



Beyond the Labels:

AAPI Women on Abortion Care,
Dignity, and Criminalization

About NAPAWF

The National Asian Pacific American Women’s Forum (NAPAWF) is the only multi-issue, progressive, community organizing and policy advocacy organization for Asian American and Pacific Islander (AAPI) women and girls in the United States. NAPAWF’s mission is to build collective power so that all AAPI women and girls can have full agency over our lives, our families, and our communities. For more information, visit napawf.org or email info@napawf.org.

About Lake Research Partners

Lake Research Partners is a national public opinion and political strategy research firm founded by Celinda Lake in 1995. A certified woman-owned, small business, the firm is comprised of leading information and political campaign strategists, serving as tacticians and senior advisors to a wide range of advocacy groups, labor unions, non-profits, government agencies, companies and foundations, as well as dozens of elected officials at all levels of the electoral process. The firm has offices in Washington, DC, New York, and California.

About Sprout Insight

Sprout Insight is a multicultural, women-owned consulting practice focused on understanding people—how they think, what they value, and what shapes their experiences. Founded by psychologists Dr. Kathy Burklow and Dr. Lisa Mills, Sprout Insight brings more than 40 years of combined research experience. Sprout Insight ensures that approaches and interpretations of findings are culturally grounded and strategic with the goal of helping organizations better understand and serve their target audiences.

Cultural Disclaimer

AAPI is respectfully used to refer to Asian American and Pacific Islander peoples throughout the report. Where possible, specific racial, cultural, and ethnic groups were explicit.

Language Disclaimer

NAPAWF uses the term “woman” as inclusive of cisgender and transgender identities. We use the term “gender expansive” to encapsulate additional gender identities who do not identify as women but are still disproportionately affected by abortion criminalization and other restrictions on reproductive justice.

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Narrative Report

1 | Background

Abortion access in the United States is increasingly defined not only by availability of care, but by the threat of punishment. In the years following *Dobbs v. Jackson Women’s Health Organization* (“*Dobbs*”), which overturned *Roe v. Wade*, abortion bans, fetal personhood laws, and enforcement mechanisms have transformed pregnancy outcomes into sites of surveillance and criminal legal exposure. These policies do not operate in isolation but intersect with long-standing systems of racism, xenophobia, economic inequality, and immigration enforcement—systems that shape whose decisions are respected and whose are policed.

For Asian American and Pacific Islander (AAPI) women and gender expansive people, abortion criminalization carries distinct and compounded harms. AAPI communities are often excluded from dominant abortion narratives, rendered invisible through data gaps, language barriers, and the persistent myth that AAPI people are uniformly insulated from state violence. In reality, AAPI pregnant people navigate cultural stigma, religious expectations, immigration status concerns, limited access to culturally and linguistically appropriate care, and fear of government systems that have historically punished communities of color. Criminalization magnifies these barriers, creating chilling effects that deter people from seeking medical care, sharing information, or exercising personal decision-making around pregnancy.

The National Asian Pacific American Women’s Forum (NAPAWF) approaches abortion not as a single-issue policy debate, but as part of a broader reproductive justice framework grounded in dignity, autonomy, and freedom from punishment. Decriminalizing abortion is central to this vision. No one should face arrest, investigation, loss of custody, detention, or deportation for decisions about their own body. For immigrants and people of color, the stakes of criminalization are particularly severe, as contact with law enforcement or health care systems can trigger cascading harms across family, employment, and immigration status.

NAPAWF has a long history of confronting abortion criminalization as it uniquely affects AAPI communities. This includes sustained work to dismantle the false and dangerous stereotype that Asian American people seek abortions primarily for sex selection—an assumption that has fueled punitive policies and public stigma. High-profile cases such as those of Purvi Patel and Bei Bei Shuai illustrate how racialized narratives about pregnancy, morality, and deservingness can lead to prosecution, incarceration, and lifelong consequences. These cases are not anomalies; they reflect broader patterns in which pregnancy outcomes among women of color are scrutinized and criminalized.

NAPAWF's decriminalization work also sits at the intersection of reproductive justice and immigrant justice. Immigration enforcement and abortion criminalization share common logics: punishment, surveillance, and control over bodily autonomy. For detained immigrants and undocumented people, access to abortion care can be constrained or entirely denied, with fear of retaliation or deportation shaping every decision. Through partnerships with legal, reproductive health, and immigrant rights organizations, NAPAWF has worked to expose these harms and advocate for policies that protect people's ability to access care without fear.

At the same time, NAPAWF has been a leading voice within AAPI communities resisting calls for increased criminalization as a response to harm. Decades of evidence show that expanding the criminal legal system does not produce safety; it deepens racial inequities and places Black, Brown, immigrant, and marginalized communities at greater risk. This analysis informs NAPAWF's approach to abortion: safety and dignity are achieved through access to care, community-based solutions, and systemic supports—not punishment.

This research emerges from that commitment. By centering the voices, values, and lived experiences of AAPI women and gender expansive people, this report seeks to understand how abortion is viewed within the broader context of health, family, economic security, and freedom from government interference. It also examines how criminalization is understood, where knowledge gaps persist, and what messages resonate in mobilizing opposition to laws that punish people for pregnancy outcomes. In doing so, this report contributes to a growing body of work that reframes abortion not as a political abstraction, but as a matter of personal decision-making, community well-being, and fundamental human dignity—one that demands decriminalization as a necessary condition for justice.

2 | Findings Overview

The findings of this research must be understood within a destabilizing policy and economic environment that shapes how AAPI women and gender expansive people experience pregnancy, health care, and government power. Participants consistently described living at the intersection of multiple crises: a rising cost-of-living and health care affordability emergency; erosion of the social safety net through cuts to Medicaid, the Children’s Health Insurance Program (CHIP), and the Supplemental Nutrition Assistance Program (SNAP); the defunding of Planned Parenthood; the rollback of diversity, equity, and inclusion initiatives that advance health equity; escalating anti-immigrant enforcement; and ongoing assaults on bodily autonomy through abortion bans and restrictions. These forces are not abstract; they shape the material realities in which pregnancy decisions are made.

Across focus groups and survey responses, participants made clear that decisions about whether to continue a pregnancy are rarely isolated medical choices. They are deeply embedded in economic security, housing stability, caregiving responsibilities, mental health, immigration concerns, employment conditions, and access to culturally and linguistically appropriate care. The absence of paid leave, inadequate childcare, discrimination in health care systems, fear of immigration enforcement, and limited family or partner support all directly influence whether someone facing an unintended pregnancy may seek abortion care. In other words, the conditions that constrain people’s lives long before pregnancy occurs also constrain what is framed as “choice,” and not all decisions are made on equal footing.

These pressures are unevenly distributed. Communities of color—and within them, immigrants, low-income individuals, and those navigating multiple marginalized identities—face heightened scrutiny and punishment. When people lack resources to support their families, the state’s response is often surveillance: through child welfare systems, health care institutions, or law enforcement. The very systems that fail to provide stability are often the first to penalize those struggling to survive. These contemporary dynamics unfold against a longer history of reproductive control targeting communities of color, including AAPI communities.

Since the Supreme Court’s decision in *Dobbs*, respondents described the environment as increasingly confusing, politicized, and hostile. Even individuals living in states with abortion protections reported uncertainty about legality, fear of future federal restrictions, and concern about criminal penalties for patients or providers. This perception aligns with the broader legal landscape. As of November 2025, 13 states have enacted total abortion bans and 28 states have enacted gestational bans with limited exceptions. In the two years following *Dobbs*, Pregnancy Justice documented at least 412 known cases involving the criminalization of pregnancy outcomes, often through the use of fetal personhood frameworks. Participants frequently overestimated the scope of criminal penalties but nonetheless expressed fear of legal consequences, demonstrating how chilling effects extend beyond formal statutes.

Importantly, the research also revealed significant knowledge gaps shaped by persistent data invisibility. Many participants reported limited access to linguistically appropriate information about abortion laws, uncertainty about what is legal in their state, and difficulty identifying trusted

sources of information. This confusion was compounded by stigma—both within families and communities—and by the broader exclusion of AAPI voices from dominant abortion narratives. At the same time, there was strong underlying alignment around core values: dignity, autonomy, privacy, and the belief that government should not interfere in personal medical decisions. While messaging that centered partisan politics generated mixed reactions, messages grounded in personal freedom, safety from punishment, and the right to make decisions without fear resonated across ethnic subgroups, generations, and immigration histories.

Taken together, these findings reinforce a central conclusion: for AAPI women and gender expansive people, abortion is understood not as an abstract political issue, but as inseparable from economic survival, immigration security, family well-being, and freedom from state punishment. Criminalization intensifies existing vulnerabilities, deepens fear, and suppresses access—even in states where abortion remains legal. Mobilization efforts that foreground dignity, material conditions, and protection from punishment—rather than partisan framing alone—are more likely to align with AAPI communities' lived experiences and values. Decriminalization, in this context, is not a rhetorical add-on; it is a necessary condition for ensuring that reproductive health care can be accessed safely, without cascading legal, economic, or immigration consequences.

3 | Methodology

This study employed a sequential mixed methods design to comprehensively examine attitudes of AAPI women toward abortion, criminal justice issues, criminalization of abortion, and other reproductive health care or outcomes. The study also explored responses toward values statements and messaging, both in favor of and in opposition to abortion criminalization. The study consisted of two phases: a series of focus group discussions followed by a representative national survey.

The first phase of the study involved conducting virtual focus group discussions in June 2025 to get rich texture, nuance, and internal understanding of how AAPI women speak about abortion and immigration, their values around abortion, their perception of the criminalization of abortion, and barriers to discussing these issues. Before joining a focus group, participants completed a screening questionnaire that captured basic demographic information, such as age and country of birth. Participants represent a mix of urbanicity, voter registration status, immigration status, length of residency in the US, country of birth, age, educational attainment, parental status, marital status, party identification, religiosity, attitude toward abortion, employment status, and household income. We did not invite participants to continue if they identified as strong Republicans, thought abortion should be legal only in extreme circumstances, or believed that all abortions should be illegal. We invited no more than three strong Democrats per group to participate. Participants live in the following states: Alabama, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kentucky, Louisiana, Mississippi, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, and West Virginia.

In total, 71 AAPI women aged 20 to 65 participated in eight focus groups. An AAPI moderator facilitated each group. For groups comprised of a single ethnicity, the moderator's ethnicity matched the AAPI group composition.

We segmented the focus groups as follows:

- Two groups comprised of English-speaking, middle-income AAPI women, with a mix of ethnicities
- Two groups comprised of English-speaking, low-income AAPI women, with a mix of ethnicities
- Vietnamese-speaking AAPI women
- Hindi-speaking AAPI women
- Mandarin-speaking AAPI women
- Korean-speaking AAPI women

Participant quotes are included throughout the report to illustrate key themes. They have been lightly edited for clarity and length. To protect participant anonymity, we do not attach names to any direct quotes included in this report. In mixed ethnic groups, we identify participants as “AAPI.” Quotes reflect verbatim responses and may include repetitions, grammatical errors, or incomplete phrases or sentences.

Some survey items were asked of a randomly selected subset of respondents to allow for testing different question wording or message variations. These items are marked as “split-sampled” in the report, and results reflect only those who received that question.

Qualitative Research Statement of Limitations:

Qualitative research seeks to develop insight and direction rather than quantitatively precise or absolute measures. Because of the limited number of respondents and the restrictions of recruiting, the reader must consider the focus group phase of this research in a qualitative frame of reference.

The reader may find that some of the information seems inconsistent in character upon first reading this report. Consider these inconsistencies as valid data from the participant’s point of view. That is, the participant may be misinformed or simply wrong in their knowledge or judgment, and we should interpret this as useful information about their level of understanding.

Qualitative findings cannot be considered reliable or valid in the statistical sense. This type of research is intended to provide knowledge, awareness, attitudes, and opinions about issues and concerns.

The following limitations are inherent in qualitative research and are stated here to remind the reader that the qualitative data presented cannot be projected to any universe of individuals.

- Participants who respond to the invitation of a stranger to participate in this research show themselves to be risk takers and may be somewhat more assertive than non-participants.
- Some participants speak more often and more forcefully in focus group sessions than other participants, so their opinions tend to carry more weight in the findings.
- Participants “self-select” themselves.
- Participants were not selected randomly; as a result, each person in the pool of possible participants did not have an equal chance to be selected.

The second phase of the study involved administering a nationwide quantitative survey between August 29 – September 10, 2025. The survey reached a total of 1,402 AAPI women. Eligibility for the survey required respondents to be at least 18 years old and self-identify as Asian American (95% of respondents) and/or Pacific Islander (6% of respondents) and as a woman, nonbinary person, or a self-described gender aside from a cisgender man. The sample was drawn from an online panel, screened for adults residing in the United States, and designed to represent the diversity of AAPI ethnicities nationally. Participants could complete the survey in English, Korean, Mandarin (Simplified and Traditional), Tagalog, Vietnamese, or Hindi for language accessibility.

To ensure the sample reflects attributes of the actual population, the data is weighted by region, age, ethnicity, and education to reflect the 2020 Census. Because the sample is based on those who initially self-select for participation in the panel rather than a probability sample, no estimates of sampling error could be calculated. All sample surveys and polls may be subject to multiple sources of error, including but not limited to sampling error, coverage error, and measurement error. If this poll were conducted among a probability sample, then the margin of error would be +/- 2.6 percentage points at the 95 percent confidence interval; the margin of error would be higher among subgroups.

4 | Key Findings

AAPI women overwhelmingly support abortion care, viewing it as a component of reproductive care and essential for the health and well-being of pregnant people — not as an isolated, political issue.

Nearly two-thirds (65%) of AAPI women believe abortion should be legal. Of those, 44% define legality as abortion being generally available and subject to only limited regulation, while 21% define it as regulated but remaining legal in many circumstances. By contrast, 28% believe abortion should be illegal in most cases: 21% say it should be legal only in extreme circumstances—such as to save the life of the pregnant person or in cases of rape or incest—and 7% believe abortion should be illegal in all circumstances.

While pro-choice views predominate across all ethnic subgroups surveyed, levels of support vary by as much as 24 percentage points—underscoring how immigration histories, as well as the interplay of cultural, religious, and familial influences, shape perspectives on abortion. Chinese respondents report the highest levels of pro-choice support (76% pro-choice, including 54% who say abortion should be generally available with limited regulation), followed by Japanese (74%/54%), Korean (71%/50%), Vietnamese (68%/43%), Indian (64%/39%), and Filipino respondents (52%/33%).

In focus groups, AAPI women described how cultural norms, religious teachings, immigration histories, and family expectations shaped their early understandings of abortion—often long before they had personal experience with the issue.

- **Mandarin-speaking AAPI woman:** “I grew up in China under the one-child policy. If someone became pregnant with a second child, they were required to have an abortion. That was the policy—you had to comply. It wasn’t framed as a moral debate the way it is here.”
- **Mandarin-speaking AAPI woman:** “The national environment decides. In China, you couldn’t have a second child—you had to have an abortion. It wasn’t treated as a big moral issue. In America, abortion is a very different idea. Here it’s debated; there it was required.”
- **Middle-income AAPI woman (Filipino background):** “Because of my cultural background—most Filipinos are Catholic—I grew up being taught to feel tremendous guilt and sin around the word ‘abortion.’ We didn’t even talk about it. The topic itself is very sensitive and taboo in my culture.”
- **Korean-speaking AAPI woman:** “No one close to me talked about abortion when I was growing up. I saw things online or in literature, but it wasn’t something we discussed openly. I didn’t know anyone who had one.”
- **Middle-income AAPI woman (Buddhist background):** “Growing up Buddhist, we learned about reincarnation. I was raised to believe abortion was a serious moral issue—a ‘big no-no’—because of spiritual consequences.”

Top associations with abortion include personal decision-making, human rights, safety, and freedom.

When asked to describe abortion, 46% of respondents ranked “personal decision-making” among their top three most important words or phrases. “Human rights” resonated with 49% of respondents. Although this is a contested value that can mean different things to different people, AAPI women selected this phrase as most important regardless of their views on abortion—that is, whether they believed abortion should be legal and available or believed it should be illegal in all circumstances. “Safety” and “freedom” each resonated with 35% of respondents. Crucially, only 4% ranked “political” as an important word for describing abortion.

AAPI women largely view access to abortion care as part of a broader continuum of reproductive health care.

Support for abortion care became more salient when abortion was framed as part of the broader continuum of reproductive health care. While 65% of AAPI women said the issue of abortion was personally important to them (with 36% describing it as very important), levels of importance increased when the issue was framed more expansively: 86% said it was important to protect the rights of people who are pregnant or could become pregnant (61% very important).

Personal decision-making without government interference is a core value for AAPI women.

More than eight in ten (84%) AAPI women agreed that individuals should be able to make their own decisions about abortion without government interference, including 59% who strongly agreed. This sentiment held across ethnic subgroups by decisive margins: 88% of Japanese respondents agreed (70% strongly agreed), followed by Korean (88%/65%), Chinese (88%/59%), Vietnamese (85%/59%), Indian (85%/55%), and Filipino respondents (79%/54%).

Importantly, this value demonstrated broad reach, earning majority agreement even among respondents who believed abortion should be illegal in all circumstances (66% agreed overall, including 49% who strongly agreed).

Connecting bodily autonomy to democratic principles, one participant reflected:

- **Mandarin-speaking AAPI woman:** “It is a woman’s right to decide whether to have an abortion. If someone else decides for me, that feels unreasonable. Not only making it illegal, but criminalizing doctors or people who help—that should not happen in a democratic society.”

Focus group participants connected abortion decisions to the upstream factors that shape an individual’s choice about whether to continue a pregnancy.

In focus groups, participants described how economic security, mental well-being, physical health, and broader structural conditions influence whether someone feels able to continue a pregnancy. Access to stable income, health care, and safe community environments fundamentally shaped what choices were realistically available.

- **Middle-income AAPI woman:** “When someone decides to have a baby, they should be prepared financially, mentally, and in terms of their health. If one of those pieces isn’t in place, maybe they can manage in the short term, but what happens if their financial situation doesn’t improve? It affects the child long term.”
- **Mandarin-speaking AAPI woman:** “Responsibility means responsibility to myself, to my child, and to society. Having a child isn’t just about feeding them—you have to raise them, educate them, and guide them. That’s a serious responsibility.”
- **Lower-income AAPI woman:** “It’s hard to face the shame or embarrassment if you think your family might disown you. On top of worrying about what to do about the pregnancy, you’re also thinking about how you’re going to face your family.”

Participants also described immediate circumstances that may influence pregnancy decisions, including sexual violence, health complications, and fetal diagnoses.

- **Korean-speaking AAPI woman:** “Someone might need an abortion because of rape, incest, or serious health conditions affecting the mother. In those cases, abortion should be legal and available. Making it a crime is not the right thing to do.”

Even when legal, participants emphasized barriers to access.

Focus group participants noted that legality alone does not guarantee access. Cost, insurance coverage, provider availability, and immigration-related exclusions were frequently raised as obstacles.

- **Middle-income AAPI woman:** “Even when abortion was legal in all 50 states, many people still couldn’t get the care they needed. Medical care in the U.S. is expensive. Many people don’t have insurance, including immigrants. With cuts to Medicare and Medicaid, affordability is a real barrier.”

One participant described how abortion bans, cultural stigma, and economic insecurity intersect to further complicate decision-making:

- **Middle-income AAPI woman:** “It’s already illegal in some states. There are also cultural barriers. Some of us are low-income, and contraceptives or birth control aren’t always accessible. By the time someone is considering abortion, it can feel too late and very difficult to talk about.”

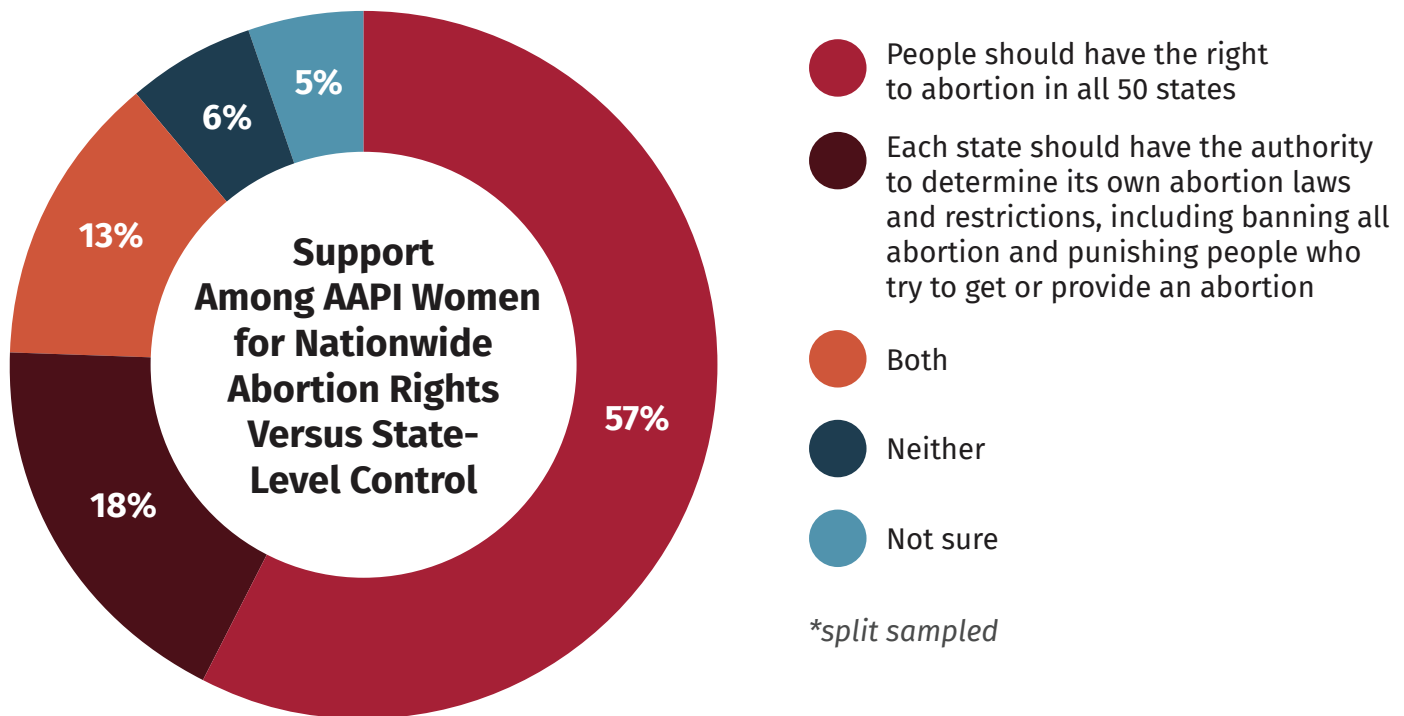
These qualitative insights aligned closely with survey findings.

When asked to assess barriers to abortion access, AAPI women identified state laws banning abortion as the most significant obstacle (62% described bans as a big barrier; 82% as a big or somewhat of a barrier). Respondents also cited affordability and access challenges, including lack of insurance (53% big barrier; 79% big or somewhat), cost of care (52%/80%), limited health care providers nearby (43%/74%), and absence of providers near home (44%/75%).

Within the mainstream policy and political landscape, AAPI women’s values of personal decision-making, rights, safety, and freedom align with majority support for the right to abortion in all 50 states.

The survey asked AAPI women to choose between two policy approaches: whether each state should have the authority to determine its own abortion laws and restrictions—including banning abortion entirely and punishing those who seek or provide abortion care—or whether people should have the right to abortion in all 50 states. By more than a three-to-one margin, AAPI women favored the idea that abortion should be a right nationwide over the idea that each state should determine its own abortion laws as shown in Figure 1.

Figure 1



In focus groups, participants expressed opposition to allowing individual states to determine their own abortion laws or restrictions.

Their reasoning centered on equal protection of rights, personal autonomy, and the need for legal uniformity across the country. Many viewed reproductive rights as fundamental rights that should not depend on geography.

- **Lower-income AAPI woman:** “Everyone in the U.S. should have the same rights. If we’re equal, then wherever you live, we should all be following the same law.” Mandarin-speaking AAPI woman: “Women’s rights should be protected. They should not vary from state to state. Rights should not depend on where you live.”
- **Vietnamese-speaking AAPI woman:** “Abortion is an individual right and decision. Whether someone has money or not, it is the right of the person who carries and raises the child.”

- **Korean-speaking AAPI woman:** “If something is illegal in one state, then you’re making people criminals there. There should be a uniform law across all states.”
- **Lower-income AAPI woman:** “We live in the United States as a whole. If every state decides separately, it feels like separate countries. It’s not unified.”

AAPI women support both criminal justice reform and enforcement, but do not extend punitive views to abortion.

AAPI women hold nuanced and sometimes competing views about the broader legal system. Many express support for both reform and enforcement, yet these sentiments do not extend to criminalizing abortion. Participants appear to conceptualize abortion as distinct from traditional criminal justice issues. When asked about courts and policing, nearly four in ten (38%) AAPI women said the legal system is not tough enough in its handling of crime. Twenty-eight percent said it is about right, 19% said it is too tough, and 15% were unsure. Views were more divided regarding fairness: 48% said the legal system is fair in its treatment of people accused of crimes, while 41% said it is unfair.

Attitudes toward fairness correlated with partisanship, religiosity, and ethnicity. Republicans, women who attend religious services regularly, women who identify as anti-choice, and Filipino, Indian, and Chinese respondents were more likely to view the legal system as fair. Democrats and secular women were more likely to view it as unfair. Yet even among respondents who viewed the legal system—including courts and police—as fair, a majority preferred a nationwide right to abortion over allowing individual states to determine their own abortion laws, including banning abortion and punishing those who seek or provide care. Support for abortion rights therefore, cuts across broader attitudes toward law enforcement and criminal justice institutions.

At the same time, the vast majority (83%) agreed that the country’s legal system needs significant improvements, including 40% who strongly agreed. When asked to prioritize reforms, AAPI women did not cluster in a single camp. Forty-three percent said the legal system should both reform court and police practices and strengthen law and order through greater enforcement. Twenty-seven percent prioritized reforming court and police practices, while 20% prioritized strengthening law and order. Taken together, these findings suggest that while AAPI women hold varied and sometimes enforcement-oriented views about criminal justice, they do not see abortion as an issue that belongs within a punitive framework.

AAPI women reject abortion criminalization but underestimate its likelihood.

AAPI women overwhelmingly oppose abortion criminalization and express deep concern about its consequences. At the same time, awareness of existing laws is limited, and many underestimate the likelihood of the most severe outcomes.

Limited Awareness of Criminalization

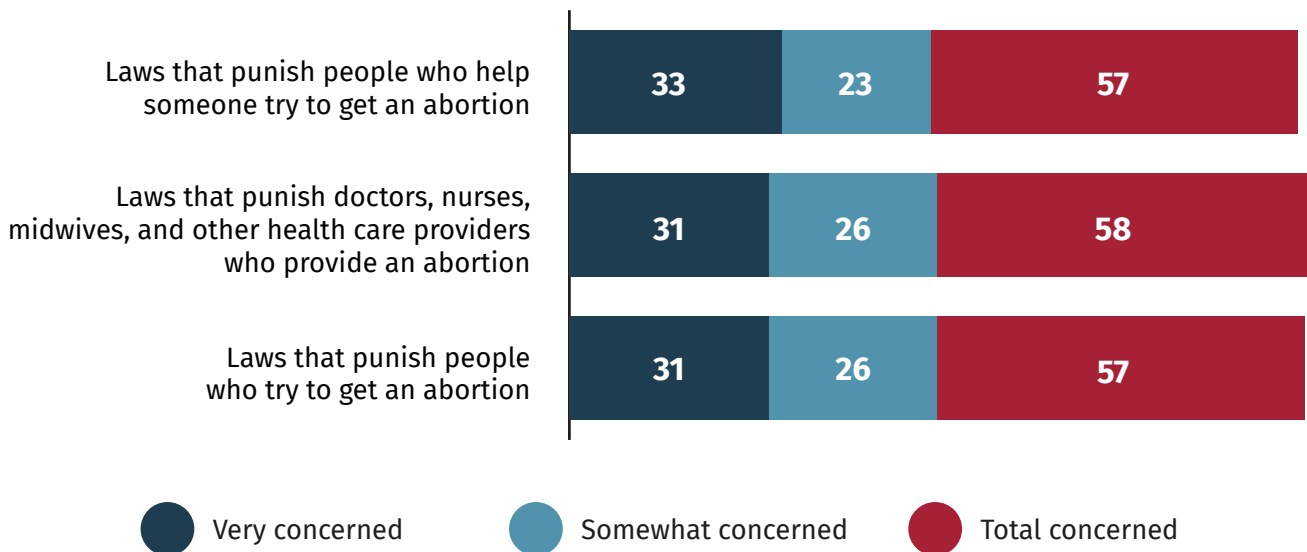
Six in ten (60%) AAPI women reported knowing either some (41%) or a lot (19%) about their state’s abortion laws. Self-reported knowledge did not differ significantly by state of residence or by whether abortion is legal, restricted, or banned in their state. Women living in states where abortion is illegal or highly restricted reported similar levels of knowledge as those in states where abortion remains accessible. However, qualitative findings suggest a substantial knowledge gap. Most focus group participants—who all reside in states where abortion is illegal or hostile—were unaware that their states ban abortion. Broader awareness of criminalization laws is also limited. Only 48% reported recently hearing, seeing, or reading about laws that punish those who seek or provide abortion care, including doctors, nurses, or midwives. Awareness was even lower (40%) for laws that punish individuals who help someone access abortion.

Strong Concern about Criminalization

Despite limited familiarity with specific laws, three-quarters (75%) of AAPI women expressed concern about laws that punish people who seek an abortion (53% very concerned), provide abortion care (52% very concerned), or assist someone in obtaining an abortion (51% very concerned). As shown in Figure 2, concern extended even to women who believe abortion should be legal only in extreme circumstances or illegal in all cases—demonstrating that criminalization generates discomfort across ideological lines. When asked how they feel upon hearing that state laws punish people who seek abortion or health care providers who provide it, respondents most frequently reported feeling concerned (35%), followed by angry (31%) and disappointed (28%). These emotional responses indicate that criminalization triggers both anxiety and moral outrage.

Figure 2

Concern about Abortion Criminalization Laws Among Anti-Choice AAPI Women



AAPI do not believe the worst outcomes are very likely to occur.

AAPI women widely agreed that potential consequences of criminalization would be harmful. As seen in Figure 3, the outcomes they viewed as especially negative included arresting someone for seeking or providing abortion, revoking a provider’s medical license, parents losing custody of their children, law enforcement detaining or deporting an immigrant, and investigating someone after a miscarriage or stillbirth. However, while these outcomes were viewed as “bad,” they were not always seen as highly likely to occur. The consequences respondents believed were most probable did not always align with those they considered most severe. As shown in Figure 4, these findings suggest that while AAPI women strongly reject punitive approaches to abortion, gaps in awareness and perceived likelihood may shape how urgently the issue is experienced.

Figure 3

Negative Outcomes of Abortion Criminalization*	% Worst	% Bad
Someone could be arrested for trying to get an abortion	39	69
A health care provider would lose their medical license for providing an abortion	37	67
A health care provider could be arrested for providing an abortion	35	67
Someone could be detained or deported by Immigration and Customs Enforcement (ICE) for trying to get an abortion	35	63
Someone could be investigated by law enforcement after a miscarriage or stillbirth to see if they were trying to get an abortion	34	67
Someone could lose custody of their child for trying to get an abortion	34	67

Prompt: Here are some things that people have said could happen when states pass laws to punish people who try to get or provide an abortion. For each outcome, please rate how you would feel if each of these things actually happened. Use a scale from 0 to 10, where 0 means it is one of the worst things that could happen and 10 means it is one of the best things that could happen.

*Split-sampled

AAPI women viewed a health care provider losing their medical license and someone being arrested for seeking abortion care as both highly believable and among the most severe potential consequences of criminalization. Other outcomes they considered relatively likely included the need to travel across state lines for care, increased reliance on self-managed abortion, fines imposed on providers, and fear of retaliation deterring individuals from seeking medical care.

Figure 4

Most Likely Negative Outcomes of Abortion Criminalization*	% Extremely likely	% Likely
Someone would have to travel to another state to get the care they need	32	76
Someone could decide to take medication or use other means to end their pregnancy outside the formal medical system	32	76
A health care provider would be fined for providing an abortion	29	72
Someone could be afraid to go to the hospital if something goes wrong with the pregnancy or their health	28	73
A health care provider would lose their medical license for providing an abortion	27	71
Someone could be arrested for trying to get an abortion	27	68

Prompt: Here are some things that people have said could happen when states pass laws to punish people who try to get or provide an abortion. For each outcome, please indicate how likely you think it is to actually happen. Use a scale from 0 to 10, where 0 means it is extremely unlikely to happen and 10 means it is extremely likely to happen when states pass laws to punish people who try to get or provide an abortion.

*Split-sampled

AAPI Women show willingness to engage civically with generational differences in tactics.

AAPI women expressed willingness to oppose abortion criminalization through several forms of civic engagement. Majorities said they would use their voices at the ballot box to elect leaders who share their values on abortion criminalization (60% in federal elections; 59% in state or local elections). Over half said they would sign a petition (55%) or speak with family and friends about the issue (53%).

However, willingness declined for more public or visible forms of engagement. About half said they would not participate in a story-sharing project or video (52% not willing), attend a public meeting, hearing, or town hall—either in person or online (51% not willing), or join an in-person or virtual rally or protest.

Generational Differences in Engagement

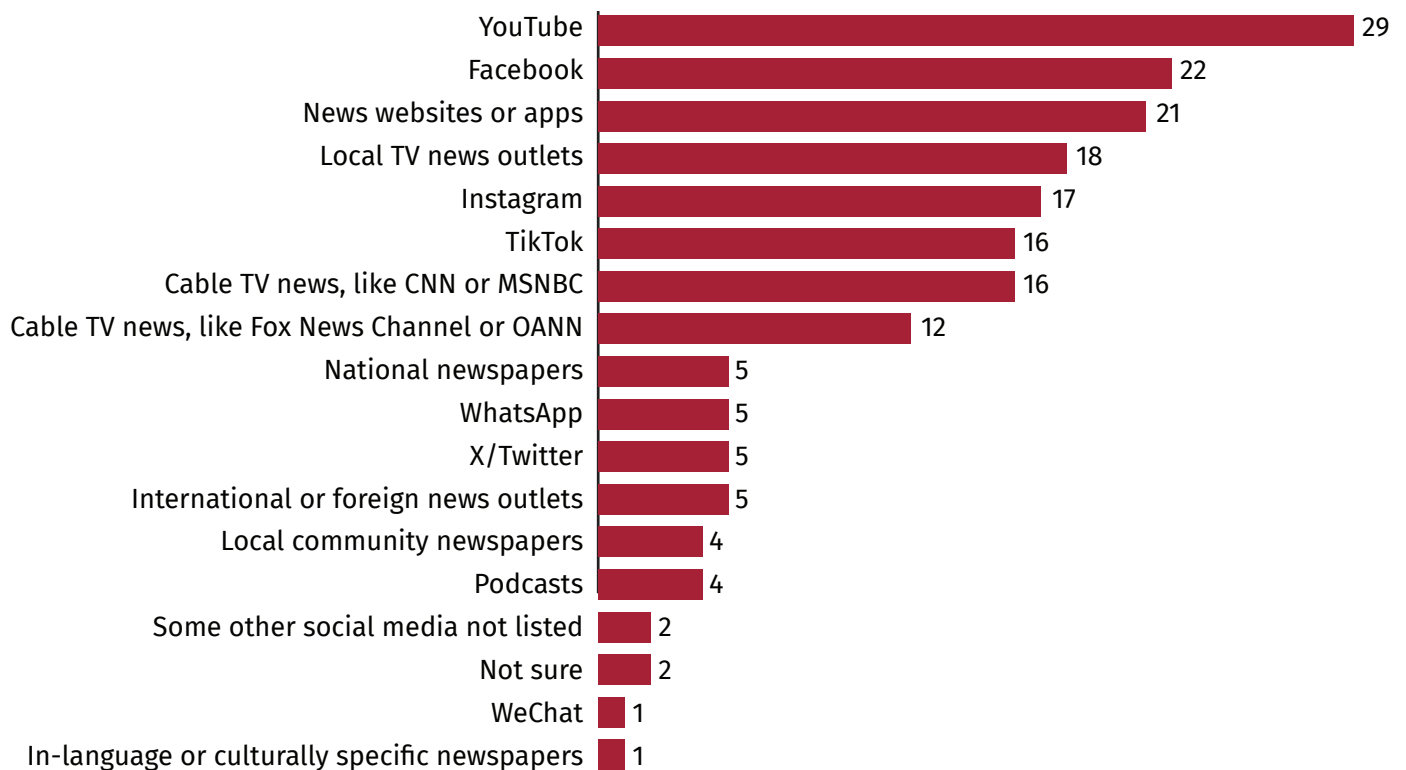
Younger AAPI women reported greater willingness to take action compared to older women. While women across age groups expressed willingness to vote and sign petitions, younger women showed more openness to speaking with friends and family, volunteering, and donating to pro-choice organizations. Older women were more divided or less willing to engage in actions such as discussing the issue with family members, donating, or volunteering. Younger women were split on sharing their views on social media, whereas older women were generally unwilling to do so.

Information Access and Trusted Messengers

In a polarized media environment, reaching AAPI women presents challenges. Respondents were divided between actively seeking news about current events (46%) and avoiding it (50%), with 58% reporting that they often or sometimes try to avoid the news. As illustrated in Figure 5, AAPI women reported turning to a range of information sources. Nearly three in ten (29%) said they use YouTube most frequently. Other commonly cited sources included Facebook, news websites or apps, local television news, Instagram, TikTok, and cable news networks such as CNN or MSNBC.

Figure 5

Media Sources Used Most Frequently for News about Current Events



AAPI women reported high levels of trust in medical professionals as sources of information about abortion criminalization. Eight in ten (80%) said they trust information from doctors about laws that punish people who seek or provide abortion care, including 51% who said they trust doctors “a lot.” Other health care-affiliated messengers were also widely trusted. Approximately three-quarters said they trust people who have had an abortion (75% trust; 43% trust a lot), community health care providers or clinics (74%/40%), and nurses (74%/38%). These findings suggest that both clinical authority and lived experience carry credibility.

Preferred Communication Formats

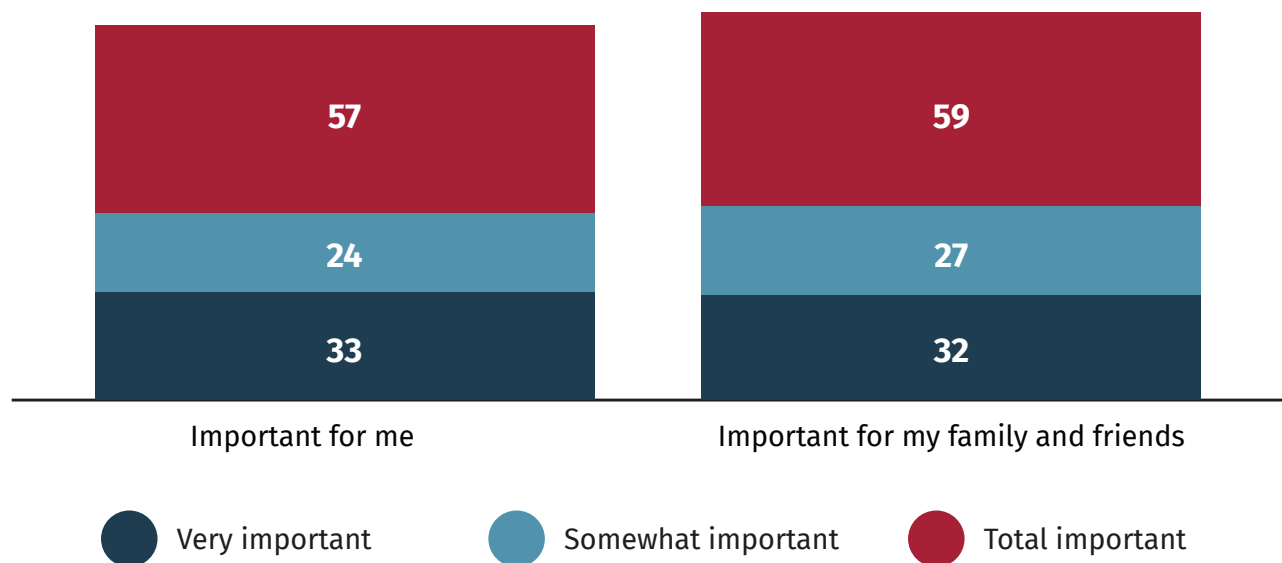
The medium of communication also shaped receptivity. AAPI women reported preferring a mix of interpersonal and digital information sources. Thirty percent said they prefer to receive information about laws punishing people who seek or provide abortion through in-person conversations, while 28% preferred online website content. Specific formats that resonated included fact sheets (46%) and videos (34%), indicating interest in both written and visual educational materials.

Language Access

Language accessibility emerged as a critical factor. As shown in Figure 6, AAPI women emphasized that information about laws that punish people who seek or provide abortion care should be available in languages other than English. Similar proportions also said this is important for their family members and friends. In focus groups, AAPI women emphasized the importance of providing information in multiple languages, particularly given the diversity of immigrant communities in the United States.

Figure 6

Importance of Accessing Multilingual information about Laws Punishing Abortion Seekers or Providers



- **Mandarin-speaking AAPI woman:** “We are a nation of immigrants. People come here from many different places, and access to information shouldn’t depend on language. Everyone should have the right to make decisions, and the information should be available in multiple languages.”
- **Hindi-speaking AAPI woman:** “We have many immigrants. I have friends from the older generation who have been here a long time but still haven’t learned English well.”

Community and information barriers shape abortion access and dialogue.

AAPI women identified interconnected community dynamics and information access barriers that make it difficult to seek abortion care or openly discuss abortion criminalization.

Community-Level Barriers

Although many AAPI women said they would turn to family and friends as trusted sources of support, they also reported significant social obstacles within their communities. Nearly three-quarters (74%) identified judgment or lack of support from friends and family as a barrier to obtaining an abortion, including 39% who described it as a big barrier. A majority (60%) said it is difficult for people in AAPI communities to talk openly about abortion, with 27% describing it as very difficult. Filipino and Vietnamese women were more likely to report that open discussion is very difficult (33% and 34%, respectively). Other frequently cited barriers included cultural beliefs (47%), religious beliefs (42%), shame surrounding abortion (41%), and broader community judgment (38%).

Focus Group Context

In focus groups, participants described how family expectations, cultural norms, religious teachings, and stigma reinforce silence and inhibit open dialogue.

Judgment from family

- **Lower-income AAPI woman:** “My family never mentioned abortion—not even once. It feels shameful, like something you’re not supposed to talk about.”
- **Korean-speaking AAPI woman:** “It’s a heavy topic, but we have to talk about it. Just because something is hush-hush doesn’t mean people aren’t having sex. It’s better to talk openly and provide proper education.”

Cultural beliefs

- **Korean-speaking AAPI woman:** “No one close to me talked about abortion growing up. I saw things online or read about it, but it wasn’t discussed openly.”
- **Lower-income AAPI woman (Japan):** “I didn’t hear much about it because culturally people don’t talk about it. I didn’t even realize it could be illegal.”

Religious beliefs

- **Middle-income AAPI woman:** “In my religious community, abortion was discouraged. But as I grew older and learned more about women’s experiences, I understood that sometimes abortion may be the best option.”
- **Lower-income AAPI woman:** “I grew up in a Catholic community. Abortion was considered a serious sin and wasn’t talked about.”

Shame and community judgment

- **Lower-income AAPI woman:** “On top of worrying about the pregnancy, you worry about facing your family—whether they’ll disown you or judge you.”
- **Middle-income AAPI woman:** “In the Asian community, things are often hush-hush and swept under the rug. If issues were talked about more openly, it would be easier for the next generation.”

Community Barriers Intersect with Information Gaps

Stigma and silence intersect with information access barriers, further entrenching challenges around abortion care and criminalization awareness. While AAPI women reported trusting individuals with personal abortion experience, about half said they would not participate in a story-sharing project or video. This tension highlights the difficulty of breaking stigma in public-facing ways. One focus group participant emphasized the importance of education:

- **Lower-income AAPI woman:** “The best way to help the Asian community is to get informed and educated through different sources. Sometimes we don’t see our own bias. The more informed we are, the better decisions we can make.”

Messaging

Strong Support for Values-Based Framing

When asked to assess statements about states punishing people who seek or provide abortion care, majorities of AAPI women expressed strong agreement with values-based frames centered on health care access, personal autonomy, freedom from punishment, and prioritizing the health and well-being of pregnant people.

Statements generating the highest levels of strong agreement included:

- Everyone should have access to the reproductive care they need in the place they call home without fear of punishment* (56% of AAPI women strongly agree/84% strongly or somewhat agree)
- Everyone should have access to the reproductive care they need in the place they call home* (56%/83%)
- The health and well-being of a pregnant person should be the number one priority, ahead of a politician’s personal religious views (55%/82%)
- When someone decides to have an abortion, it should be safe, affordable, and free from punishment or shame (54%/78%)
- No one should face jail time for trying to get an abortion* (54%/76%)
- People need the freedom to make personal decisions about their pregnancy, including whether to use fertility care to become pregnant, use birth control to prevent pregnancy, or abortion to end a pregnancy, without the government intruding* (54%/79%)

- People need the freedom to make personal decisions about their pregnancy, including whether to use fertility care to become pregnant, use birth control to prevent pregnancy, or abortion to end a pregnancy, without the fear of punishment* (51%/77%)
- Punishing pregnant people takes away people’s rights to make their own personal decisions about their pregnancy* (51%/78%)

**Split-sampled question*

Resonant Messages Themes

The following message frames demonstrated the strongest resonance among AAPI women:

Theme	Message Used
Centered around human rights, personal decision-making, and protecting the rights of those who are and can become pregnant.	No matter where a person lives or what they look like, every person’s life has its own unique circumstances. That means that each of us should have the power to control our own bodies and lives, including when it comes to abortion care. Even when abortion was legal in all 50 states, many people couldn’t get the care they needed. Our laws must change. Our elected leaders need to protect everyone’s fundamental right to control their own bodies.
Inclusive of family and friends.	Someday, someone you love may need an abortion. Your mom, sisters, aunts, cousins, or daughters could all be punished because they want the right to make their own decisions and control their own bodies. If or when someone can have an abortion should be left to families, and never be up to politicians or the government. People need legal, safe, and affordable abortion care, not punishment. We must act together for the future of our entire families.
Asset messaging which addresses access to legal, safe, and affordable abortion.	When someone decides to have an abortion, it should be safe, affordable, and free from punishment or shame. State laws that ban or restrict abortion hurt communities that already have a hard time getting health care. Asian and Pacific Islander communities, people with low incomes, and people who don’t speak English well are all harmed. Decisions about pregnancy, including abortion, should be made by each person, not by politicians.

Explicitly naming AAPI communities did not significantly increase or decrease message resonance. However, focus group participants expressed some sensitivity to language that appeared to single out AAPI communities as uniquely affected, noting that abortion restrictions impact many communities.

- **Korean-speaking AAPI woman:** “It shouldn’t be limited to Asian Americans only. This affects all Americans.”
- **Lower-income AAPI woman:** “These values aren’t just about one race. They apply to everyone.”

In their own words, AAPI women in focus groups articulated several core themes and tones they believe would resonate within Asian communities when explaining why criminalizing abortion is a serious issue.

	Core Themes	Tone	Focus on Autonomy	Focus on Family	Political Engagement
AAPI Women with Middle Incomes	<ul style="list-style-type: none"> • Personal freedom and bodily autonomy: Strong emphasis on abortion as a deeply personal decision that should not be criminalized. • Empathy and storytelling: Effective persuasion requires emotional resonance—sharing real stories to reach older generations. • Health, safety, and dignity: Criminalizing abortion is framed as an attack on women’s health, dignity, and control over their lives. • Systemic concerns: Abortion bans seen as tools of oppression, with specific mention of discrimination against Asian Americans. • Community dialogue and empowerment: Emphasis on education, open conversation (even among those unsure how to speak), and civic engagement. 	Reflective, empowered, compassionate, occasionally conflicted.	Very strong	Strong	Mentioned
AAPI Women with Lower Incomes	<ul style="list-style-type: none"> • Urgency and empowerment: Strong calls for women to speak up and get involved; emphasis on community mobilization. • Generational concern: Deep concern for future generations, daughters, and girls. • Education and access: Encouragement to seek information, understand legal risks, and use resources wisely. • Safety and health: Focus on protecting women from punishment and unsafe options. • Freedom and equality: Gender disparity is a prominent theme—“there are no regulations on a man’s body.” 	Action-oriented, direct, often personal, with an undercurrent of vulnerability and strength.	Strong	Very strong	Mentioned

	Core Themes	Tone	Focus on Autonomy	Focus on Family	Political Engagement
Vietnamese Women	<ul style="list-style-type: none"> • Situational compassion: Decisions should be based on context—health risks to the mother, quality of life for the child. • Right to choose: Universal human rights and individual autonomy are brought to the foreground. • Health and happiness: Emotional and physical well-being guide moral reasoning. 	Philosophical, health-focused, rooted in practicality and compassion	Moderate	Moderate	Absent
Hindi-Speaking Women	<ul style="list-style-type: none"> • Women’s autonomy and international rights: Repeated assertions that women should make their own choices, not politicians or religious figures. • Safety and preparedness: Recognizes that an unready environment is not fit for a child. • Shared decision-making: Some nuance acknowledging the couple, not just the woman, in decision-making. • Rejecting moral judgment: Reframes abortion as not a “sin” but a matter of freedom. 	Assertive and clear, grounded in moral clarity and international human rights framing.	Very strong	Moderate	Present
Chinese Women	<ul style="list-style-type: none"> • Humanization through example: Strong emphasis on storytelling, imagining personal stakes (sister, friend, daughter). • Autonomy and respect: Repeated assertions of the right to make one’s own decisions. • Community mobilization: Mentions using social media and engaging family networks to raise awareness. • Special cases: Acknowledgment of cases like rape and incest, emphasizing nuance. 	Strategic and community-centered, with emotional grounding in relationships and rights.	Strong	Strong	Implied
Korean Women	<ul style="list-style-type: none"> • Responsibility and action: Calls for voting and informed decision-making for the future. • Family and legacy: Appeals to protecting children’s futures and acting with long-term care in mind. • Moral simplicity: Less nuanced, but grounded in action and familial obligation. 	Pragmatic, focused on collective responsibility.	Moderate	Very strong	Explicit (calls to vote)

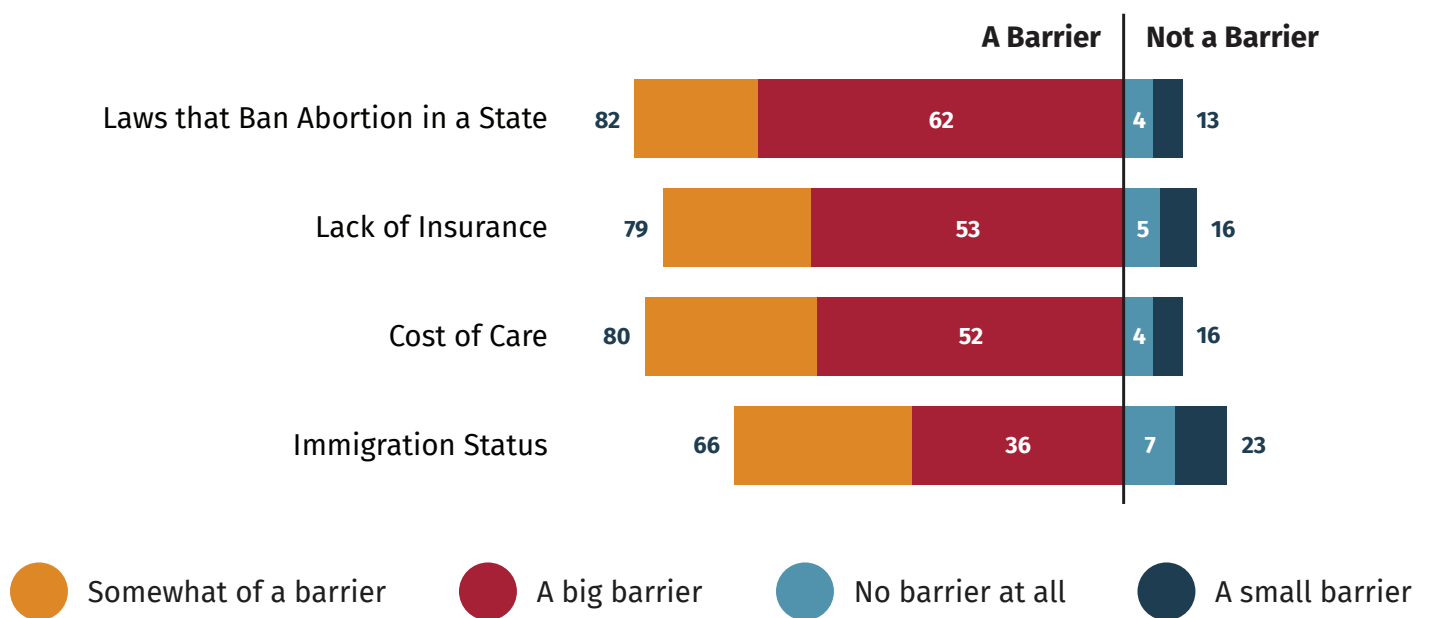
Immigration Status as a Barrier

Immigration Status as a Barrier to Abortion Access

Figure 7 shows that, while immigration status was recognized by AAPI women as a meaningful barrier to abortion care, it was not ranked among the most significant obstacles. More than one-third (36%) said immigration status is a barrier to someone obtaining an abortion. However, this figure was lower than the percentages who identified abortion bans, lack of insurance, and cost of care as major barriers. Perceptions varied modestly by nativity. Thirty-two percent of AAPI women born outside the United States described immigration status as a big barrier, compared to 38% of AAPI women born in the United States who said the same.

Figure 7

Concern about Criminalization among Anti-choice AAPI Women



Perceived Likelihood Versus Severity of Immigration Enforcement

AAPI women expressed concern about the possibility that Immigration and Customs Enforcement (ICE) could detain or deport someone seeking abortion care. At the same time, many viewed this outcome as less likely than other consequences of criminalization. Twenty-three percent said it is extremely likely that someone could be detained or deported by ICE for attempting to obtain an abortion, and 64% said it is likely overall. Despite some skepticism about its likelihood, detention or deportation was viewed as one of the most severe potential outcomes: 35% identified it as among the worst things that could happen, and 63% said it would be a bad outcome. These findings reflect a broader pattern observed throughout the research—respondents often regarded the most severe consequences of criminalization as harmful, even when they were less certain about how frequently they would occur.

Conclusion

This research underscores a consistent truth: AAPI women understand abortion primarily through the lenses of health, dignity, and personal decision-making—not as an abstract political issue. Across ethnic subgroups, respondents anchored their views in autonomy, safety, and freedom from government intrusion. When abortion was framed as part of the broader continuum of reproductive health care and as essential to the health and well-being of pregnant people, support deepened further. These values also translated into strong preference for protecting abortion rights nationally, with participants rejecting a state-by-state approach that makes fundamental rights contingent on geography.

At the same time, the findings reveal how criminalization distorts the landscape of care. AAPI women expressed deep concern about laws that punish people who seek, provide, or help others access abortion care, and those concerns extended even to respondents who held more restrictive views on abortion legality. Respondents described punishment as fundamentally misaligned with their values, particularly when it threatens health care providers, triggers child welfare intervention, or creates fear that deters people from seeking medical care. Yet the research also surfaced a critical vulnerability: limited awareness of abortion bans and criminalization laws, including among focus group participants living in hostile or illegal states. This gap—paired with skepticism about whether the worst consequences will occur—helps explain why criminalization can feel both frightening and distant at the same time, even as it shapes behavior through chilling effects.

The report also highlights the social context in which information is received and decisions are made. Many AAPI women identified community stigma—judgment from family, cultural and religious norms, shame, and silence—as barriers to discussion and care-seeking. These barriers intersect with information access challenges, including language needs and high levels of news avoidance. However, respondents were not without trusted sources: doctors, community clinics, nurses, and people with lived experience emerged as credible messengers, and AAPI women indicated openness to receiving information through in-person conversations and accessible digital formats such as fact sheets and videos. Taken together, these findings point to the importance of culturally resonant, multilingual communication that supports people in navigating both the legal landscape and the practical realities of access.

Finally, this research reinforces the inseparability of reproductive justice and immigrant justice for AAPI communities. While immigration status was not consistently ranked as a top barrier compared to bans and cost, respondents recognized that immigration enforcement can magnify risk and harm. The possibility of detention or deportation—whether viewed as likely or not—was perceived as among the most severe outcomes of criminalization. For AAPI communities shaped by diverse immigration histories and varying degrees of contact with state systems, criminalization operates as a compounding force: it increases fear, heightens surveillance, and deepens vulnerability for those already navigating precarious access to health care, legal protections, and economic stability.

In this context, decriminalization is a necessary condition for meaningful access to care. Ensuring that abortion is safe, affordable, and free from punishment requires reducing stigma, closing

information gaps, protecting providers and patients from criminal legal exposure, and addressing the structural conditions that constrain decision-making in the first place. By centering AAPI women's lived experiences and values, this report contributes evidence for a reproductive justice approach grounded in autonomy, community well-being, and freedom from government punishment.

5 | References

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6 | Appendix

Demographics of AAPI women surveyed

Asian Ethnicity		Race		Age	
Chinese	22%	Asian American	95%	Under 30	20%
Indian	21%	Pacific Islander	6%	30-39	21%
Filipino	17%	Latino/a	3%	40-49	20%
Vietnamese	10%	Black	1%	50-64	23%
Japanese	9%	Native American	1%	65+	16%
Korean	8%	White	0%	Region	
Pakistani	2%	Middle Eastern or N. African	0%	Northeast	20%
Cambodian	2%	Pacific Islander Ethnicity		Midwest	11%
Thai	2%	Native Hawaiian	3%	South	23%
Bangladeshi	1%	Samoan	1%	West	45%
Hmong	1%	Chamorro	0%	Gender	
Malaysian	1%	Fijian	0%	Cisgender women	100%
Laotian	1%	Tongan	0%	Nonbinary adults	0%
Indonesian	1%	Marshallese	0%	Parents' Immigration Status	
Nepalese	0%	Something else not listed	1%	Born in another country	54%
Sir Lankan	0%	Immigration Status		Parents born in US	43%
Bhutanese	0%	Born in US	66%	Religious Identity	
Mongolian	0%	Born in Another Country	34%	Christian	37%
Something else not listed	2%	Age Immigrated to US		Hindu	13%
Party Identification		Under 10 years old	19%	Buddhist	11%
Democrat	48%	10-20 years old	25%	Muslim	5%
Independent/DK	17%	32-40 years old	43%	Jewish	1%
Republican	24%	41 years old and older	8%	Sikhism	1%
Ideology		Education		Something else	5%
Liberal	34%	High school or less	13%	None	23%
Moderate	39%	Post high school/some college	31%	Religiosity	
Conservative	20%	College graduate	38%	Once a week or more	24%
Marital status		Post graduate	17%	Sometimes	24%
Married	50%	Parental status		Only on holidays	8%
Unmarried	49%	Yes	35%	Almost never	39%
		No	65%		

Text of Messages Tested

<p>Family</p>	<p>Someday, someone you love may need an abortion. Your mom, sisters, aunts, cousins, or daughters could all be punished because they want the right to make their own decisions and control their own bodies. If or when someone can have an abortion should be left to families, and never be up to politicians or the government. People need legal, safe, and affordable abortion care, not punishment. We must act together for the future of our entire families.</p>
<p>Better than Roe</p>	<p>No matter where a person lives or what they look like, every person’s life has its own unique circumstances. That means that each of us should have the power to control our own bodies and lives, including when it comes to abortion care. Even when abortion was legal in all 50 states, many people couldn’t get the care they needed. Our laws must change. Our elected leaders need to protect everyone’s fundamental right to control their own bodies.</p>
<p>Ideal / Not Naming AAPI*</p>	<p>When someone decides to have an abortion, it should be safe, affordable, and free from punishment or shame. State laws that ban or restrict abortion and punish people and health care providers hurt communities that already have a hard time getting health care. Americans across races, places, and backgrounds are all harmed. Decisions about pregnancy, including abortion, should be made by each person, not by politicians.</p>
<p>Ideal / Naming AAPI*</p>	<p>When someone decides to have an abortion, it should be safe, affordable, and free from punishment or shame. State laws that ban or restrict abortion hurt communities that already have a hard time getting health care. Asian and Pacific Islander communities, people with low incomes, and people who don’t speak English well are all harmed. Decisions about pregnancy, including abortion, should be made by each person, not by politicians.</p>
<p>Freedom and Responsibility</p>	<p>People of all races, whether we’re born here or made America our home, need the freedom to make personal decisions about their pregnancy. We have a responsibility to all the women in our lives to make sure they can make decisions about their own bodies and lives, including whether to use fertility care to become pregnant, use birth control to prevent pregnancy, or abortion to end a pregnancy, without the fear of punishment.</p>
<p>State versus Federal</p>	<p>People in every state should be able to make their own decisions about their health and bodies with information from their doctors. We need to protect each person’s basic freedoms, safety, and rights to decide what’s best for their life and future. No one should face jail time for getting or helping someone get an abortion. People across the country should be able to get the abortion care they need close to home.</p>
<p>Positive Vision / Naming AAPI*</p>	<p>We imagine a future where abortion – and all sexual and reproductive health care – is legal, easy to get, affordable, and free from shame or fear. Everyone should have the freedom to make important decisions about their health and bodies with respect and support. Many cultures, languages, and immigration paths make up the Asian American and Pacific Islander community. But together, we can protect our freedom to control our own bodies and care for ourselves, our families, and our communities.</p>

*Split-sampled

Attitudes among Chinese Women

- Chinese women are one of the most pro-choice demographic subgroups (54% generally available, 76% pro-choice).
- A plurality of Chinese women not religious (47%) and 60% almost never attend religious services.
- A solid majority of Chinese women believe it is important to protect the rights of people who are pregnant or could become pregnant (57% very important, 84% important).
- Chinese women's top word to describe abortion is personal decision-making (55%), followed by human rights (42%) and safety (39%).
- Chinese women's top media sources are news websites/apps (30%), YouTube (26%), and local TV news outlets (25%).
- Unlike most other ethnic subgroups, Chinese women are more likely to come across information (58%) than actively seek it out (35%) and they split between agreeing (45%) and disagreeing (49%) with preferring to get their news from friends. Like other subgroups, they are news avoidant (57% often/sometimes avoid news).
- Chinese women believe it is difficult for AAPI communities to talk openly about abortion (25% very difficult, 61% difficult) due to judgment from family (51%) and cultural beliefs (45%).
- Chinese women side by large margins with people having the right to abortion in all 50 states (68% with punishment and 66% without punishment*), and they feel equally concerned (40%) and angry (37%) when they hear that there are state laws that punish people who try to get an abortion or punish health care providers who provide abortion.
- Chinese women are not very convinced by any of the messages in support of punishing people. The best testing messages for Chinese women are:
 - Ideal/Naming AAPI* (47% very convincing, 75% convincing)
 - Family (45% very convincing, 70% convincing)
 - State versus Federal (44% very convincing, 70% convincing)

**Split-sampled*

Attitudes among Filipino Women

- Filipino women are the least pro-choice and the most anti-choice, though a majority of Filipino women hold pro-choice views (33% generally available, 52% pro-choice, 43% anti-choice).
- Unlike nearly every other ethnic subgroup, Filipino women overwhelmingly identify as Christian (74%) and only 11% do not identify with a religion. A plurality is Catholic (42%) and 41% say they are not Born-Again/Evangelical Christians.
- Unlike other ethnic subgroups, Filipino women split evenly between identifying as a Republican (36%) and a Democrat (35%), and their ideology evenly splits between moderate (34%), liberal (29%), and conservative (29%).
- Filipino women are more likely than most other subgroups to be born in another country (41%), and they are less likely to have a college degree (57% non-college-educated).
- Filipino women are among the most likely ethnic subgroups to say it is personally important to protect the rights of people who are pregnant or could become pregnant (66% very important, 91% important).
- Filipino women's top word to describe abortion is human rights (51%), followed by personal decision-making (42%), and responsibility (38%). They are significantly more likely to choose murder (21%) compared to other groups.
- Filipino women's top media sources are Facebook (35%) and YouTube (32%).
- Filipino women split between actively seeking out information (49%) and coming across information (48%), and they are news avoidant (58% often/sometimes avoid news).
- Filipino women believe it is difficult for AAPI to talk openly about abortion (33% very difficult, 63% difficult) due to religious beliefs (62%) and judgment from family (56%).
- Filipino women are more likely to side with people having the right to abortion in all 50 states when the other choice mentions punishment (48% with punishment and 38% without punishment*). They feel concerned (37%) when they hear that there are state laws that punish people and providers.
- Filipino women are more likely to feel convinced by messages in support of punishing people. None of the messages on our side reach the 45% threshold of very convincing. The best testing messages for Filipino women are:
 - Family (38% very convincing, 63% convincing)
 - Freedom and Responsibility (38% very convincing, 67% convincing)
 - Better than *Roe* (37% very convincing, 65% convincing)

**Split-sampled*

Attitudes among Indian Women

- Almost two-thirds of Indian women are pro-choice (39% generally available, 64% pro-choice).
- Indian women are more likely than most other subgroups to say they were born in another country (43%). A majority identify as Hindu (58%).
- Indian women are one of the subgroups that are more likely to consider themselves liberal (41%), with 39% who say they are moderate.
- Indian women say it is important to protect the rights of people who are pregnant or could become pregnant (57% very important, 83% important), but they are less likely than most other ethnic groups to say this is very important.
- Indian women's top word to describe abortion is human rights (50%), followed by personal decision-making (40%) and freedom (37%).
- Indian women's top media source is YouTube (28%), followed by Instagram (22%) and cable TV news like CNN or MSNBC (21%).
- Unlike other subgroups, Indian women actively seek out information (59%) rather than come across it (38%), but like other subgroups, they are news avoidant (60% often/sometimes avoid news). Compared to most other subgroups, they are more likely to agree that they like to get their news from people who look like them (42%) and in a language other than English (38%).
- With low intensity, Indian women believe it is difficult for AAPI communities to talk openly about abortion (22% very difficult, 52% difficult) due to abortion are religious beliefs (47%), cultural beliefs (45%), and judgment from family (43%).
- Indian women are more likely to side with people having the right to abortion in all 50 states when the other choice does not mention punishment (54% without punishment and 46% with punishment*). They feel equally concerned (31%) and angry (27%) when they hear that there are state laws that punish people who try to get an abortion or punish health care providers who provide abortion.
- Indian women are not very convinced by any of the messages in support of punishing people. The best testing messages for Indian women are:
 - Ideal/Not Naming AAPI* (42% very convincing, 70% convincing)
 - Family (39% very convincing, 64% convincing)
 - Freedom and Responsibility (38% very convincing, 61% convincing)

**Split-sampled*

Attitudes among Vietnamese Women

- Vietnamese women are among some of the most pro-choice women across ethnicities (43% generally available, 68% pro-choice). They are also the most liberal ethnic subgroup (50%).
- Compared to other subgroups, Vietnamese women are less likely to have a college degree (50% non-college-educated).
- Among ethnic subgroups, Vietnamese women are the most likely to say it is very important to protect the rights of people who are pregnant or could become pregnant (72% very important, 92% important). This is a core value for Vietnamese women.
- Vietnamese women's top word to describe abortion is human rights (59%). This is followed distantly by safety (44%), and personal decision-making (43%).
- Vietnamese women's top media sources are YouTube (31%) and TikTok (30%). This is a younger group compared to other ethnicities.
- Vietnamese women come across information (53%) rather than actively seek it out (43%), and they are news avoidant (56% often/sometimes avoid news). Among ethnic subgroups, they are the most likely to agree that they like to get news from friends (65% agree) and unlike other groups, they split between agreeing (41%) and disagreeing (42%) that they like to get news from people who look like them.
- Vietnamese women believe it is difficult for AAPI communities to talk openly about abortion (34% very difficult, 68% difficult) due to judgment from family (57%) and cultural beliefs (55%).
- Vietnamese women overwhelmingly side with people having the right to abortion in all 50 states (60% with punishment and 61% without punishment*). They feel equally angry (40%) and disappointed (38%) when they hear that there are state laws that punish people who try to get an abortion or punish health care providers who provide abortion.
- Vietnamese women are not very convinced by any of the messages in support of punishing people. They are among the most likely of the ethnic subgroups to rate messaging about opposing punishment as very convincing. The best testing messages for Vietnamese women are:
 - Family (51% very convincing, 69% convincing)
 - Ideal/Not Naming AAPI* (49% very convincing, 75% convincing)
 - Better than *Roe* (48% very convincing, 76% convincing)
 - Positive Vision / Naming AAPI* (47% very convincing, 64% convincing)

**Split-sampled*

Attitudes among Korean Women

- Korean women are one of the most pro-choice ethnic subgroups (50% generally available, 71% pro-choice).
- Unlike nearly every other ethnic subgroup, half of Korean women identify as Christian (50%). They are most likely to be Catholic (14%) or Presbyterian (12%), and they are more likely to be not-Born Again/Evangelical (27%) than Born Again/Evangelical (11%).
- Two-thirds of Korean women believe it is very important to protect the rights of people who are pregnant or could become pregnant (65% very important, 86% important).
- Korean women's top word to describe abortion is personal decision-making (52%), followed by human rights (44%), and freedom (42%).
- Korean women's top media sources are YouTube (32%) and news websites/apps (30%).
- Korean women evenly split between coming across information (49%) and actively seeking it out (49%), and they are news avoidant (57% often/sometimes avoid news).
- Korean women believe it is difficult for AAPI communities to talk openly about abortion (29% very difficult, 63% difficult) due to cultural beliefs (52%), judgment from family (51%), and shame around abortion (49%).
- Korean women overwhelmingly side with people having the right to abortion in all 50 states (67% with punishment and 60% without punishment*). They feel concerned (41%) and angry (36%) when they hear that there are state laws that punish people who try to get an abortion or punish health care providers who provide abortion.
- Korean women are not very convinced by any of the messages in support of punishing people. They are among the most likely of the ethnic subgroups to rate messaging about opposing punishment as very convincing. The best testing messages for Korean women are:
 - Positive Vision/Not Naming AAPI* (53% very convincing, 72% convincing)
 - Family (50% very convincing, 72% convincing)
 - State versus Federal (50% very convincing, 70% convincing)

**Split-sampled*

Attitudes among Japanese Women

- Japanese women are one of the most pro-choice ethnic subgroups (54% generally available, 74% pro-choice).
- While 69% of Japanese women identify with a religion, 61% almost never attend religious services.
- Compared to other ethnic subgroups, Japanese women are less likely to have a college degree (50% non-college-educated).
- Over two-thirds of Japanese women believe it is very important to protect the rights of people who are pregnant or could become pregnant (69% very important, 84% important).
- Japanese women's top words to describe abortion are human rights (59%) and personal decision-making (52%).
- Japanese women's top media sources are local TV news outlets (26%), YouTube (24%), Facebook (22%), and news websites or apps (22%).
- Japanese women lean toward actively seeking out information (52%) rather than coming across it (45%) but split between often and rarely being news avoidant (51% often/sometimes and 47% rarely/never).
- Japanese women believe it is difficult for AAPI communities to talk openly about abortion (26% very difficult, 64% difficult) due to judgment from family (56%). In a second tier are shame around abortion (48%) and cultural beliefs (42%).
- By large margins, Japanese women side with people having the right to abortion in all 50 states (69% with punishment and 63% without punishment*). They feel angry (43%) and concerned (39%) when they hear that there are state laws that punish people who try to get an abortion or punish health care providers who provide abortion.
- Japanese women are not very convinced by any of the messages in support of punishing people. They are among the most likely of the ethnic subgroups to rate messaging about opposing punishment as very convincing. The best testing messages for Japanese women are:
 - Ideal/ Naming AAPI* (55% very convincing, 76% convincing)
 - Family (54% very convincing, 74% convincing)
 - Better than *Roe* (54% very convincing, 72% convincing)

**Split-sampled*