

Family Planning and Reproductive Health Experiences of Latina Women in a United States Border City

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BACKGROUND

Family planning and reproductive health services are essential protective factors against unwanted, unintended, or mistimed pregnancies. Additionally, the concept of family planning has become one out the ten public health achievements of the 20th century. With additional resources such as Title X programs, family planning has made an impact in the modern era, by significantly decreasing the amount of unintended pregnancies since the 1990s. However, through all the improvement that has been seen since the implementation of the family planning concept, there are still eminent disparities among poor, minority immigrant women. Prominent disparities having to do with linguistic and literacy barriers, geographical burdens, and barriers of being uninsured are just some of many that are amongst this vulnerable population. These disparities contribute to a cycle of societal norms among Hispanic women that can influence the rate in adolescent unintended pregnancies. Although, the rates in adolescent childbirth have been decreasing, the despair is still persistent by both race/ethnicity and SES as they have demonstrated to be evident predictors of unintended pregnancies. A recent study conducted by the National Survey of Family growth found that approximately 54% of Hispanic women and 69% of Black women reported an unintended pregnancy, compared to 40% of non-Hispanic white women. It is vital to acknowledge the broad scale of factors that contribute to these disparities. ¹

Resource
 Dehlendorf, C., Rodriguez, M. I., Levy, K., Borrero, S., & Steinauer, J. (2010, March). Disparities in Family Planning. *Us National Library of Medicine National Institutes of Health*, 214-220.
 Office of Disease Prevention and Health Promotion. (n.d.). *Healthy people.gov*. Retrieved from Family Planning: <http://www.healthypeople.gov/2020/topics-objectives/topic/family-planning>

METHODS

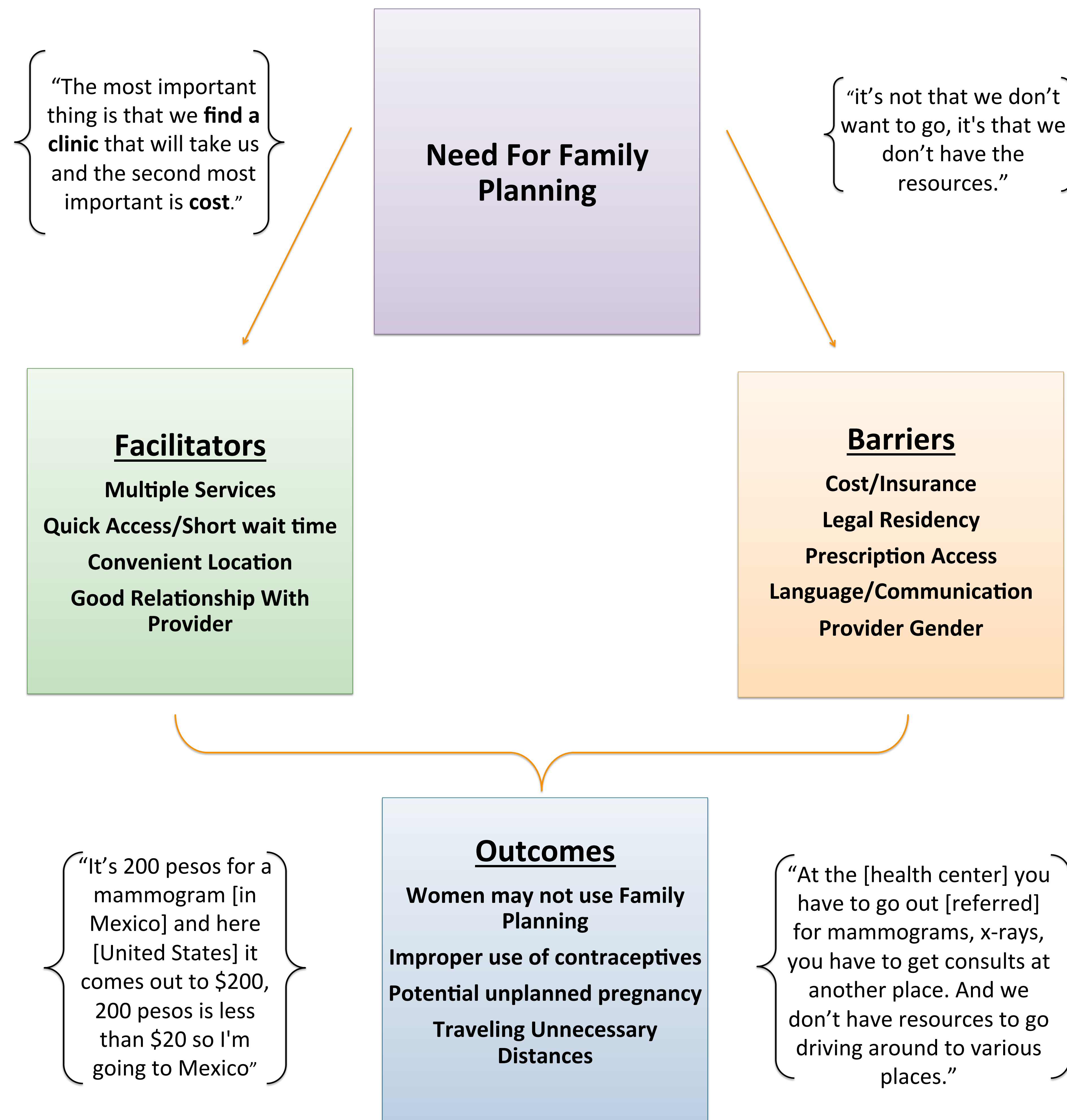
This study explores the experiences of Latina women in a United States' border city in accessing family planning care through focus group discussions. Two focus groups were conducted with Latina women of reproductive age (18 – 44 years) in a border city in the United States, n=16. Focus groups were conducted in Spanish and participants were guided through open-ended questions and audio recorded for transcription. Group discussions focused on:

- 1) Women's knowledge and perceptions about reproductive health and family planning,
- 2) Access to and awareness of family planning and reproductive services,
- 3) Barriers to accessing and using family planning and reproductive services, and
- 4) Recommendations for increasing and improving services.

The 40 minute audio file was then transcribed by two bilingual students. With the help of one faculty member, the two student researchers analyzed the transcripts using traditional content analysis for qualitative research until consensus was achieved on major themes. Figure 1 represents a conceptual framework for how these women expressed their experiences with family planning and reproductive health care.

KEY FINDINGS

Figure 1. Framework for Understanding Barriers and Facilitators of Access to Family Planning Care for Latina Women in a U.S. Border City



KEY FINDINGS, CONT.

The women in this study responded positively to the importance and need for accessing family planning services. They often indicated that they knew they need care, but were often faced with barriers and challenges in receiving necessary family planning care. In particular, the most frequently reported barrier related to family planning care was the out-of-pocket cost and lack of insurance coverage for such services, including contraception. Women also found that they often had trouble getting access to a clinical setting, because it was difficult to get an appointment or they were ineligible for care due to legal residence status. They indicated that only one clinic in the urban city where they resided would take women as patients, regardless of their immigration status. Furthermore, women reported difficulty in communicating with multiple providers, especially when coordinating prescription medication or contraception. Communication barriers appeared to be present both between patients-providers, and among providers. Some of these communication challenges were likely due to language barriers.

Despite these barriers, some facets of family planning care were facilitative and helpful to women. These included the fact that the community health center where they sought care had multiple services available (including general primary care and women's health), quick access and short wait times, and a convenient location. Once women found a provider they trusted, they often returned to the same provider because of their good relationship. These components of care seemed to keep women feeling satisfied with the quality of family planning services they received.

However, women recognized that the barriers far outweighed the facilitators and made their experiences getting family planning care quite difficult. They reported multiple instances of either avoiding family planning completely, experiencing contraceptive failure and unintended pregnancy because they did not use family planning and contraceptive services correctly, and traveling across the U.S. Mexican border to obtain necessary care due to these profoundly challenging conditions. In particular, the choice to cross the border to receive family planning care is most concerning and fearful, especially for women who may face challenges regarding legal residency.

DISCUSSION

Findings from this study suggest that a better understanding of family planning and reproductive health service needs among Latina women, as well as of their perceived barriers and motivators to use services, is needed to help improve outreach efforts to engage and better serve this population. The results of the analysis revealed that Latina women's access to family planning and reproductive health services is a complex issue. By far, the largest barrier for this population was related to the cost of not only family planning care, but other primary care services that are essential for managing health. Other political and policy (e.g., eligibility and insurance coverage), clinical environment (e.g., patient treatment, language barriers) and clinical practice and procedures (e.g., long wait lines, cost, and documentation requirements) play a major role in preventing some Latina women from access to family planning services in their city. Some of these barriers were so great, that women indicated they would go across the U.S.-Mexican border to get contraceptives or other services rather than access services in the U.S., where they reside. The results suggest that in order to improve access of care for Latina women, policy makers should consider the cultural implications of their policies and programs and increase their awareness and sensitivity to these issues. Partnerships with local businesses and nonprofit organizations can be used to promote awareness of family planning services and also help lower the cost for future implementation of programs.