Increasing Family Planning Utilization among Young Adult Hispanic Women: Opportunities and Challenges

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Background

- High rates of unintended pregnancies and STD disparities among Hispanics suggest that some of those in greatest need are not accessing services.
- Title X programs offer free and reduced services to avoid unintended pregnancies and STDs.
- A challenge among family planning programs is getting the highest-risk populations to visit clinics.
- A better understanding of family planning service needs and perceived barriers and motivators to service use are needed to help improve outreach efforts and better serve Hispanic women.

About this Study

- Using a qualitative approach, this study examines the barriers and facilitators to accessing reproductive health services among Hispanic women.
- Specifically, this study explores the role of:
  - Access to and awareness of reproductive health services in the community
  - Culture and family — Knowledge, attitudes and perceptions
  - Community context — Policy (at the clinic, local, state and federal level)
- This study also examines:
  - How the interplay between these factors shape women's access to reproductive health services
  - Respondents' recommendations for increasing and improving services

Data and Methods

- 11 focus groups with young adult Hispanic women were conducted in cities with high concentrations of Hispanics—Washington, DC, Los Angeles, CA and San Antonio, TX.
  - Six groups were conducted in English and five were conducted in Spanish.
- Three focus groups were conducted with service providers, one in each city.
- Using purposive sampling techniques, the young women sample was segmented by three important characteristics: Nativity status, education, and language.

Characteristics of Hispanic Women

	Washington, DC N= 20	Los Angeles, CA N= 39	San Antonio, TX N= 36	Totals N= 95
Bilingual	70%	64%	58%	63%
Foreign-born	60%	41%	58%	52%
High school diploma or less	15%	33%	36%	31%
Ever Received GYN exam	70%	64%	56%	62%
Ever Received STD test	55%	62%	47%	55%
Ever Received birth control services	65%	56%	50%	56%
Total family income less than $25K	32%	67%	75%	63%
Mean age	22 (2.4)	22 (2.2)	22 (1.9)	22 (2.1)

Characteristics of Providers

- Half of providers had 5 or more years of experience in a clinic or program setting.
- All worked at a program or clinic that included bilingual staff.
- Participants consisted of administrators, program managers, health educators, nurse practitioners, and social workers.
- Programs/clinics represented provided a variety of services including birth control methods (46%) and counseling (58%), pregnancy tests (50%), abortions (13%) and GYN exams (50%).

Analysis

- Summaries and transcriptions of the focus groups were created and an inductive approach was used to identify themes and develop a coding scheme. NVivo and SPSS were used for analysis.

Findings

- Multiple barriers created conditions which hampered the accessibility and attractiveness of reproductive health services.
- These factors included:
  - Policies from funding sources and community clinics, and
  - Cultural norms, beliefs and practices.

Necessity is the Mother of All Invention: Bypassing the Medical Establishment

- Providers and women reported that some women bypassed the traditional medical community to access birth control.
  - Purchasing birth control and obtaining reproductive health services from *"bodegas," "botanicas," "flea markets,"* and *"swap meets."*
  - Using birth control prescriptions of friends whose prescriptions were covered by health insurance.
  - Sending for birth control from their home country (*"enviados"*).
  - Women in San Antonio and Los Angeles crossed the U.S./Mexico border to obtain reproductive health care services.
- Places and methods that women used to access birth control outside of the medical establishment varied across cities, but reasons for doing so were similar.
- Women access reproductive health care through alternative means because of:
  - Cost

> *"My aunts buy their birth control from Mexico and bring it to the states just because it's cheaper."*
> -Participant in English-speaking group in San Antonio

> *"[The women get birth control from the grocery because] they have a quick solution…they don't have to prove anything [income, immigration status]…they just pay $10 and they'll give [her] whatever they think [she] needs."*
> - Clinic service provider group in Los Angeles

  - Women lack documentation required by clinics/programs
  - Lack of health insurance

> *"I know they do 'cause one of my friends, my best friend, she doesn't have insurance and, you know, they go and get like, um, some products from the Hispanic store and they just buy them, but they are not prescribed."*
> -Participant in English-speaking group in Washington, DC

  - Other reasons
    1. Convenience:
       - Avoid long wait lines
       - Don't have to miss work for traditional doctor visits
    2. Fears of being reported to immigration authorities:
       - Fears were exacerbated by document requirements at clinics, especially present in localities that had established policies and law enforcement strategies aimed at deterring illegal immigration.
    3. Cultural norms and practices in Latin American countries:
       - Pharmacists are often consulted to provide medical advice.
       - Medicine is dispensed without prescriptions and often at the costumer's request.
       - Pharmacies and *"drugerias"* are prolific in most cities, located in easily accessible and convenient places.

Not Enough Time to Build Rapport: Cultural Norms Clash with Programs' Reality and Policy

> *"And there are some doctors that don't tell you all the information because they have to see five patients to get the money so they'll see one and pass the rest to the nurse. "*
> -Participant in Spanish-speaking group in Los Angeles

- Cultural norms exacerbated women's discomfort with short doctor visits.
  - Sexual activity among women is frowned upon by Hispanic culture.
  - Some women felt embarrassed having gynecological exams, since it is considered evidence of sexual activity.
  - Hispanics' cultural style of communication: establish comfort and rapport through small talk before discussing "important" matters. A 15-minute appointment does not provide sufficient time for most to feel comfortable asking potentially sensitive or embarrassing questions.
- Women in all the groups voiced disappointment at the lack of time they spent in front of a doctor.
- They were also frustrated that after a lengthy wait, they felt rushed when face-to-face with the doctor.
- The short visits (10 - 15 minutes) did not provide enough time to be examined, to discuss important issues, or to communicate relevant information.

> *"Where we went before, I didn't feel like I was treated as a person… There is another place close to us, but we…prefer to go to [the clinic a long distance away] for the same reason that they are very nice there. They talk well; they always remember me and ask me how I am.*
> -Participant in Spanish-speaking group in San Antonio

Providers are also Frustrated

- Service providers also reported feeling frustrated by the lack of face-time with patients.
- However, the length of patient visits is dictated by funding.
  - Clinics receive funding based on the number of patients they serve and the kind of care they provide.
  - Scheduling patients back-to-back was often necessary to obtain sufficient funding.

> *"The medical assistants in our clinic do the bulk of the education and again for the same reason because if you have a patient every ten minutes, which it happens in some of our clinics that are Title X and Title XX. You have time to do the exam and talk briefly about things but you don't have time unfortunately [to talk about everything]."*
> - Clinic service provider group in San Antonio

> *" At our clinic it's about 15 to 20 minutes per provider. And then sometimes I have to apologize."*
> -Clinic service provider group in Los Angeles

Marianismo ≠ Accessing Reproductive Health Services

> *"So I went with him [to the clinic], filled out the paperwork – we gave fake information. That's the way I found out where to get the birth control…This is something my parents would never tell me because my parents are Mexicans so they tried to convince me…[to] wait until marriage."*
> -Participant in English speaking group in Los Angeles

- Adherence to the values espoused under *Marianismo* sometimes deterred women's use of reproductive health services.
  - *Marianismo* refers to the expectation that women should remain virgins until marriage and be passive sexual partners.
- In keeping with this belief, women perceived that accessing services would provide incriminating evidence of their sexual activity.

> *"I prefer to go [to a clinic in a different town] because I didn't want to run into anybody…I was just so paranoid that I might get caught by my parents even though they both work. I don't know. I just get really scared. [So] I just go far."*
> - Participant in English-speaking group in Los Angeles

  - Participants are concerned about being judged for their sexual activity.
  - Many worry about being seen at clinics by family members or neighbors.
- *Marianismo* also emphasizes the cultural value that women should sacrifice personal needs (including health care) and put family needs first.

> *"The woman's needs are always at the bottom of the pile. Um…and whether mother or young woman or whatever, we just traditionally… [have] always put the woman's needs, health needs at the bottom."*
> -Clinic service provider group in San Antonio

Summary and Implications

- Results reveal that Hispanic women's access to reproductive health care is a complex issue.
  - Hispanic women bypass the medical establishment because of cost, convenience, fear of deportation, and cultural norms.
  - Women expressed frustration with long waits and short visits because they did not provide a space to discuss concerns and were not conducive to building rapport - a cultural norm for social interactions.
  - Service providers echoed this frustration, but reported that short visits were dictated by funding policies.
  - *Marianismo*, a set of cultural values that define gender roles deterred women from using reproductive health services.
- In conclusion, our findings suggest that there is an interplay between funding policies, clinic service, and patients' cultural norms.
  - Policy influences clinic practices, which in turn interact with women's cultural beliefs, customs, and norms.
- Policy makers and program providers should consider the cultural implications of their policies and programs in order to improve access of care to Hispanic women.
- Our finding that underground markets have developed in many communities to serve the Hispanic population is troubling, but may also provide outreach opportunities.

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