

# THE AAPI COMMUNITY AND ABORTION CARE

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There is limited research on the attitudes of AAPI women and abortion care. Although the Centers for Disease Control (CDC) publishes annual surveillance data on abortion, the reported race and ethnicity data are limited to white, Black, Hispanic, and “Other”, with AAPIs grouped under the “Other” category. Data that does exist and include AAPIs shows a relatively high rate of abortion among AAPI women.

- Of the 163 million women in the U.S., 10.7 million, or 6.5 percent are AAPI, and over 50 percent of all AAPI women are of reproductive age.<sup>1</sup> A study found that 6 percent of women obtaining abortions identified as AAPI.<sup>2</sup>
- 16 percent of women who seek abortion were foreign-born, 20 percent of whom were Asian.<sup>3</sup>

## Attitudes on Abortion

One survey showed widespread support toward abortion among AAPI communities.<sup>4</sup>

- 74 percent of AAPI respondents prefer to keep *Roe v. Wade* as opposed to overturning it.
- 66 percent would support a federal law protecting a woman’s legal right to abortion by preventing restrictions that make it more difficult and expensive for women to access safe abortions.
- 58 percent of AAPI respondents consider the drastic increase in state laws restricting women’s access to abortion to be “a step in the wrong direction.”

When women are allowed to make decisions over their bodies and reproductive decisions, it benefits everyone. Lawmakers have been attacking our rights and ignoring the needs of AAPI communities.

**Polling of women of color after the 2018 election make it clear that women want to have the power to make decisions over their bodies and families.**

- 93 percent of AAPI women believe that when a woman can have autonomy over if, when, and how she has children, there are both individual and societal benefits.<sup>5</sup>

## Access to Abortion

In 2019, U.S. state policies enacted to restrict abortion outweighed policies to protect it.<sup>6</sup> Nearly half of the 58 new abortion restrictions enacted in 2019 would ban all, most or some abortions.<sup>7</sup> These restrictions disproportionately affect women of color, women with low incomes, rural women, women with disabilities, and young people, for whom access to health care is already difficult.

**The Hyde Amendment** denies federal funding for abortion services in certain public health care programs including Medicaid, Medicare, Children’s Health Insurance Program (CHIP), Indian Health Services enrollees, and for people in federal prisons and immigration detention centers. This makes it difficult and often impossible for AAPI women with low incomes to exercise their right to make personal decisions about their reproductive health. It has a disproportionate impact on AAPI communities that rely on Medicaid as a vital resource to access affordable health care. Nearly one-fifth (19 percent) AAPI women rely on Medicaid.<sup>8</sup> For Southeast Asian and Pacific Islander women, this program is particularly important: Over 60 percent of Bhutanese women rely on Medicaid, while nearly 56 percent of Burmese and more than 40 percent of Hmong and Bangladeshi women were estimated to rely on the program in 2015.<sup>9</sup>

**Sex-selective abortion bans** seek to make it illegal for health providers to perform abortions

based on the sex of the fetus. These bans are cloaked in language to promote gender equality but instead use racist stereotypes to put abortion care further out of reach for AAPI women. **Learn more [here](#):**

[napawf.org/reproductive-health-and-rights/sex-selective-abortion-bans](https://napawf.org/reproductive-health-and-rights/sex-selective-abortion-bans)

Restrictions like these mean AAPI women lose their ability to decide how and under what conditions they want to raise their families. Women should not have limited access to health care services simply because of where they live or how much money they make.

### **Impact of Abortion Restrictions on AAPI Communities**

Women on Medicaid are already struggling to make ends meet. When women are denied abortion, they are more likely to fall into poverty than a woman who can obtain an abortion.<sup>10</sup> Furthermore, when a woman who wants an abortion can get one, her children are more likely to achieve developmental milestones and live in a household above the poverty line than compared to the children of women who were denied abortions.<sup>11</sup>

Placing limits or denying access altogether on abortion can have devastating effects on the health of AAPI women, especially those with low-incomes, immigrants, young people, members of the LGBTQ community, people with disabilities, and those living at the intersections of these iden-

tities.

### **Legislation**

**The Equal Access to Abortion Coverage in Health Insurance (EACH Woman) Act** permanently removes the Hyde amendment and lifts the bans on abortion coverage in private health insurance plans. It is crucial to AAPI people's ability to access affordable abortion care and to have agency over their bodies, their lives, and their families. **Learn more [here](https://allaboveall.org/resource/about-the-each-woman-act/):** <https://allaboveall.org/resource/about-the-each-woman-act/>

**The Women's Health Protection Act (WHPA)** is a federal bill that would protect the right to access abortion care by creating a safeguard against bans and medically unnecessary restrictions that disproportionately harm women of color. **Learn more [here](https://www.actforwomen.org/the-womens-health-protection-act/):** <https://www.actforwomen.org/the-womens-health-protection-act/>

## Endnotes

- 1 American Factfinder, “Annual Estimates of the Resident Population.” U.S. Census Bureau, Population Division. (2014). [http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?\\_afrc=bkmk](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?_afrc=bkmk)
- 2 Rachel K Jones et al., “Characteristics of U.S. Abortion Patients in 2014 and Changes Since 2008” Guttmacher Institute (May 2016). <https://www.guttmacher.org/report/characteristics-us-abortion-patients-2014>
- 3 *Ibid.*
- 4 Center for Reproductive Rights, “Women’s Health Protection Act & Abortion Attitudes Research Findings” (July 2017), available at <https://reproductiverights.org/sites/default/files/documents/Revised-WHPA-Report-Center-for-Reproductive-Rights-072817.pdf>
- 5 [https://intersectionsofourlives.org/wp-content/uploads/2019/04/IntersectionsOfOurLives\\_Polling\\_Overall.pdf](https://intersectionsofourlives.org/wp-content/uploads/2019/04/IntersectionsOfOurLives_Polling_Overall.pdf)
- 6 Guttmacher Institute, “State Policy Trends 2019: A Wave of Abortion Bans, But Some States Fight Back.” December 2019, <https://www.guttmacher.org/article/2019/12/state-policy-trends-2019-wave-abortion-bans-some-states-are-fighting-back>
- 7 *Ibid.*
- 8 National Asian Pacific American Women’s Forum, “American Health Care Act Threatens Reproductive Justice for Women of Color.” National Asian Pacific American Women’s Forum, National Latina Institute for Reproductive Health, In Our Own Voice: National Black Women’s Reproductive Justice Agenda, National Partnership for Women and Families (May 2017). <https://www.napawf.org/our-work/content/2019/7/15/the-senate-republican-repeal-bill-threatens-reproductive-justice-for-women-of-color>
- 9 *Ibid.*
- 10 Diana Greene Foster et al., “Socioeconomic Consequences of Abortion Compared to Unwanted Birth.” American Public Health Association (Oct 30, 2012). <https://apha.confex.com/apha/140am/web-program/Paper263858.html>
- 11 Advancing New Standards in Reproductive Health, “Turnaway Study”, <https://www.ansirh.org/research/turnaway-study>