

# Medication abortion among Asian Americans, Native Hawaiians, and Pacific Islanders: Knowledge, access, and attitudes

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# Background

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- The term “AANHPI” represents an extremely vibrant and diverse population, comprising of more than **50** ethnic subgroups and **100** languages and dialects.
- AAPI women believe that women should have the right to make their own reproductive choices.
- Almost no research to date has examine the reproductive healthcare needs and experiences of specific AANHPI communities.
  - The abortion rate among Asian women in New York City was 13 per 1,000 women but varied by Asian subgroup.
  - Evidence indicates Asian people may be more likely to choose medication abortion over other methods because they felt it was safer.



NAPAWF, Equal Pay for Asian American, Native Hawaiian, and Pacific Islander Women. <https://www.napawf.org/equalpay>.

Intersection of Our Lives. AAPI Women Voted in the 2020 Election Like Never Before: Here's Why. July 2021. [https://intersectionsofourlives.org/wp-content/uploads/2021/07/ISOOL\\_Fact-Sheet-Summary-AAPFWomen-final.pdf](https://intersectionsofourlives.org/wp-content/uploads/2021/07/ISOOL_Fact-Sheet-Summary-AAPFWomen-final.pdf).

Desai S, Huynh M, Jones HE. Differences in Abortion Rates between Asian Populations by Country of Origin and Nativity Status in New York City, 2011–2015. *International Journal of Environmental Research and Public Health*. 2021; 18(12):6182. <https://doi.org/10.3390/ijerph18126182>.

Clark S, Ellertson C, Winiko B. Is medical abortion acceptable to all American women: the impact of sociodemographic characteristics on the acceptability of mifepristone-misoprostol abortion. *Journal of the American Medical Women&#39;s Association* (1972). 2000 ;55(3 Suppl):177-182. PMID: 10846333.



# Abortion Methods

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**Medication Abortion (MA)** – commonly referred to as “the abortion pill(s)” is a safe and effective abortion method. There are two types of MA – the first consists of taking two medication (mifepristone followed 24-48 hours later by one dose of misoprostol) or taking three (or more) doses of misoprostol three hours apart. MA can be used throughout pregnancy, however, most clinics in the U.S. provide MA up to 10 weeks of pregnancy.

**Note: MA is not the same thing as emergency contraception**

**Procedural Abortion** – sometimes referred to as surgical, in-clinic, suction or aspiration abortion, takes place in a medical office or clinic by a medical provider who uses instruments to remove a pregnancy from the uterus.

**Self-managed Abortion (SMA)** – The use of abortion pills or other methods such as using herbs, drinking special teas or mixes, etc. to end a pregnancy without clinical supervision.



# Study Aims

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1. Assess AANHPI's knowledge of and attitudes towards medication abortion within and across subgroups, countries, and generations
2. Understand how AANHPIs access medication abortion and the pathways to accessing medication abortion
3. Document the experiences of AANHPIs using medication abortion in the U.S.
4. Recommend ways to improve and increase access to medication abortion at the individual, community, and health system levels



# Study Design

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## 1: Focus group discussions (FGDs)

- 17 FGDs conducted with foreign- and US-born AANHPIs of reproductive age (18-49 years)
- 12 FGDs conducted in English and 5 in other languages (Urdu, Bangla, Vietnamese, Korean, Mandarin).

## 2: In-depth interviews (IDIs)

- 29 IDIs conducted with AANHPIs aged 18-49 who self-identify as having used medication abortion in the past five years (2016-present).

## 3: Survey

- 15-minute survey with two modes: phone and online
- 1,500 AANHPI people of reproductive age (16-49 years)
  - Soft targets were created based on sub-samples (e.g. 250 Asian Indians, 250 Chinese, 250 Filipino, 250 Korean, 250 Vietnamese, and 250 Native Hawaiian or other Pacific Islander)
- Survey was offered in English, Chinese, Korean, and Vietnamese



# Community Advisory Board

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# Funding & Support

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# Participant Characteristics

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## Qualitative participants

### In-depth interviews:

- Average age: 28 years (range: 20 to 43 years)

### Focus group discussions:

- Average age: 27 years (range: 18 to 46 years)
- 60% English speakers; 40% spoke a primary language other than English

## Survey respondents

- Average age: 33 years (range: 16 to 49 years)
- 46% U.S. born; 54% foreign-born
- 53% had previously given birth
- 85% identified as Asian\*
- 17% identified as NHPI\*
  - 62% Native Hawaiian
  - 13% Samoan/American Samoan
  - 12% Other Pacific Islander
  - 6% Guamanian or Chamorro



\*Respondents could select more than one option





# Key findings

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# Sexual and Reproductive Health Attitudes and Knowledge

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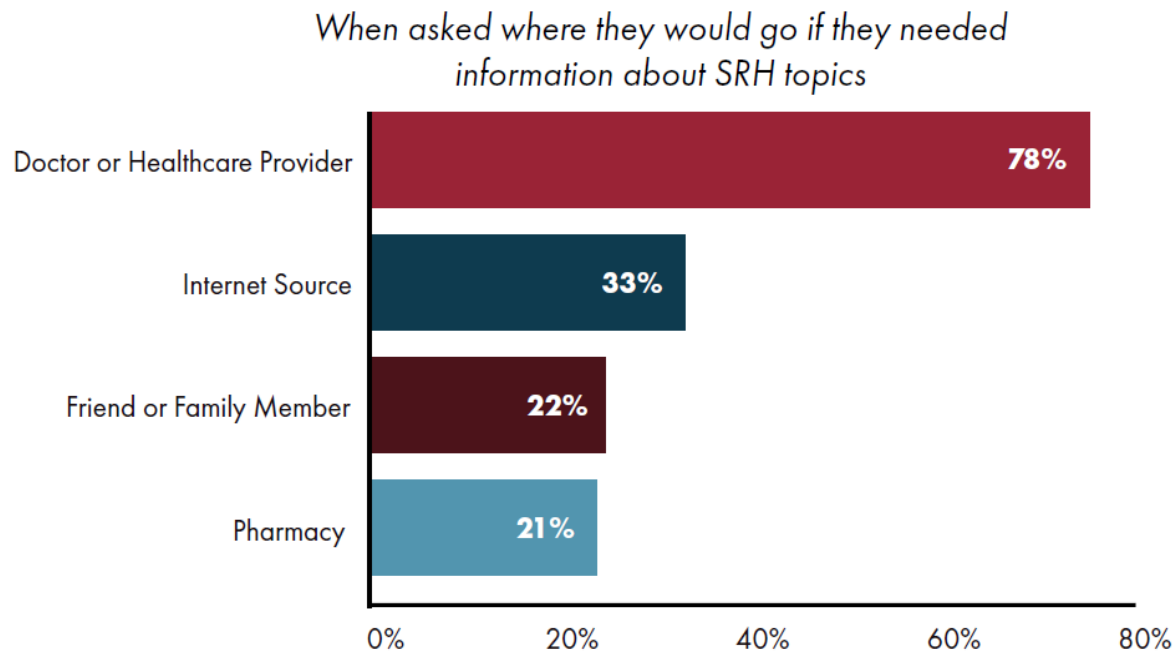
- Sexual and reproductive health (SRH) topics, including abortion, are treated as secretive and taboo
- Lack of openness around SRH topics limited participants' knowledge of abortion methods and where to access care
- Stigma related to sex and pregnancy outside of marriage as well as abortion stigma in communities led to participants feeling isolated during their abortion

*"...**Both my parents just scared me away from sex at all. So I was a pretty late bloomer in life because of it, but those were the values that I grew up with, very anti-abortion, very anti-sex, no relationships because you're only relationship should be with God.**" - Emmy, Vietnamese IDI participant*



# Sexual and Reproductive Health Information Sources

- Lack of available and accessible information sources resulted in decreased knowledge of SRH topics
- Participants often felt “lost” about where to go and often relied on online information



**“We looked on Google pretty extensively... I Googled like what are abortions like...Because I think there’s so much societal secrecy about them, it’s very painful actually just emotionally, that it’s so limited in information that I actually had no idea what really happened.”** – **Christine**, Filipina IDI participant

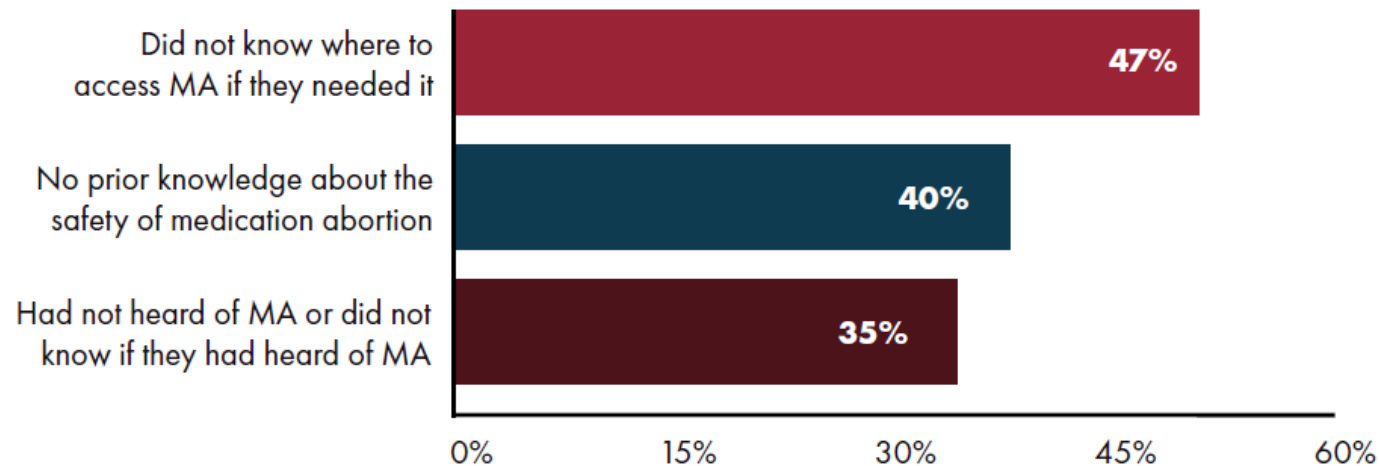
**“There’s not really any [resources] even in our local Japantown. There’s not even any literature about medical [medication] abortion.”** – **Asami**, Japanese IDI Participant



# Abortion Knowledge, Attitudes and Experiences

- Study participants described limited knowledge of abortion methods, particularly MA
- Participants in the qualitative study spoke to the misinformation they heard about abortion in their communities, but when provided information about MA often preferred this method over procedural abortions because they believed it was easier, less invasive, and more private.

*Medication Abortion Knowledge*



*“I've only heard that the medication exists, and I don't know much about the side effects. But when I heard about it, **I think I was personally relieved...**if you watch movies or TV, there are so many abortions that are shown to be so violent... So if I have to make a decision like that, I would definitely choose medication. **You can do it privately in your private room and you just swallow [pills].**” – Jung Soo, Korean FGD Participant (\*response translated from Korean)*

*“**In my family...[medication abortion] would be the preferred method because it's less invasive.** And I think the ability to do it from home or go to a clinic and take the pill and then come home for the recovery period...I think that would make more sense.” – Hannah, Asian American FGD Participant*



# Barriers to Accessing Abortion Care

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## General barriers

- High cost of abortion care/lack of insurance coverage
- Limited appointment availability
- Lack of transportation
- Legal restrictions
- Wait times at the clinic
- Protesters outside of clinics

## Community-related barriers

- Stigmatizing attitudes toward abortion and SRH topics broadly
- Lack of family support
- Living with or near family members
- Lack of Asian and NHPI language options at clinics



*"I think the obvious one [barrier] is like, you know, knowledge of this [medication abortion], like if somebody grows up only thinking like an abortion's like, "oh, the doctors are going to slice you open and take the fetus out", like that's one thing. Another I think is like **distance to travel and not everybody has access to a car, and not all public transport goes close enough to an abortion facility or an abortion provider. Like I think Hawaii has one Planned Parenthood**" -Ane, NHPI FGD participant*

*"I wasn't able to make [the abortion appointment] in a time that was appropriate for me because I wanted it to be done as soon as possible. **So I had to make an appointment in a different city and drive an hour and a half to get there [which] made it a little more difficult.** [On] the night that I took the abortion pills, I booked a hotel because I didn't want to go through it at home. I was living with my parents at the time...[so] it was [an] extra cost and also extra work." – Ji-a, South Korean IDI Participant*

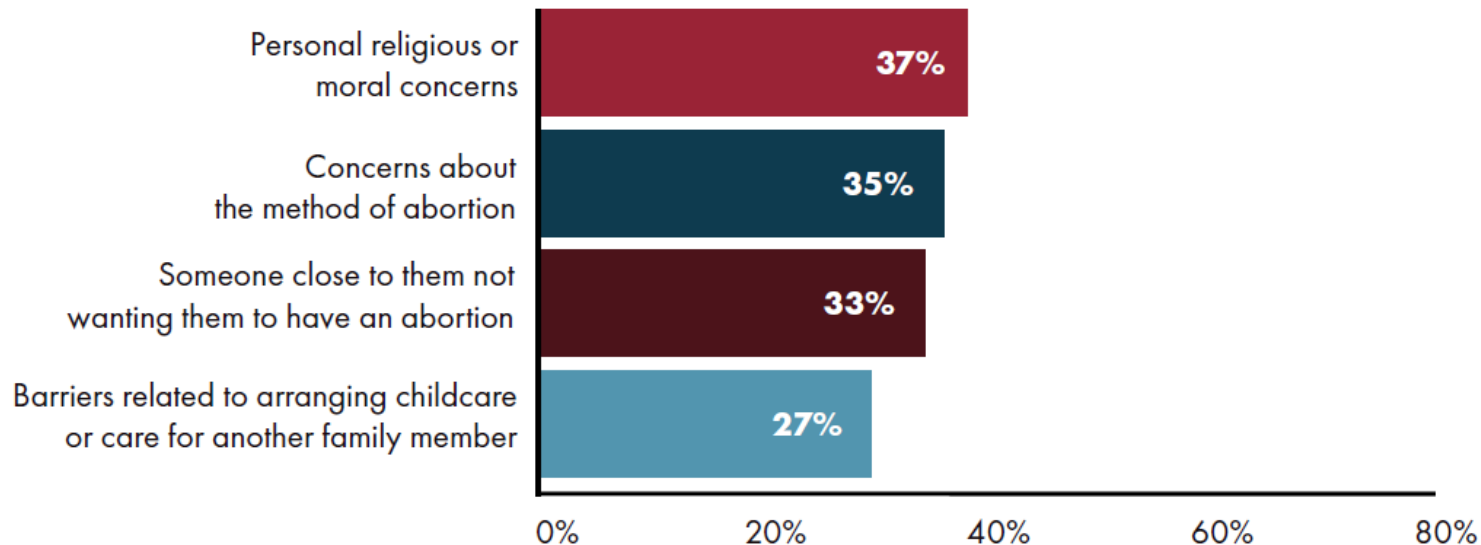




# Barriers to Accessing Medication Abortion

- Among survey respondents who previously had a procedural or medication abortion, **61%** reported experiencing at least one **community-related barrier** when seeking or receiving abortion care

*Types of Barriers to Accessing Abortion Care*



*“I feel very isolated. Like I pretty much carry this experience with me and only like me right now but...I’ve never really talked to my family about it, so during that time, nobody knew. I don’t know if – if barrier was – is the right word, because I feel like I was going to have to find a way regardless, so I just think maybe it’s not a barrier, but it kind of just sucked having to go through that alone.” – Shruthi, Asian Indian IDI participant*

*“...there’s such a taboo in us even talking about [abortion]. **If I had a greater...acceptance to freely talk about [it] then I probably would have had a better general understanding about what a medication abortion would have meant.**” – Nicole, Japanese IDI Participant*



# Recommendations

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- Collect and publish more disaggregated data and research on sexual and reproductive health for AANHPI subgroups
- Build and increase support for community-based organizations and providers serving large immigrant, limited-English proficient populations
- Normalize the experience of abortion as a part of health care
- Ensure culturally competent care within the healthcare system

