services queried are available to at least some people in their communities, those that were young Latinas/os (under age 30), immigrants and Latinas/os with less formal education (a high school degree or less) were more likely to indicate that the cost of services and lack of insurance are "a large barrier" to accessing health services. It is particularly noteworthy that a high rate of Latina participants of reproductive age, 62 percent under age 30 and 55 percent between the ages of 30-39, also found the cost of services and lack of health insurance to be "large" barriers to obtaining health services. In addition, nearly four in ten non-college, young Latina participants indicated lack of information also impedes them from obtaining needed services (See Figures 6 and 7).

Respondents also expressed differences in barriers across geographic regions. Nearly six in ten participants in the Fresno/Sacramento region and the San Francisco Bay Area stated that lack of insurance and cost of services were larger barriers compared to respondents in other parts of the state. Nearly one quarter of Fresno/Sacramento area participants also indicated lack of information about services and services not being close by as "large" barriers.
Immigrant and Latina respondents found all the other scenarios surveyed a larger barrier to getting health services in their community compared to male participants. These scenarios included: Takes too long to schedule an appointment; Services are not confidential; Providers don’t treat me with respect; Not enough information about the available services; Transportation problems; Service providers don’t speak my language; and Service providers don’t understand my culture. In particular, female immigrant respondents stated service providers not understanding their culture is a larger barrier than providers not speaking their language (18% vs. 11%, respectively). This finding is crucial for promoting and supporting delivery of culturally-relevant services.
In addition to the availability of services, participants were asked a series of questions around family formation and pregnancy termination. As is the case throughout the survey, respondents identified health and family as the most important values when thinking about terminating a pregnancy. Over eight in ten participants “strongly agreed” that every woman should have a right to decide for herself the number and spacing of her children. In addition, nearly eight in ten respondents “strongly agreed” that women need medically accurate information about pregnancy termination services, but the information should not be coercive, shaming nor should it try to change her mind.

Furthermore, participants strongly believed that abortion should be an option for women. Roughly seven in ten respondents agreed that while they may not choose to have an abortion themselves, they would protect that right and not take the decision away from other women. In addition, respondents identified a person’s financial situation and not wanting a child as factors having the most influence on a woman’s decision to terminate a pregnancy. The survey found that religion plays a less prominent role in these decisions (See Figure 8).

As the key survey findings in this Research Brief demonstrate, Latinas/os’ core values of family, health and education are resounding factors when making decisions or forming their beliefs around important reproductive and sexual health issues, particularly around pregnancy, when thinking about youth and pregnancy termination. Additionally, these findings provide rich data and insight for continuing to address Latinas/os’ reproductive and sexual health needs and priorities. The following explores the Reproductive Justice Implications that such views represent.
IMPLICATIONS FOR PROMOTING LATINAS’/OS’ REPRODUCTIVE JUSTICE

CLRJ’s survey findings challenge the myth that Latinas/os are either not concerned with or are unwilling to discuss issues related to reproductive health and sexuality. On the contrary, the poll findings show that health, including reproductive and sexual health, is important among the Latina/o community. It is therefore imperative that reproductive and sexual health issues and needs no longer be neglected, misconstrued and/or relegated as ancillary to Latinas’/os’ overall health.

The survey findings illustrate that Latinas/os base their reproductive and sexual health decisions on their values. Thus, understanding Latinas’/os’ values is critical to formulating relevant public policies to address the community’s reproductive health care needs. In tandem with Latina/o values, the survey also demonstrates that decisions pertaining to family, pregnancy, sexuality and accessing reproductive health care are poignantly shaped by the realities of Latinas’/os’ everyday lives. If, where, and how much education one has access to, where one lives and works, how much income one earns, one’s family structure, orientation, nationality, and language(s) spoken, are interrelated factors that determine Latinas’/os’ reproductive and overall health outcomes. For instance, while participants indicated that pregnancy termination is an important medical service, it is noteworthy that access to other health needs take precedence. An overwhelming number of Latinas/os are unable to obtain basic health services. In California, Latinas are most likely to lack health insurance, nearly three times the rate of their White counterparts. Health coverage is only one of the social, economic, and political challenges that California Latinas/os currently face. As such, the survey findings not only reveal candid attitudes and opinions on these topics, but also provide direction to address the community’s needs through public policy.

The survey findings also provide much needed insight on what Latinas/os consider when reflecting on childbearing and parenting among Latina/o youth. In light of the core values held by the Latinas/os surveyed, their views towards young mothers and fathers present overlooked nuances and complexities. While the participants expressed negative feelings toward adolescent childbearing, they conversely conveyed a need to support young parents. This juxtaposition points to a desire for adolescent parents to obtain meaningful future opportunities. This support is critical, considering that nearly one-half of female adolescents who dropped out of school stated becoming a parent played a role in their decisions to leave school, and an additional one-third said it was a major factor. The disproportionately high birth rate among adolescent Latinas, coupled with the fact that only 59 percent of Latinas graduate on time with a standard high school diploma (compared to 78 percent of White young women) can project a bleak outlook for pregnant and parenting Latina youth. Moreover, CLRJ’s previous research demonstrated discriminatory practices that included...
forcing pregnant youth out of their educational settings or providing subpar instruction. Aside from unjust, these practices are especially troubling considering studies have demonstrated that positive educational outcomes improve health outcomes. As such, California must educate and support all youth, especially the most marginalized, to reach their full potential. Pregnant and parenting youth must be treated with respect and dignity, recognizing that they too form part of our state’s future.

Furthermore, these findings demonstrate the need to shift the current paradigm surrounding adolescent childbearing, which vilifies youth who have slipped through the “prevention” framework. This negative view of pregnant and parenting youth is problematic because this narrow lens fails to address systemic factors, such as availability of comprehensive sexuality education, contraceptive access and use, and educational and economic opportunities that play a role in both planned and unintended pregnancies. Families, communities and policymakers must focus on how to better address adolescents’ overall needs, rather than blame youth and condemn young mothers and fathers as irresponsible. Social support programs, such as providing tools to parents to assist in family dialogues, ensuring provision of comprehensive sexual health education in schools and community settings, and providing support services for young parents, are vital investments in the future of our state.

In addition to addressing young Latinas’os’ broader educational and social needs, the survey findings demonstrate a need to tackle the multitude of barriers in accessing health care experienced by both youth and other segments of the Latina/o community. While recent health care reform legislation, known as the Affordable Care Act, will create new opportunities for coverage in 2014, how it unfolds remains to be determined. The inclusion of access to comprehensive reproductive health care and information that is accessible and available to all Californians is essential to the Latina/o community. California has been a national leader in ensuring access to reproductive health care, from cancer screenings
to availability and coverage of abortion care, for low-income women and other marginalized communities. As such, it is of the utmost importance that policies promoting reproductive freedom remain robust.

Additionally, state efforts should continue to assess issues of affordability, the number and proximity of health care providers available in communities, as well as the cultural and linguistic relevance in how services are delivered. The finding that immigrant Latinas/os felt less comfortable speaking with medical professionals around these issues denotes a need for policymakers, community leaders, public health officials, and advocates, amongst others, to approach Latina/o reproductive and sexuality issues from a cultural basis. A successful example of culturally and linguistically relevant care is the Community Health Worker (CHW) model, also known as Promotores, which has proven to be a valuable and effective investment for improving health outcomes among Latina/o communities. It is worth mentioning that the Affordable Care Act explicitly includes CHWs as part of the health care workforce and establishes a federal grant program to support the use of this model to promote positive health behaviors and outcomes in medically underserved areas. This legislation presents a vital opportunity for California policymakers and health care providers to seek ways to continue to use effective models, such as Promotores, to address the sexual and reproductive health disparities experienced by Latinas/os.

As the state transitions and transforms its public health and health care delivery models, aligning them with new federal provisions, California must continue to be at the forefront of expanding access to comprehensive health care to all its residents, regardless of citizenship status. This is exceedingly critical for the Latina/o community considering 39 percent of California Latinas/os are foreign-born. Overall, immigrants comprise over a quarter of California residents and are the backbone of its economy. While federal leaders excluded segments of this community, California policymakers, health care providers, advocates, and community leaders must ensure the implementation of health care reform legislation provisions will increase access to reproductive and sexual health care and information, rather than reduce it. Ensuring access pertains to both the availability of programs and services as well as the manner in which individuals will have to apply for coverage and/or obtain services. It will be essential to maintain and strengthen vital state programs and safety-net services, such as Family PACT and Pregnancy Only Medi-Cal, which have been very effective in providing access to reproductive health care services for underserved communities, including Latinas/os, both immigrant and U.S.-born. Additionally, California should eschew burdensome citizenship requirements, which have resulted in decreasing access for other populations, such as U.S. born minors, low-income pregnant women and homeless individuals.

It is overwhelmingly clear that Latinas/os recognize reproductive and sexual health care as part of basic health care, including abortion care services. The participants placed significant importance on the community’s access to all major reproductive health services. Moving forward, California’s efforts to address health care access and reproductive and sexual health should reflect Latinas/os’ priorities for the benefit of all Californians.
**Policy Recommendations**

**CLRJ Recommends the Following to Address Latinas’/os’ Needs Regarding Pregnancy and Young Families:**

- Promote policies to further the monitoring, implementation and enforcement of the California Comprehensive Sexual Health and HIV/AIDS Prevention Act (Ed. Code 51930-39) in California public schools in order to ensure that school based sexuality education curricula are medically accurate, bias-free, comprehensive and equitable for all students.

- Promote policies and community-based programs that provide culturally and linguistically relevant information and training about Education Code 51930-39 requirements to educators, parents, students and community members.

- Support policies and community-based programs developed to promote voluntary family communication about sexuality by providing parents and parenting adults with the knowledge, understanding, and communication skills necessary to talk with youth about sex and sexual health in order to promote well-informed decision making.

- Promote policies and enforce existing laws that support positive health and educational outcomes for pregnant and parenting youth, including implementing their civil right to access equitable and quality educational opportunities.

- Promote policies that support research and targeted communication strategies developed to reframe the public debate surrounding pregnancy and parenting among Latina/o youth in order to address the complexity of systemic factors that affect young mothers and fathers.

- Advance policies that provide young mothers and fathers with support systems that improve their social, economic and educational opportunities.
CLRJ RECOMMENDS THE FOLLOWING TO ADDRESS LATINAS’/OS’ NEEDS SURROUNDING ACCESS TO REPRODUCTIVE AND SEXUAL HEALTH SERVICES:

• Advance health care proposals that provide affordable, comprehensive health care coverage for all Californians, regardless of immigration status.

• Promote policies and community-based programs that provide information and training about California minors’ rights to confidential reproductive health services to youth, parents, community members and health care providers.

• Support policies to ensure young and adult Latinas have access to all contraceptive methods, medical services, and devices as part of basic preventive care.

• Promote policies that provide non-coercive and factual information and counseling services to both young and adult Latinas/os regarding access to and use of comprehensive reproductive and sexual health care, including information on pregnancy, parenting, termination, and adoption; all family planning methods; and the prevention of sexually transmitted infections.

• Promote policies that ensure access to benefit packages within California’s Health Insurance Exchange that include comprehensive reproductive health care, including abortion care services.

• Preserve and strengthen state programs that provide reproductive and sexual health services, such as Family PACT, for people who remain ineligible for health coverage post the implementation of health care reform legislation.

• Support policies to further the availability of Promotora and community-based peer health educator models targeting youth and adults in Latina/o communities with the greatest need according to health, social and economic indicators.

• Ensure health care reform implementation efforts address cultural and linguistic competency via workforce development and other programs.

• Promote policies that encourage community participation in the development of workforce trainings addressing cultural and linguistic competency.


9. Young Women Speak Out


11. The name “Affordable Care Act” is used to refer to the final, amended version of the health care reform legislation enacted in March 2010, which includes the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010. See: http://www.healthcare.gov/law/introduction/index.html


15. Family PACT, the Family Planning, Access, Care, Treatment Program, provides comprehensive family planning services to eligible low-income men and women in California. See: www.familypact.org

ACKNOWLEDGMENTS

Principal Authors: Ena Suseth Valladares, MPH and Marisol Franco
Designer: Micah Bazant, info@micahbazant.com

This Research Brief was made possible by the generous support of:

- Community Action Fund of the Women's Foundation of California
- The Ford Foundation
- Ms. Foundation for Women
- The Roth Family Foundation
- Tides Reproductive Justice Fund
- The William and Flora Hewlett Foundation

This Policy Brief is also funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as an independent, private foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention.

CLRJ sincerely appreciates its Founding Executive Director, Rocio L. Córdoba, for her vision and insight, which were instrumental in the development of the statewide survey.

CLRJ extends special thanks to Lake Research Partners for their contributions to administering the survey and compiling its findings.

California Latinas for Reproductive Justice (CLRJ) is a statewide policy and advocacy organization whose mission is to advance California Latinas' reproductive health and rights within a social justice and human rights framework. CLRJ works to ensure that policy developments reflect Latinas' priority needs, as well as those of their families and their communities.

California Latinas for Reproductive Justice staff:

- Marisol Franco, Director of Policy and Advocacy
- Nancy Sanchez, Associate Director
- Ena Suseth Valladares, Senior Research Coordinator
- Cristina Valle, Program and Administrative Associate
- Gabriela Valle, Senior Director of Community Education and Mobilization

California Latinas for Reproductive Justice

Post Office Box 412225
Los Angeles, CA 90041
phone: (213) 270-5258
email: info@clrj.org
website: www.clrj.org