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 of 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 have to do with linguistic and literacy barriers, geographical burdens, and barriers of being uninsured are just some of what 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, rates in adolescent childbearing 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.

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,
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**

**Facilitators**
- Multiple Services
- Quick Access/Short wait time
- Convenient Location
- Good Relationship With Provider

**Barriers**
- Cost/Insurance
- Legal Residency
- Prescription Access
- Language/Communication

**Outcomes**
- Women may not use Family Planning
- Improper use of contraceptives
- Potential unplanned pregnancy
- Traveling Unnecessary Distances

**Outcomes**
- “It’s 200 pesos for a mammogram in Mexico”
- “It’s 200 pesos for a mammogram (in Mexico) and here (United States) it comes out to $200, 200 pesos is less than $20 so I’m going to Mexico”
- “It’s not that we don’t want to go, it’s that we don’t have the resources.”
- “At the [health center] you have to go out (referred) for mammagrams, x-rays, you have to get consults at another place. And we don’t have resources to go driving around to various places.”

**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 practice (e.g., patient treatment, language barriers) and clinical practice and procedures (e.g., long wait times, cost, and documentation requirements) play a major role in preventing some Latina women from accessing 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.