

THE PRO-CHOICE PUBLIC EDUCATION PROJECT PRESENTS:

SHE SPEAKS:

AFRICAN AMERICAN AND LATINO YOUNG WOMEN
ON REPRODUCTIVE HEALTH AND RIGHTS



FOCUS GROUP RESEARCH COMMISSIONED BY
THE PRO-CHOICE PUBLIC EDUCATION PROJECT

The Pro-Choice Public Education Project (PEP)

The Pro-Choice Public Education Project (PEP) was founded in 1996 by nine leading U.S. reproductive rights organizations to counter anti-choice messages in the media and promote pro-choice awareness. Since that time, PEP has honed its focus to address the growing generation gap within the reproductive rights movement by researching young women's opinions on reproductive rights and health, and designing and disseminating pro-choice messages and programs targeting women ages 16-25 in communities across the nation. Our mission is to educate young women, and the organizations that serve them, about reproductive freedom and choice, thereby developing a new generation of pro-choice leaders and supporters. Our programs focus on three areas:

(1) **Research** *on the opinions of women ages 16-25, using various methods including polling, focus groups, intercept research, and innovative new methods such as community forums.*

(2) **Communication and Outreach** *whereby we create and disseminate communication tools based upon the research results. PEP crafts advertisements, messages, and tools aimed at educating and involving young women. Through our workshop trainings, and strategic partnerships with other organizations, we share our research findings and offer the ads and other resources to aid the organizing efforts of local pro-choice groups and educate young women across the country.*

(3) **Youth Leadership Development** *through opportunities for young women to play an integral role in PEP's decision-making and programmatic work as part of our national youth advisory board, the Young Women's Leadership Council, consisting of young women from across the country between the ages of 19-29. This way, PEP empowers young people by building their skills and serves as a model to other organizations for involving young people in their programs and governance.*

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Introduction

Over the past several years, we have experienced an assault on reproductive rights like no other. The Bush Administration and the anti-choice majority Congress have loosed a focused and consistent strategy that strikes from all sides. From the outright reinstatement of the Global Gag Rule, to clever, back-door legislation like the Partial-Birth Abortion Ban, Abortion Non-Discrimination Act, and the Unborn Victims of Violence Act that mask anti-choice positions with progressive values, it is clear that our reproductive rights are unraveling in ways small and large, both boldly and under the radar.



More than a response, these attacks require a complete reframing of the issue of reproductive choice and the development of a new and effective strategy that speaks to all women, creating a movement stronger in numbers, passion, and voice. Yet, in spite of this awareness, the stories and experiences of young women of color remain on the outskirts of the reproductive rights agenda. While the HIV/AIDS epidemic, cuts in Title X and Medicaid, and discriminatory welfare reform policies pose significant reproductive health barriers that disproportionately affect poor women and women of color, the debate continues to exist within the narrow scope of legal abortion rights pushing broader reproductive health and justice issues to the margins of the debate and alienating young women of color.

Different life experiences driven by the dynamics of race and class have created a historic juxtaposition between the meaning of reproductive freedom for white women and women of color. While white women have had to demand freedom from compulsory motherhood, women of color have had to fight for the right to bear children and raise them out of poverty.¹ Thus, there has been an inherent opposition by women of color to the views held by many middle and upper class white women that the campaign for legal abortion is the most important goal in the struggle for women's reproductive autonomy. While women of color have historically challenged this narrow position, it remains today as the cornerstone of the modern reproductive rights movement, overshadowing equally important broader reproductive health and justice issues, thereby crippling efforts to reach communities of color and attract and sustain women of color advocates and activists.

In order to reframe and redefine the issue of reproductive rights to build a movement that is more proactive, savvy and strong, we must genuinely address this history. We must accept the unique perspective of women of color not as a deficit that will dilute the effort to maintain the right to legal abortion, but as a rich view that if incorporated in a non-tokenized way, can unleash new voices, messages, leaders and creative strategies to win the fight for reproductive rights in the 21st century.

Driven by these values and a mission to grow a new generation of diverse young women leaders, the Pro-Choice Public Education Project (PEP) created a research project aimed at filling the void of young women of color voices within the reproductive rights movement. Between January and June of 2004, PEP conducted focus groups across the country with young Latino and African-American women between the ages of 16 and 25.

¹Jennifer Nelson. *Women of Color and the Reproductive Rights Movement*. (New York: NYU Press, 2003) 2.

Dorothy Roberts, "Race, Reproduction and the Meaning of Liberty: Building a Social Justice Vision of Reproductive Freedom." Speech delivered on April 18th, 2000 at a Public Forum Presented by The Othmer Institute at Planned Parenthood of New York City; Othmer Institute Report. 2001, 22 September 2004. <<http://www.othmerinstitute.org/reports/report1.html>>.

While many grassroots groups have the skills, expertise, and committed activists required to carry out their work, they often lack culturally appropriate research, messages and organizing tools needed to round out their campaigns and target young women of color who are becoming an increasingly greater percentage of the entire population of young women. In recognition of this, PEP embarked on a qualitative research project with a two-pronged strategy of documenting how reproductive health and rights plays into the daily realities of young women of color, and elevating these experiences to demonstrate a sense of their strength, capacity to act and the centrality of their perspective to achieving a vision of reproductive autonomy for all women.

Recognizing the history of women of color and reproductive rights, we looked to the work of Paulo Freire and the popular education movement to direct our research and ensure a non-tokenized space. Guided by the principle that the experiences of “everyday” people constitute a rich, valid knowledge source that is crucial to the creation of positive social change, we conducted listening sessions designed to give voice to the actual experiences of young women of color so that we may use their knowledge and expertise to develop strategies for change.

Our primary goal in conducting these focus groups was to listen to young women of color. To listen to their thoughts, opinions, feelings, struggles, and experiences as it related to their reproductive rights and health. We wanted to understand what they were feeling, thinking, and talking about when it came to their reproductive health and rights. We wanted to understand who they sought out for information about their bodies and sex and how they spoke about these issues. Most of all, we wanted to understand the unique challenges and experiences that young women of color have and elevate these positions into a forum where their voices would be heard.

We intend to use the findings to develop and generate new culturally appropriate activist tools and messages that speak to the reproductive health needs of women of color and work to attract new and diverse leadership. These tools will be created for the specific purpose of strengthening national and grassroots public education efforts targeting young women of color about reproductive health and rights. Ultimately, we hope this effort, along with additional research, and tool development will increase outreach to young women of color leaders, broaden the overall reproductive rights agenda to include the crucial perspective of women of color, and lead to innovative ideas to build a more proactive, strategic movement.

This research is our first attempt to capture the unique and essential reproductive rights perspectives of Latino and African-American women. Our ultimate goal is to give voice to the reproductive health needs of young women of color in order to honor their experiences as a critical missing link toward a truly powerful reproductive rights movement. We hope that this work will enforce the notion that when we make the needs of women of color a priority, we embody one of the most crucial tenets of the reproductive rights movement—to gain reproductive independence for all women.

Executive Summary

Everyday, women of color struggle to lead healthy lives. Lack of health insurance, economic disparities and other factors make it more difficult for Latino and African-American women to access critical reproductive health services. Without proper access, not only do women of color suffer physically, but emotionally and spiritually, building stressful and burdened existences. As matriarchs, community leaders, and breadwinners, the health of women of color is extremely important to the long-term success and growth of communities of color and larger society. Statistics show that:

- More than one-third of Latinas are uninsured (37%), over twice the rate of white women (16%).
- African-American women are also more likely to be uninsured (20%) than white women.
- Latinas account for more than 20% of the AIDS cases among women, and the HIV infection rate among Latinas is 7 times higher than for white women.
- There are 23 Black women with AIDS for every one white woman with the disease. AIDS is the number one cause of death of Black women ages 25-34. Black women account for nearly 68% of the new cases of HIV reported for women.
- Among Mexican-American and Puerto Rican women, the cervical cancer incidence rate is two-to-three times higher than for white women.
- Black women experience the highest death rates from breast cancer (despite their lower incidence level compared to white women) and also are among those with the highest death rates from ovarian, cervical and uterine cancers compared to other women.
- Latinas are more than 2-1/2 times as likely as white women to have an abortion.
- Black women have three times the number of abortions than white women.
- The unintended pregnancy rate for Latinas is nearly two times the rate of white women.
- Black women have the highest rates of unintended pregnancy.



These statistics paint a daunting reality of the health of women of color. As the future generation, young women of color represent an important link for change. Our findings reveal the important context of their everyday lives and provide a starting point for meeting young women of color on their terms. Our key findings revealed a number of interesting and important facts:

- *Concerns about healthcare coverage were common. Some women were totally uninsured; others had limited coverage that did not cover birth control or prescriptions.*
- *The types of language used to describe sex and sexual health issues varies depending on the setting and the person who is on the other side of the conversation.*
- *Women report negative experiences with their doctors, health professionals and hospitals.*
- *Family members play an important role in the decision-making process related to sexual and reproductive health issues.*
- *Most women of color did not embrace the traditional terminology associated with “reproductive health and rights.”*
- *Many of the focus group participants described their reproductive health as “important,” with the main focus on the ability and right to have children in the future.*
- *Dialogue about reproductive rights often begins and ends with abortion.*
- *Many young women of color were unsure about emergency contraception—its name, how it works and where to get it.*

This report is a first step toward aligning the reproductive health experiences of young Latino and African-American women with the political potential of the reproductive rights movement. As we learn more about the personal experiences of young women of color, we strengthen our ability to build a more responsive reproductive health environment. The key findings from this research provide a documented base of knowledge that can be used to engage young women of color and create collaborative solutions that will protect their reproductive freedoms and their lives.

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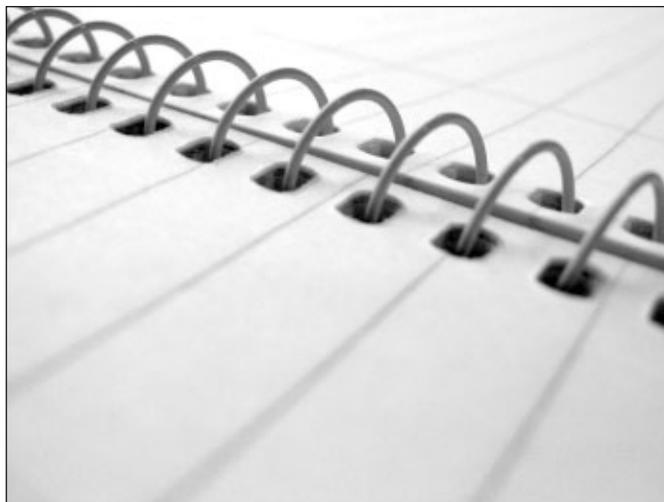
Methodology

Recruitment

The JL Group conducted eight focus groups between January and June of 2004 with African-American and Latino women ages 16-25 in New Orleans, Louisiana, Los Angeles, California, West Palm Beach, Florida, and New York, New York. The 16- and 17-year-old groups were conducted in New York City. The average number of women in each of the focus groups was 6 for a total of forty-six (46) participants. Two African-American groups were conducted in New Orleans and two Latina groups were conducted in Florida. PEP chose Los Angeles and New York as its combination markets and conducted one African-American group and one Latina group per city. The women were recruited by community-based organizations and other locally based partners. They include the Institute for Women and Ethnic Studies in New Orleans, Kellie Hawkins, MPH Epidemiology Analyst, Sexually Transmitted Disease Program Los Angeles County Department of Health Services and Planned Parenthood Los Angeles, Planned Parenthood of Palm Beach and Treasure Coast Area in Florida, and The Door youth center in New York City.

Methods

The focus group questions were designed by PEP staff and edited by research consultant Jewel Love of the JL Group. The focus groups were conducted in the evenings or on weekends in order to accommodate the collective schedules and lifestyles of each constituency. Participants received a stipend for their time and were provided lunch or dinner depending on the time of the focus group. Prior to starting each focus group, each participant was asked to complete a demographic profile form. This document collected information on age, race, college enrollment/type of college attended and monthly household income. Each participant also signed an informed consent contract detailing their rights as a participant, PEP's role, and use and dissemination of the information collected. Young women 18 and under were required to present a signed parental consent form at the start of each session.



Jewel Love of the JL Group and at least one member of PEP's Young Women's Leadership Council (YWLC) moderated each focus group. PEP envisioned a collaborative research gathering and analysis process for members of its Young Women's Leadership Council along with selected staff members. To meet this goal and implement PEP's vision of creating a young-women-led research project, the JL Group developed and conducted a moderator's training to provide YWLC members and staff with information on various components involved in focus group research; core elements of moderating; personal characteristics of successful moderators; the role and responsibilities of the moderator; and tips and strategies for addressing problems that may arise.

Data Analysis

As part of its collaboration with PEP, the JL Group executed a second training session to equip the YWLC for the process of analyzing data from the focus groups. This two-hour training, conducted by Pamela Weddington of the JL Group, provided an overview about what researchers look for in the analysis process; identification of primary themes; and suggestions for how to work together as a team to develop and present the findings and recommendations.

Each focus group was videotaped. The tapes were reviewed by the JL Group, PEP staff, and the YWLC with the goal of identifying key issues and understandings of the various meanings implied in participant responses. As a result of the analysis, numerous insights were identified, which are outlined in this report.

Limitations

This research was designed as a first step toward understanding the reproductive health and rights perspectives of young African-American and Latino women. Due to the small study sample, we recommend not generalizing these findings to encompass the views and opinions of all young African-American and Latino women or other demographic sub-populations among young women of color.

Focus Group Characteristics

Throughout this study, we met a great number of women from different backgrounds, ethnicities, and incomes encompassing a wide range of beliefs, attitudes and opinions. Some of the women were young mothers, others were in vocational school, community college, or universities, and some were full-time employees.

Comparative Analysis

Ethnicity/Race

Overall, many of the women in the focus groups seem to have experienced similar feelings, life events, and challenges. The Latino and African American women in these focus groups told many of the same stories, often with unique cultural twists.

*“In my house,
and in my culture,
we don’t really
talk about sex.”*

Latinas mentioned particular cultural and language issues in their focus group comments. For example, they noted that they tend to be bilingual in discussions with their family and friends, switching back and forth between English and Spanish to make a point or when discussing intimate issues. Some Latinas cited clashes with parents and other family members who may cling to the more conservative ways of their country of origin, or cultural dissonance with parents who have less formal education than their children. Religious (overwhelmingly Catholic) and cultural customs also led some Latinas to be more reticent to openly discuss their sexual health and experiences.

“In my house, and in my culture, we don’t really talk about sex. It’s sorta like ‘Just don’t do it’... Growing up, you’re not really supposed to talk about it. I’m 24 years old and I’m not too comfortable about it yet,” says a Florida Latina.

Conservatism like this keeps dialogue at a more distanced level. A Latina from Los Angeles said, for example, that she is “embarrassed to express that [sexual] side to my family.” A peer agreed: “I don’t talk to my family...only the person that I’m intimate with.” Even some women who said that they talked to peers kept some things to themselves: “I talk to my friends, but in generalities,” said a Latina from Los Angeles.

Black women were more likely to report feeling discriminated against or judged because of how they look or their race. As a 23 year old Los Angeles woman explained, “a young Black woman... could be treated any kind of way.” A 24-year-old African American woman wondered about the cause of high HIV rates in the community:

“Are we not receiving the proper education? Are we not receiving proper healthcare services? That makes someone really think that we’re [Black women] being targeted.”

Another Black woman worried about “being used as a guinea pig.” African American women in Los Angeles were even concerned about the kind of language that would be used by characters in a radio ad targeting them; one woman explained that she doesn’t “want us to be stereotyped [by the general public].”

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Geography

Women of color in New Orleans and West Palm Beach tended to be more conservative in their answers. They were also not always as forthcoming about their own behavior. These Southern women of color were also more reserved; it took some time and often a lot of prodding for them to begin to open up in the focus groups.

Women in these cities were more likely to cite religious or spiritual beliefs as influencing their decisions. They said that their churches do not openly discuss issues like abortion, HIV/AIDS, and homosexuality. A Latina from West Palm Beach said there was no reason to discuss her reproductive health issues with someone from her church because “I already know what I can’t do.”

“When I’m able to provide everything I would want to give is when I want to start planning a family.”

“What will my parents think of this decision?”

Women in New York and Los Angeles had a different openness and attitude about their own behavior. It was in these groups that several women, for example, openly self-identified as lesbians. In these more metropolitan areas, people tend both to do more and see more. Even the 16- and 17-year-olds from New York had been exposed to more information and experiences than older women in other parts of the country. Women in both Los Angeles groups were particularly willing to share colorful expressions and personal experiences.

Age

Overall, most women across the 16-25 age range saw childbearing as a part of life that was ahead of them. An 18-year-old Latina, for example, said she thinks about it often: “When I’m able to provide everything I would want to give is when I want to start planning a family.” A few women in these focus groups reported already having a child. Younger women tended to be more concerned with preventing pregnancy and STDs. As women moved into their twenties, they seemed to be more concerned about their ability to have children when they are ready to start a family.

The decisions of younger women, particularly the teens, were much more likely to be influenced by parents, either positively or negatively. For example, several women reported wondering, “What will my parents think of this decision?” Younger women in high school or community colleges were more likely to cite information from health classes and counselors as part of their knowledge base about sexual and reproductive health issues. Meanwhile, older women were more likely to share situations from their own personal experiences or those of their friends.



Healthcare Coverage

Whether they are students or full-time employees, an overwhelming number of young Latino and African-American women reported serious problems with their health care coverage. For example, many young women did not have any health insurance and faced the consequence of paying hefty bills if they sought medical attention. A 24-year-old Florida Latina shared, “I have to be real careful not to get sick or I’ll have to go to the doctor and pay a lot of money which I can’t afford.” One uninsured Latina from Los Angeles was so worried about the cost of medical care that she didn’t even tell her family when she was sick. She had gastrointestinal problems in the past and her parents paid for her treatment out of pocket, which placed a burden on the family. She said, “I keep them [health concerns] to myself. I don’t tell my mom or my family just because the first thing they’re going to want to do is go to the hospital and the doctor—and we can’t afford it.” A 25-year-old African-American woman from New Orleans expressed concern about her situation as well: “I personally need health insurance because the job I have now doesn’t have it.”

“I have to be real careful not to get sick or I’ll have to go to the doctor and pay a lot of money which I can’t afford.”

Other women described complications with their existing health care coverage. An 18-year-old New Orleans woman explained that she hears the clock ticking on her coverage: “I’m only covered until I’m 19, so they’re [the doctors] trying to get as much in as possible.” A young African-American woman from Los Angeles relayed how she tried to receive emergency care one time and was initially denied it because her insurance had expired without any notification. She was forced to wait a long time to see a physician and to resolve the problem with her insurance, causing her much stress and confusion. An African-American woman from New Orleans experienced difficulties with her insurance once she moved out-of-state for school. “I can’t use my insurance here... while I’m in Louisiana. I have to pay full price for prescriptions.”



The majority of the young women agreed that maintaining their health was critical to their well-being. As one young Florida Latina conveyed, “Health is important cause if you get sick, you can’t do anything else.” Unfortunately, the ability of these young women to engage in preventative health care was seriously impeded by their health coverage problems; if they didn’t have health insurance or money, they simply did not seek treatment.

Language For Sexual And Reproductive Health

The types of language the young women used to describe sex and sexual health varies on the setting and the person who is on the other side of the conversation. They expressed a kind of “bilingualism,” switching from informal to formal language depending on the situation.

With female friends or sexual partners, women said that they tend to use informal language. “Sometimes I use the terms that the person I’m talking with is using,” voiced a young woman from New Orleans. For example, many women used slang terms for having sex, penis, vagina, breasts, and buttocks.

With parents, doctors, and strangers, nearly all of the women said that they use formal language. A New York teenager elaborated, “Some adults find some words disrespectful coming out of the mouth

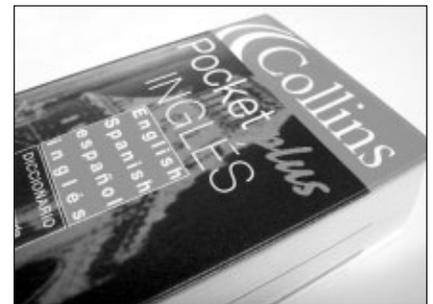
of a teenager.” A Los Angeles woman said that when she talks to her mother about sexual issues, she gets the “clean version.” Another Los Angeles Latina cited how she feels uncomfortable when her aunt uses sexual slang around her.

The Latinas revealed a second and more literal form of “bilingualism,” combining Spanish and English to create new words that describe sex and sexual health. “We mix it up in Spanish,” explained a 19-year-old from Florida.

Gender Play

When asked to relay what words the young women used to describe sex and sexual health among peers, certain trends began to emerge. Slang words for vagina tended to be softer and more child-like in tone (“down there,” “powder puff,” “fuzzy hole,” and “milkshake”). Meanwhile, slang words for penis were much more active and dominant (“cock,” “pipe,” “gun,” and “shaft”). Terms for having intercourse seemed less personal and primarily described heterosexual sex (“doing it,” “boning,” “fucking,” “blow job,” and “giving head”).

The language used by the young women appears to reveal the impact of societal gender dynamics and different ideas of sexual propriety for men and women. Even when evaluating who actually uses these terms on a regular basis, men seemed to have all the privilege, while the women did not. A 16-year-old New Yorker said, “I don’t talk nasty, guys talk nasty.” Meanwhile, a Florida Latina said, “Girls aren’t supposed to talk like that.” Another 18-year-old revealed: “I can listen to other people talk about it [sex] graphically, but I don’t feel right talking about it graphically.”



Language for Effective Communication and Outreach

When asked what kind of language should be used to outreach to young women of color, the participants responded that they want language that is simple, to the point, and less technical. A Los Angeles woman emphasized that messages should use language that is “realistic, but not vulgar.” A New York African-American woman asserted “You need to be blunt with it, but you need to use words that young girls

“If you’re going to talk to me, you gotta talk right because when I talk to you, I’m going to come with respect.”

like us understand. You can’t use these big, fine words.” A Los Angeles African-American woman explained “have examples of how the issues relate to us, relate to how we talk, what our issues are, how we view it, and what we would say about it.”

While expressing a need for down-to-earth language, many young women also felt that messages should not rely too heavily on slang. “All women know what a penis is, a vagina is, what sex is. If you use slang I’d think ‘They don’t know what they’re talking about. They’re just like my friends in [high] school” said an 18-year-old

Latina. One New York African-American woman described how finding a balance between formal language and slang is crucial to reaching young women like her, “If you’re going to talk to me, you gotta talk right because when I talk to you, I’m going to come with respect.”

The young women in the focus groups also expressed an openness to receiving more culturally relevant reproductive health and rights literature, which spoke to them from their point of view as African-American and Latino women. A Black woman from Los Angeles said that even though the health class that she attends is informative, “There’s not enough information on African-American women’s health.” Materials targeting women of color, one focus group participants said, should include information on how to have an enjoyable and satisfying sex life.

Overall Health Concerns

Young women of color described a number of health issues that concern them, ranging from a lack of health insurance, stress, polycystic ovarian syndrome (pcos), to cervical dysplasia, depression, and weight issues, among others. In most cases, the concerns that women mentioned were very personal—either they or their family members were afflicted by them. In fact, many women talked about having family histories of disease, such as breast and cervical cancers. An 18-year-old African-American woman even described breast cancer as “rampant.” A New Orleans African-American woman explained “We have a lot of reproductive problems in my family.”

Many women also said that they are worried about body image and self-esteem. “I’m pretty uncomfortable with my body, so usually if I’m talking about it, I’m demeaning it, like ‘I have small boobs,’” acknowledged an 18-year-old African-American woman. A Florida Latina relayed that her breasts were “the first thing you notice when you see me and that’s how people describe me. [They say], ‘Who’s the girl with the big tits?’” A Los Angeles Latina noted, “Even at 25, self-esteem is a big thing...Because constantly all you see is very thin women. If you’re a big woman, it’s really hard to feel good about yourself. Even if you do, in my culture it’s all about ‘You’re so fat’, ‘You’re so fat’ and hearing it every day.”



Unprompted, many women listed issues relating to their sexual health when describing their overall health concerns. Specifically, a great number of women expressed anxiety about the prevalence of STDs and HIV/AIDS in their communities. An African-American college student from New Orleans said “They did a survey at the beginning of the year, and one out of four students at [my college] had an STD, and that’s just insane.” A Latina from Los Angeles shared one of her fears during the focus group “I don’t want to get herpes.” A New York African-American woman said, “My mom has the [HIV] virus and I’m so scared of it.”

Many participants were also aware that infection rates among women of color are growing very quickly and are higher than for white women. One African-American woman from Los Angeles remarked, “We’re the highest percentage of AIDS right now. And that scares me, keeping it real...That holds like a dark cloud over our head about reproducing because of the percentage of the disease. And I’m wondering why is it so high for African-American women and why versus everyone else. And why are we not receiving the proper education? Or are we not receiving proper health care services?”

“We’re the highest percentage of AIDS right now and that scares me...That holds like a dark cloud over our head about reproducing.”

Information

Most of the conversations about women’s reproductive health and rights are taking place among women. For insights on sex and relationships with men, the majority of young women turn to their female friends for advice. For questions about reproductive health and health in general, the young women tend to seek out their mothers, aunts, and sisters to get the answers they need. Men, other than doctors, are not—and, in many cases, seem not expected to be—active participants in the dialogue.

Friends/Peers

Most women felt that it was with their female friends that they could relax and be themselves. A Latina teen said that almost no topic was off-limits when hanging out with “the girls.” Conversations among close friends often reflect how relationships did or did not work out: “When talking to my girls, we get angry about past sexual experiences that weren’t safe or satisfying,” said an African-American woman. As one 19-year-old from Florida made clear, for “sexual stuff, I’ll talk to my friends, because they’ve experienced it.” A 25-year-old Latina from Florida observed, “[talking about your reproductive health] It’s something you should be doing with your friends.”

Mothers

Moms were overwhelmingly viewed as a credible source of health information and comfort. An 18-year-old Latina said she talks to her mother about important issues, “because she’s always right.” Another Latina also cited her mom saying, “She knows everything about life.” An 18-year-old woman added, “My mom knows lots of symptoms, so if something’s going on with my body that I don’t know, I’ll ask her first and she’ll usually know, [but] she’ll still say ‘You need to go to a physician.’”

“My mother and I don’t really have that type of relationship where we talk about sexual health, because in her eyes, I’m not having sex.”

Another reason a daughter may turn to her mother is that, as the matriarch, she knows and keeps track of the family history. An African-American woman from New Orleans says her mother recognizes symptoms and has done research on certain diseases because “we have different types of cancers [that run in the family].”

Other women said that they did not feel they could talk openly with their mothers. For some Latina recent immigrants, they felt that they had better access to information than their mothers, and hence did not rely on them. “She’s been asking *me* questions,” said a 24-year-old Florida Latina. “My mom feels I know more than she does, ever since we moved to the United States from [Puerto Rico].” Another Latina said that she would not turn to her mother for health-related information because of her limited formal education.

For some African-American women, they would not talk about the issues with their mothers, but *around* them instead, revealing an undercurrent of social conservatism in some of the older generation. “When I became sexually active... I never quite said it,” shared an 18-year-old African-American. “I think she got the point. I didn’t say it, because that’s just not how I feel comfortable talking to my mom.” Another African-American observed that denial was at the heart of the matter: “My mother and I don’t really have that type of relationship where we talk about sexual health, because in her eyes, I’m not having sex.” An African-American woman from Los Angeles said, “All my mother needs to know is that I had sex. She doesn’t need to know details, like ‘Wow, it was great. We did this.’”



Older Siblings and Relatives

When young women have a more personal question, they often look to older relatives—mostly sisters and aunts—who have acquired more worldly experience and are not squeamish about dispensing advice. One African-American woman from Los Angeles counts on her sisters for the “real deal,” explaining, “My sisters, are my sisters. They’re going to tell me regardless. They’re not gonna hide it [the truth] from me, because that’s blood.” An 18-year-old Florida Latina concurred, “I learn from my family because they

“My sisters, are my sisters. They’re going to tell me regardless. They’re not gonna hide it [the truth] from me, because that’s blood.”

wouldn’t hurt me.” A Latina said that she talks to her older sister because “She’s already a married woman and most of the questions I have, she can answer them. And even if she can’t, she’ll find out a way to answer them for me.” She went on to say, “I can talk to my mom about things, but my sister kinda went through it already...everything she tells me, I listen, and it always turns out good.” An African-American woman from New York highlighted, “I would talk to my older sister because she is 31 and I know she been through half the stuff we’re going through these days and I would trust her. She tells me everything. That’s why I know so

much about AIDS and all that, since my Mom has it [AIDS] and my sister grew up with my mother, so I already know that she knows about sexually transmitted diseases or health rights.” An 18-year-old Florida Latina agreed that her sibling is a trustworthy source, “My sister gets information for me... so that I don’t make the same mistakes.”

Doctors/Healthcare Professionals

Doctors were sometimes the first choice for getting “the facts.” Young women who described positive experiences with their doctors were more likely to see them as credible sources of information. An African-American woman from New Orleans said that she would not be shy about approaching her doctor for information on abortions. “I found a really good doctor. She tells me everything I want to know, in any kind of language; she’s real down-to-earth.” When women did not feel comfortable approaching family members, doctors were the next best choice. “I talk to my doctor because she knows my history,” said an African-American woman from New Orleans.

Even women who did not report positive doctor/patient relationship still thought that they could call upon doctors to find out the information they needed. “I figure they’ve been to school long enough, and they’ve been asked this question a million times. They should be able to get it right,” said an 18-year-old African-American from New Orleans. An African-American teenager said that she would go to her doctor for the facts about her reproductive health because “I wanna be with someone who’s seen me over a period of time.”



Answers in Cyberspace

Many women cited the Internet as a place they would go to get information about an issue related to their reproductive health and rights. Most, however, did not regularly visit specific websites. Instead, they said that they would go to a search engine such as Google.com and enter key words that would get the information they needed. A teen from New York felt that the Internet “gives you the facts, rather than someone’s opinion.”

Websites that were positively cited included: Planned Parenthood, the Center for Disease Control and Prevention, and www.4woman.gov, offered by the Office on Women’s Health. The women who used them deemed these trustworthy. There were no activist websites noted among the women.

Sexual Partners

Interestingly, most women did not name their sexual partners as the ones to whom they would turn for questions about their reproductive health and rights. Based on the focus group responses, most of the conversations between men and women seem to be limited to the bedroom—what they are going to do and when.

A few women, however, did talk to their partners. A 21-year-old from New Orleans said, “I talk to my boyfriend like I’m talking to one of my homegirls.” Another woman said her boyfriend is involved in the decision-making about their sex life “He knows I go to the doctor, he knows I’m on birth control. So anything that happens, he knows about, because not only is it my responsibility—it’s also his.”

Other Sources

A few women said that they would trust pamphlets and literature for the facts, especially if they came from a credible source. Several women mentioned that they had picked up information in the past from a clinic where they receive services. A 25-year-old African-American woman from Los Angeles said that she had called a nurse’s hotline offered by her insurance plan for information on a health problem (“I’ll talk to them for everything”), while another woman said she reads health and medical books to find out what she needs to know.



Doctor-Patient Relationships

Most young women reported having negative experiences with their doctors, health professionals, and hospitals. When asked to describe how going to the doctor made them feel, women answered “nervous,” “overwhelmed,” “aggravated,” and “rushed.” Many women had horror stories about visits to the doctor or clinic, in which they felt embarrassed, ashamed, or mistreated. One young woman from New Orleans explained how she had been subjected to the same medical test twice because her original file could

“For me being Black, I think every time I answer a question, I’m answering for the whole Black population.”

not be found. The experience made her feel upset and taken advantage of. A young woman from Los Angeles relayed how she was interested in getting an HIV test after hearing a presentation at school. Her doctor was reticent to give her the test because he thought she was not at risk. She stated, “If I want [an HIV test] to make sure things are o.k. with my body, there should be no question.” A Florida Latina reported feeling extremely unprepared for her first ob-gyn appointment and was left clueless without any guidance from her doctor. “My first experience with the gynecologist, I was 16 and I didn’t even know what was going on and I didn’t know about what they were gonna do. I didn’t even complain, because I didn’t know what was going on and why I had to open my legs.”

Much of the negative feelings appear to stem from a lack of communication and trust. While trying to obtain birth control, one New York Latina described how her doctor asked her seemingly unrelated questions and how they didn't explain the reasoning behind them to her. "They'll see on your chart that you're there for birth control and they'll be like 'How's your home life?' What does that have to do with me going on birth control?" One African-American woman from Los Angeles felt that she could not be fully open with her physician, fearing that they might adhere to racial stereotypes. "For me being Black, I think every time I answer a question, I'm answering for the whole Black population, because that's sometimes how they think, or people think. I'm always really conscious of what I say. I may even change up something [in my story]... That's sad and I shouldn't have to do it. I'm just not comfortable."

Other women felt as if their doctors just didn't listen to them. "I have trouble getting a doctor to admit that I have a weight problem," said an 18-year-old from New Orleans. "They're like 'Oh, you're fine.' And even though I want to do something about it, *they* don't want to."

It was also not uncommon for young women to feel disempowered in their relationship with their doctor. A Latina from New York described the extent of her conversation as "If the doctor asks a question, I'll answer it." Even older focus group participants faced similar situations, "Sometimes you just conform" cited an African-American woman from Los Angeles.

However, not all women reported uniformly negative experiences with their doctors. Every group had at least one participant who had found a doctor or health professional that they like, respect, and trust. In most cases, these health professionals were women. "I like how my nurse-practitioner presents the options to you," said a New Orleans African-American woman. "She never presents it to you in a negative way." A young Latina from Los Angeles liked discussing her medical concerns with her neighbor, who is a nurse. Most women were uncomfortable with male health professionals; "for us women it's crazy to have a male doctor" said a New York Latina.

In an ideal world, many women expressed that they should be treated as equal partners with their doctors and that they wanted to develop close ties with them. "Essentially, it's [your health] your job cause you can't bring the doctor with you 24 hours a day... They should help and guide you... they obviously have the education and tools to help you stay healthy and give you knowledge" explained a 25-year-old Latina. A 16-year-old Latina said her ideal doctor visit would make her "feel like being around my mom."



The doctor's role, young women said, is to "assist me in my healthcare decisions," and to present various options for treatment and care (both the pros and cons). They do not want their doctors to be preachy or judgmental. Instead, they said the doctor is supposed to be there to "answer my questions," "explain what's going on," "tell me the truth," "fix me when I'm sick," or "let you know what's going on health-wise." "I think it's really important in women's health, said an 18-year-old African-American, "for the doctors to just present the

options and let you know what you can do." Good doctors, focus group participants said, "are attentive to my reactions," "try to answer my questions" and "keep it real." They are also down-to-earth and show "genuine concern for the patient" by not having a condescending attitude. While many young women yearned to create a more open and equitable relationship with their doctors, few women knew how to go about establishing them.

Understanding Reproductive Health And Rights

Women overwhelmingly said that they had never heard “reproductive health and rights” defined in the way that it was presented in the focus groups. Generally both African-American and Latino women had never heard the term before and strained to understand it. “I never thought about that,” said one Latina from New York. The confusion over the term was exemplified by a Latina from Los Angeles. “The word that really got my attention was ‘reproductive’. Is it to produce some kind of health insurance? I can’t explain it. I’m still thinking about that word.” Many women found the term awkward and confusing. One African-American teenager from New York City described the definition as “mad boring. What is this? It looks like an adult wrote it.... If they were to add some words, the way we would say it, then maybe more kids would care about their reproductive health.”

An African-American woman from New Orleans said that she and her friends do not talk about reproductive health and rights unless “there’s an issue for me to resolve.” Often conversations about reproductive health and rights were tied to personal stories or experiences. A young woman from Florida had a similar reaction: “I don’t sit down and say, ‘Let’s talk about women’s rights and reproductive rights. [But] if my friend was like ‘Did you hear what happened to this girl? She didn’t protect herself, she’s only 14 and she’s pregnant.’” Again the implication is that women of color do discuss reproductive health and rights issues, but on a more personal level than a political one.

“The word that really got my attention was ‘reproductive’. Is it to produce some kind of health insurance?”

Women in the focus groups tended to respond more to the reproductive health element of the definition rather than the reproductive rights element. “No one talks about that [reproductive rights]. They always talk about your reproductive system, how to take care of yourself, what you do about it, but nobody ever talks about your rights,” clarified a seventeen-year-old Latina from New York.

When asked for reactions to the phrase “reproductive health and rights,” women overwhelmingly gave answers related to abortion. Within one focus group of African-American women the initial response from almost every participant was similar. One young woman said “access to safe and legal abortions and the timing to make decisions based on your needs,” while another participant said “women being able to make their own choice about abortion.” Even a woman who described herself as a “pro-lifer” said, “Abortion was the first thing that came to my mind, but I’m not pro-choice.”

Responses from Latina participants included the rights “that you have as an individual and for your health” as well as “for reproducing a child and everything that goes along with it.” Other top-of-mind immediate responses included “pregnancy,” “childcare,” and “sex.”

Young women of color do not explicitly state “reproductive health and rights” as a primary health need. Their primary health needs, however, as defined by their focus group responses, are related to reproductive health. Most participants do think and talk at least occasionally about their reproductive health and rights. A Latina from New York observed, “It has to do with you and everything about you.” Another Latina echoed that idea and added, “It’s a part of everything, part of my life, part of what I think, part of what I feel.” A young woman from Florida described the importance of her reproductive health, “We are our body. So if you are talking about reproductive health in the sense of our sex life and reproducing, then it involves the whole body, not just your reproductive organs that go into it.”

Reproductive Health

Most young women of color reported that they think of sexual and reproductive health issues as important to them. In addition, reproductive health resonated more strongly with young women of color than reproductive rights. Across the board, Latinas and African-American women linked the importance of their reproductive health to pregnancy, childbirth and having a healthy baby some time in the future as opposed to concern about their reproductive health before pregnancy.



A Latina from Florida explained, “If you don’t think about it, it will affect your whole life.” A 21-year-old woman from New Orleans cited the importance of “being able to have children and a healthy pregnancy,” along with staying free from sexually transmitted diseases. Even in their early twenties, many of these young women had experienced health issues that brought the subject to the forefront of their minds including, cervical dysplasia, thyroid nodules, ovarian cysts and hormone imbalances, along with family histories of breast and cervical cancers. A 25-year-old African-American woman, for example, shared her struggle with “polycystic ovary syndrome [that] directly affects my reproductive organs...There’s so many different things that it causes.” Another participant said, “Up until this past summer, I was more

concerned with pregnancy and having a healthy baby... but now I have cervical dysplasia... I have to get checked every few months... and worry about having a [abnormal] cell there.”

Among younger women, there was great concern about staying free from sexually transmitted diseases and infections. A teenager from New York City explained, “When I walk the streets, I want to know I’m healthy, it’s nothing nobody can ever switch they face up at me or judge me. I’m not even worried about what people say about me, but I know when I walk the streets, I can walk high, because I’m clean, I’m healthy.” Another young woman observed, “I’m 17 now. When I turn 30, 31, I’m going to get married. And if I was to meet a nice man, then I want to start a family with him. If I have AIDS, then it’s like I’m not healthy, I’m not correct. I wouldn’t want to hurt nobody, so...you need to check yourself.”

“When I walk the streets, I want to know I’m healthy, it’s nothing nobody can ever switch they face up at me or judge me.”

Women who self-identified as lesbian or bisexual often felt that reproductive health was less of an issue for them than for heterosexual women because they did not necessarily see themselves birthing children. A Latina from Los Angeles revealed, “I don’t necessarily [think about it] only for the simple fact that I don’t plan to have my kids. Me, I plan to marry a woman, and therefore, she’ll have my kids.” Other participants felt that reproductive health issues were irrelevant to them because they were not engaging in sexual activity with men and therefore, not at risk for pregnancy and sexually transmitted diseases (at least in their own minds). There was little sense among these women that there was a need to be concerned about their reproductive health for any other reasons or that they could contract sexually transmitted diseases from other women.

Reproductive health is seen as a priority and tied to one's overall health, specifically mental health. Most women agreed that reproductive health “affects all aspects of a woman.” Women made comments such as “It’s what defines us as women.” Almost every focus group shared the sense that an inability to have children would have a significant negative impact on one’s mental health and identity as a woman. “I

“ I think your reproductive health for a woman is directly tied to who she is...If you find out you can't have children or things like that, ...that's an emotional strain on you. ”

think your reproductive health for a woman is directly tied to who she is...If you find out you can't have children or things like that, ...that's an emotional strain on you,” said an 18-year-old African-American woman. “God forbid, if that would happen to me,” she added. “I would probably feel like less of a woman.” In New York a Latina teenager agreed that reproductive health is a priority, “I might want to have a seed one day, when I have a job, a house...lots of money.” Another Latina participant felt differently, “For me it goes beyond having children. I don't want to limit myself like that—it's more about being healthy all over.”

Women said that reproductive health affects them “emotionally, too, not just physically.” As an 18-year-old Latina from Florida explained, “If a woman doesn't want to have sex and her partner does, that'll affect her emotionally. If a woman has a miscarriage

or lost a baby or found out your baby's gonna be sick or they have to decide whether [to save] her or the baby, that can affect someone.” She added that her own mother gave birth to a child who died shortly afterwards, and as a result, her mother “almost went crazy.” Young women of color understood that being reproductively healthy was crucial to emotional stability and overall mental health. A 25-year-old African-American woman from New Orleans made the connection between reproductive and mental health explicit, “You need to be mentally healthy to make the best decision for you.” As one woman explained, reproductive health is “directly tied to your mental health, which is directly tied to the rest of you. You start to get depressed, you don't eat right, then your body starts getting exhausted and the rest of your health just deteriorates, just like that.” Another young woman said, “I think about health in general. I don't break it down.” Most women of color understand reproductive health holistically. A Latina from Los Angeles shared her personal story about how stress affected her menstrual cycles and resulted in anemia.

Participants overwhelmingly said women should be proactive, rather than reactive, about their sexual and reproductive health. As a Los Angeles Latina reminded her peers, “There's no going back once something is wrong.” Several young women of color expressed the importance of knowing your own body, and how it normally looks and feels. “That's what leads you to know when something's wrong, when you find a lump...or [have a] discharge. Knowing your body, and what's normal for your body is how you stay aware,” acknowledged a New Orleans woman. A young African-American woman from Los Angeles explained that keeping on top of her reproductive health is important, “I need to make sure that everything is running right.” In addition, being proactive was defined as consistently using condoms and scheduling annual gynecological exams. There was a disconnect, however, between some of the women who promoted being proactive and their actual behavior. For example, one Latina declared, “You want to be able to prevent, rather than regret.” She later admitted, however, that she had not had a gynecological checkup in several years.



Reproductive Rights

Most young Latino and African-American women stated that they do not think about their reproductive rights, though a few do. In all the focus groups most women responded that they do not think much about their reproductive rights. “College girls think about those issues,” said a young woman from Los Angeles. Younger focus group participants seemed less inclined to think about issues related to reproductive rights. As one young Latina remarked, “Nobody’s planning on having kids right now.”

“The right of having an abortion or not, I feel, is up to every single [woman]. If you feel it’s not right to have an abortion, don’t, but respect those that do, because it’s your body, not anybody else’s.”

Another participant from New York explained that she does not think about her reproductive rights because “I’m a teenager living my life...so nobody talks about it. And at this age you’re not planning to have kids. Sometimes, it just happens.”

A few women said that they do think about their reproductive rights. “I think about it all the time, and it’s not just abortion,” said one 18-year-old Latina. “It’s all the things that violate the rights of a woman,” she declared. An African-American woman from New York explained that she thought about her reproductive rights narrowly, “Just the right to know that you don’t have nothing or the right to get checked out when you want to, but other than that, not as far as that goes.”

A Woman’s “Right to Choose”

Most women in these groups were in favor of a woman’s control over her fertility. Latinas and African-American women felt that they, not doctors, parents, courts, politicians or even their sexual partners, should decide if and when they have children. As one Latina from Florida mentioned, “The right of having an abortion or not, I feel, is up to every single [woman]. If you feel it’s not right to have an abortion, don’t, but respect those that do, because it’s your body, not anybody else’s.”

An older woman in that same group cautioned, “Think about doing the right thing for your family. Don’t just think for the moment, but for the future.” Overall, while many women supported abortion and wide access to birth control, few of them reported an advocacy role either as individuals or in organizations that promote these issues.

A minority of women expressed the viewpoint that they did not support abortion. One African-American woman from New Orleans declared that she was not pro-choice, “I do believe it is the baby’s right to live.” Others said that they personally disagreed with abortion, but they also believed that it was a private choice. Even those who opposed abortion did not support government control over that decision.

Some women who stated they were against abortion saw abortion as an acceptable option in certain situations, such as rape or incest. An African-American woman in her mid-twenties described her position, “I think if it’s a child that’s been molested and they’re pregnant, they should be allowed to have an abortion.”

But then I think of people who are just irresponsible and I think, ‘OK, you’re killing a baby.’” Another participant explained, “Even though my opinion is that abortion is wrong, but in some circumstances you should get it if it’s a life and death situation.”

Several women had complicated feelings about abortion, including an African-American woman from New Orleans: “I don’t think women should use abortion as a form of contraception, but I don’t think that the cases of women doing that is high.”

Who Has The Power?

When asked who has control over their reproductive rights, most young women of color replied “myself.” “I think I have control over my rights. If I want to decide that I want to give up a baby, which would never happen, I would give it up. I wouldn’t want nobody to pressure me, ‘No, you should keep it.’ But if I feel I want to give it up, I’m going to give it up.” Another young woman from Los Angeles explained, “I take precautions, but I also don’t want someone to tell me I can’t have an abortion.” While it was clear from their responses that women of color wanted to feel in control of their own bodies and lives, there was a clear lack of awareness of the broader political landscape and how it affects their reproductive rights. A Latina from Los Angeles shared her confusion over who had control over her reproductive rights, “I would like to think I do, but I’m not sure.”

“ I think I have control over my rights. If I want to decide that I want to give up a baby, which would never happen, I would give it up. I wouldn’t want nobody to pressure me. ”

Some women believe that “others” have at least some control over their reproductive rights. Answers included politicians, the government, the Supreme Court and white men who “don’t know anything about our lives.” One young Latina observed, “In a way, society controls...the way that they want you to be thinking about it...Media bombards us with sex. If you don’t understand things like in this definition, you can’t make a decision about what’s best for you.”

Other women were not sure who had control. “I know there are some parts of government that are working to limit our reproductive rights at some level, but to what extent that affects me, I’m not sure,” said an 18-year-old African-American woman. Another woman in Los Angeles said she had the sense that, “People are fighting to control us,” while a peer said, “It’s a political issue when people try to impose their views on you.” A New York Latina cited President Bush’s attempts to ban condoms for people under the age of 21. In addition, a 25-year-old African-American woman in Los Angeles said she does think about “politicians saying that they’ll eliminate abortions. If a woman gets herself in a ‘situation’ then that’s her decision. It’s nobody else’s business to tell you what you have to do with your body.”

Some of the younger participants said that their parents had control over their reproductive rights. “Up until recently, my parents handled all of my healthcare, altogether,” said an 18-year-old African-American woman. “Anything that happened, happened through them, so technically, they had control of my reproductive rights...but right now, I’m taking control.”

Access

Overall, women felt that they had access to reproductive health information. Women in Los Angeles said, for example, that they would go to their local Planned Parenthood clinic, a hospital or a campus health facility to obtain information on reproductive health issues. Several women, however, cited the fact that Catholic colleges and universities do not allow access to resources or educational materials related to sex or sexuality on campus. “Just because you’re [at] an institution that’s Catholic and you have religion coinciding with the education, you have to face reality with things,” said one college student. She added, “If people are going to have sex, there should be a way that they can act safely and not be blinded, [with the institution] saying ‘We’re not going to talk about it because we believe in abstinence.’”

A peer agreed: “I felt that [my school, a Historically Black University] was in the Ice Age about that [sex among young people].” Other women of color expressed concern that not enough reproductive health information was available in high schools and on college campuses. Access to reproductive health information was more difficult for women of color who were not plugged into a network such as a high school, college or a community clinic.

While most women feel that they have access to reproductive health services, they also reported a number of barriers that affect their access. These included long waits to get a doctor’s appointment, a lack of transportation, health insurance or confidentiality (“people in your business”), and personal safety concerns, particularly at clinics that perform abortions. A New Orleans woman whose car had recently been stolen said, “Getting around [is a challenge] and sometimes the nearest places aren’t the best. If you’re in an urban setting, and not in suburbia, where everything is clean and neat, sometimes you don’t feel safe in certain atmospheres.”

Another African-American woman indicated that she too is careful about where she goes for services. “If the outside doesn’t look clean, what does the inside [look like]?” she wondered. Some women also listed lack of money for non-covered prescriptions and services as a barrier. A New York Latina said that fear is a barrier for her: “I have a friend that got HIV. She told me she was going to get tested, but I’m scared.” Teenagers said confidentiality also was an issue, because they would not want their parents to know if they accessed reproductive health services. A young woman from Los Angeles also shared



that at a time when she was younger and needed the morning-after pill, she hesitated because she was “concerned that my parents would have been informed.” In spite of these stated barriers, most women thought they could overcome them if necessary to access abortion and other reproductive health services.

College women who go to school away from home often said that they did not know where to access services easily near the campus or in the city where they are enrolled. “I’m not from down here,” said a 25-year-old student. “And all my friends aren’t from down here [New Orleans]. So if I were to ask one of my friends, they wouldn’t be able to give me credible information, and I wouldn’t even be able to decide if it was credible or not.”

When asked “What would you do if you didn’t have access to contraception or abortion?” many young women replied that they would “ask around.” Young women seemed to think, however, that any current lack to information on abortion was a barrier they could overcome. A 25-year-old Latina said that the information was not totally out of reach, “if you look for it. But if you’re just going about life, it’s not gonna just come to you.” “I never had to look for it, but I’m sure I could find it,” said an 18-year-old from Florida.

Another woman in that group said that asking around would not be the solution for her: “If I was considering an abortion, I don’t think I’d want to talk about it with my friends. I don’t want to have to talk to anybody...with a stranger, I’d feel more anonymous.” Yet another participant gave a different perspective: “I’d rather talk to someone close to me than someone I don’t know or I don’t trust.” Regardless of age, race, or ethnicity many women did not grasp that certain reproductive health services, specifically abortions might not be available to them.

Emergency contraception

Most women were familiar with at least the idea of emergency contraception (EC), though they overwhelmingly knew it as “the morning-after pill.” When asked if they had ever heard of emergency contraception or EC, most participants responded negatively. Even those women who mentioned they had used emergency contraception did not recognize the term emergency contraception. In addition, most women were not familiar with the Plan B and Preven brand names and had never seen the EC package itself. When those women who said they had heard of emergency contraception tried to explain it to their peers, their presentation was often halting. They knew that EC had to be taken within a certain time period, but answers varied on what the timeframe was. In addition, they were not sure if EC prevented a pregnancy or terminated one. There seemed to be confusion between EC and RU486. The majority of focus group participants did not think that EC was safe. One young woman from Los Angeles did not understand “how something so small [a pill] could do something so big.”

Recommendations

Engaging in a dialogue with the young women focus group participants enabled PEP to gain a deeper understanding of their perspectives on reproductive health and rights and see how these critical issues impact their lives. The task that now lies ahead is formulating effective messages and tools and creating a broader framework that will best connect with these young women and encourage their development into leaders in the reproductive rights movement. While more research and message-testing rounds are clearly in order, PEP proposes the following points as preliminary recommendations.

Traditionally, our movement’s messages have heavily relied on a “rights” perspective that often times reference the era before abortion was legal (“Never go back,” “Never again,” “Keep your laws off my body”). It is clear from our focus groups that the strategy of solely focusing on abortion rights will not succeed in mobilizing young Latino and African-American women. Instead, these women identify more with the health facet of this debate and our messages and language must speak to this understanding. Speaking directly to the health disparities, including the lack of health care coverage, disproportionate percentage of new HIV/AIDS incidences, higher mortality rates for reproductive cancer in these communities, among other issues, will hit closer to home and speak to the reality of young women’s lives. We must tap into this health perspective to personalize reproductive rights for

them. An example of an empowering health message includes a talking point created during a PEP training by young women activists Jamie Rodriguez and Diana Salas: “Be Real and Make Your Own Choices. Demand Your Right to a Healthy Life.” This point presents a more encompassing and holistic lens, while at the same time encourages standing up and taking action, which mirrors the opinions of young Latino and African-American women.

As with any social movement, a danger exists that we become too internally focused and create jargon that is not easily comprehensible to an outsider (“EC OTC,” “PBA,” “Roe”). In order to reach young Latino and African-American women, our

public education campaigns must employ simple and understandable language. One focus group participant from New York proposed the following definition of reproductive health and rights, “Reproductive health and rights has to do with women being able to do it, to have fun while doing it, to be able to make babies—to be able to decide that you want to have sex, and if you get pregnant to be able to decide if you want to keep it or not to keep it.” The young women with whom we spoke repeatedly said that we should use commonly known terms, without relying too heavily on slang. A clear example of this is emergency contraception. While most young women know this as the



“morning after pill,” there is a resistance in our field to embrace the term. To outreach to young women, we must meet them on their terms and begin the education process based on where they are, not where we want them to be or where we are. This also means testing alternatives for our traditional language, such as “reproductive” and “pro-choice.”

The majority of the focus group participants stated that they want to have children in the future and that this is deeply important to them. To date, the reproductive rights community has not sufficiently incorporated this concern into how we approach the issue. The emergence of positive-motherhood groups such as hipmama.com and the MAMA Gathering in Minneapolis, MN are a few examples of how social justice and motherhood are not only viewed as congruent, but also fuel activist work. We must break the self-imposed motherhood taboo and make the connection between healthy families/children and reproductive rights.

When asked who they believed had control over their reproductive health and rights, most women answered that they do. Some women realize that there is an ongoing debate in American politics on this issue, but this has not translated into young Latino and African-American women being fearful of their abortion rights being rescinded. No matter how many times we lecture them about what it was like before, they cannot imagine reverting to such a time. Hence, messages that portray entities and individuals trying to manipulate and control our rights will not resonate as strongly with young Latino and African-American women. While we should not abandon educating young women about the political realities of abortion rights, we must access the confidence exuded by these young women to formulate message that are framed around their perspective on this issue and their strong belief in self-determination

In PEP’s 2001 poll, we found that personal messages about reproductive health and rights, rather than political ones, resonated more with young women. The focus groups revealed a similar, albeit stronger, sentiment among young Latino and African-American women. Many of these women are struggling with reproductive rights and health issues or have friends and family members who are dealing with them as well. Now we must create messages framed around that so they are called to care not just for an ideal of “women’s right to choose,” but also for the actual people in their lives. As one young Latina from Florida commented, “I don’t sit down and say, ‘Let’s talk about women’s rights and reproductive rights. [But] If my friend was like ‘Did you hear what happened to this girl? She didn’t protect herself, she’s only 14 and she’s pregnant.’” These issues are personal to all women, but especially to women of color and in order to reach them, we must begin to speak about them in that way.

Conclusion

In the 1970s, reproductive rights activists sought to account for the absence of women of color in the movement. According to Angela Davis, the two commonly proposed explanations for this were that women of color were either “overburdened” with the fight against racism or women of color were not yet “conscious of the centrality of sexism.”² In reality, it was not women of color’s supposed ignorance or limited mindset that prevented them from getting involved—it was that the movement did not acknowledge their history and culture and speak to their concerns.

To build a stronger movement, we must incorporate what seems on the surface like two seemingly contradictory notions—unity and difference. It is obvious that we gain power when we come together as a unit and take action. Yet, we cannot assume that our struggles are uniform and without variation. Different voices reveal different stories—but we all are influenced by the society that we share.

To truly make a difference, we need to conduct more research on young women of color. Many of the participants were eager to speak to us and did not want the dialogue to ever end. While many young women are not engaged in the politics of reproductive rights, they live it on a daily basis. It is up to us to reach out to them so that they can find their place in the movement. That also means providing real opportunities for leadership and growth to sustain them.

It is also apparent that the female family members of young women of color play a critical role in shaping their opinions and advising on their health needs. To build an infrastructure of intergenerational exchange and instill the importance of reproductive health, we must reach the older “sages” who mentor young women. The aunts, sisters, and mothers are the key to introducing the tenets of reproductive autonomy.

Even though some young women did not find their doctors to be helpful or trustworthy, they still look to them for advice and respect their expertise. Fostering equity and a greater sense of understanding between women of color patients and their physicians is needed to improve their overall health and well-being.

While politics drives the reproductive rights debate, it is human stories and experiences that comprise the heart of it. Our movement’s traditional political jargon will not reach and motivate these young women. The women with whom we spoke described how polycystic ovarian syndrome impacts their reproductive health, how depressed they feel if they discover that they cannot bear children, how a lack of health insurance constantly causes stress in their lives, how scared they are of HIV in their community. Connecting abortion and reproductive rights within a holistic health lens will more accurately reflect the young women’s lives and make the issues relevant to them.

Finally, as one young woman from Los Angeles declared, if you are trying to educate and reach young women of color, “You have to speak from the heart.” We must approach the broadening of our language in a sincere spirit, guided by a respect for difference and yearning for progress. Young women are the experts of their lives—now we just need to listen to them.

² Angela Davis, *Women, Race, and Class*. (New York: Vintage, 1981) 203.



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