



## **In Focus: The 2026 National AANHPI Women+’s Survey**

### **Report: Reproductive Justice and Abortion**

#### **Background**

This report presents findings on reproductive health and abortion from the National Asian Pacific American Women's Forum's (NAPAWF) 2026 national survey of Asian American, Native Hawaiian, and Pacific Islander (AANHPI) women and gender expansive people. Lake Research Partners and Sprout Insight conducted the survey in June 2026 with 1,200 respondents. Separate reports cover its findings on immigrant and economic justice.

Founded in 1996, NAPAWF organizes and advocates with and for AANHPI women, girls, and gender expansive people across reproductive, economic, immigrant, and racial justice issues. NAPAWF commissions this survey each year in part because national surveys seldom include enough AANHPI respondents to examine differences among ethnic groups, and few are offered in Asian languages. Too often, our communities appear in public data as a single category, if they appear at all. Throughout this report, “women+” refers to women and gender expansive people, including nonbinary respondents and those who described their gender in another way.

The survey was fielded four years after the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*, amid stark differences in abortion law and access across states. Most respondents lived in states where abortion remained legally accessible, while about one in five lived in states where it was illegal or heavily restricted. Those legal differences form part of the context for the findings, though a state’s laws cannot, on their own, tell us what care an individual can obtain.

The findings show broad agreement on the freedom to make decisions about pregnancy and to obtain care without fear of punishment, alongside differences in views about abortion’s legal status across ethnic groups. They also raise questions about how readily people can navigate care: four in ten respondents said they had no provider they see for reproductive health needs, and more than half could not say whether abortion care would be easy or difficult to get. The report examines those patterns, respondents’ perceptions of pregnancy-related punishment, and the values that resonate across AANHPI communities.

## Methodology

Lake Research Partners and Sprout Insight designed and administered this online survey between June 10 and 22, 2026. The survey reached a total of 1,300 Asian American, Native Hawaiian, and Pacific Islander women and gender expansive people which includes a base sample of 1,200 Asian American, Native Hawaiian, and Pacific Islander (4% of respondents, including 2% Native Hawaiian) women and gender expansive people, with oversamples of 50 Japanese women and 50 Korean women and gender expansive people. The oversamples were weighed to their proportions of the population, yielding a weighted sample of 1,200.

Eligibility for the survey required respondents to self-identify as Asian American (97% of respondents) and/or Pacific Islander (4% of respondents, including 2% Native Hawaiian), be at least 18 years old, and self-identify as a woman (99%), nonbinary person (1%), or a self-described gender aside from a man. The sample was drawn from an online panel and screened to be adults residing in the United States (U.S.) and designed to represent the diversity of AANHPI ethnicities nationally. Participants could complete the survey in English, Korean, Chinese (Simplified and Traditional), Tagalog, Vietnamese, and Hindi for language accessibility.

To ensure the sample reflects attributes of the actual population, the data is weighted to reflect the 2020 Census. The base sample of Asian American, Native Hawaiian, and Pacific Islander women and gender expansive people was weighted slightly by region and age; Japanese women and gender expansive people were weighted by age; and Korean women and gender expansive people were weighted by region and age. Because respondents self-selected into the online panel, this is not a probability sample, and a sampling margin of error cannot be calculated. As with any survey, results may be affected by coverage, measurement, and other sources of error. For comparison, a probability sample of 1,200 respondents would have a margin of error of approximately  $\pm 2.7$  percentage points at the 95% confidence level; it would be larger for subgroups.

# Key Findings

**AANHPI women+ overwhelmingly support abortion care.**

**AANHPI women+ believe that abortion should be legal and available, but the level of these attitudes varies by ethnicity.**

Six in ten AANHPI women+ (60%) say abortion should be legal and generally available (42%) or remain legal in many circumstances with some regulation (18%). Three in ten (30%) say it should be legal only in extreme circumstances, such as to save a pregnant person’s life or in cases of rape or incest (21%), or should be illegal in all circumstances (9%). Another 10% are unsure or declined to answer. Support for legal abortion is highest among Korean (76%), Chinese (70%), and Japanese (69%) women+ and lowest among Filipino women+ (44% favor broader legality; 45% favor legality only in extreme circumstances or no legality).

**Some AANHPI women+ lack a reproductive health care provider.**

**A concerning number of AANHPI women+ say they do not have a health care provider whom they see for reproductive health care needs. AANHPI women+ generally have limited information about reproductive health care, especially abortion care, but few report major barriers in finding certain services, lengthy travel to providers, language challenges, or knowing someone who has had a difficult time getting reproductive health services.**

As table R.1 shows, half (50%) of AANHPI women+ overall, and most demographic subgroups, say they have a health care provider they see for reproductive health care needs, but four in ten (42%) say they do not. AANHPI women+ under age 50 are more likely than older AANHPI women+ to have a health care provider whom they see for reproductive health care needs, but three in ten or more women under the age of 50 say they still do not have a provider whom they see for reproductive health care needs.

*R.1. Health care provider for reproductive health care, by age (percent of AANHPI women+)*

| Reproductive health care provider by age | Have a health care provider | Do not have a health care provider |
|------------------------------------------|-----------------------------|------------------------------------|
| Under 30                                 | 56                          | 38                                 |
| 30-39                                    | 61                          | 30                                 |
| 40-49                                    | 64                          | 31                                 |
| 50-64                                    | 43                          | 49                                 |
| 65 and older                             | 26                          | 61                                 |

A plurality or more of Japanese (55%) and lower-income-earning (47%) women say they do not have a health care provider for reproductive health care. Native Hawaiian/Pacific Islander (48% yes, 51% no, though note small sample size), Indian (44%, 48%), Republican (50%, 45%), non-college educated (45%, 46%), non-parent (43%, 48%), and rural (45%, 41%) women are split between having and not having a provider whom they see for reproductive health care needs.

Having a reproductive health care provider does not vary meaningfully by state abortion laws and restrictions. Similar proportions of AANHPI women+ report having a provider they see for reproductive health care needs whether they live in states where abortion is illegal<sup>1</sup> (55%), hostile<sup>2</sup> (52%), or accessible<sup>3</sup> (50%).

Most have easy experiences accessing reproductive health care other than abortion.

R.2. Ease of getting reproductive health information and services (percent of AANHPI women+)

(NS/NA = not sure/not applicable)

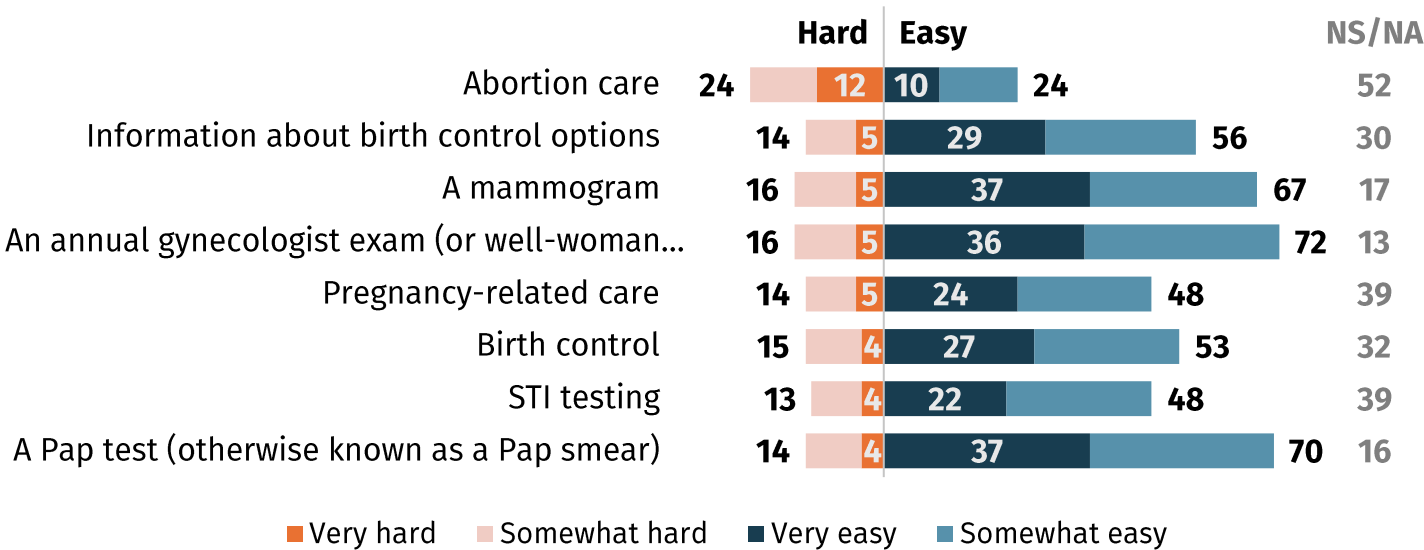


Chart R.2 shows that AANHPI women+ are far more likely to describe getting reproductive health information and access to services as easy than difficult for birth control, mammograms, annual gynecological exams, pregnancy-related care, STI testing, and Pap tests. Views of abortion access are less settled: 52% say they are unsure how easy it is to obtain abortion care or that the question does not apply to them. AANHPI+ women most often describe preventive care and screenings, including mammograms, Pap tests, and well-woman visits, as easy to access.

Age shapes perceptions of access to reproductive health care services. Women 50 and older are more likely to describe mammograms as easy to obtain, while younger women are more likely to say the same of birth control, STI testing, and pregnancy-related care.

In states where abortion is illegal, 43% say the question of how easy it is to obtain abortion care does not apply to them, 26% say it is difficult, 13% say it is easy, and 18% are unsure. In states classified as hostile, the corresponding shares are 34%, 32%, 24%, and 9%. Even in states classified

<sup>1</sup> At the time this survey was in the field, illegal states include Idaho, South Dakota, Indiana, West Virginia, Kentucky, Tennessee, Texas, Oklahoma, Arkansas, Louisiana, Mississippi, and Alabama  
<sup>2</sup> Hostile states include Montana, Wyoming, North Dakota, Utah, Arizona, Nebraska, Iowa, Missouri, North Carolina, South Carolina, Georgia, and Florida  
<sup>3</sup> Accessible states include Alaska, Hawaii, Washington, Oregon, California, Nevada, Colorado, New Mexico, Minnesota, Wisconsin, Illinois, Michigan, Ohio, Pennsylvania, Virginia, Washington DC, Maryland, Delaware, New Jersey, New York, Connecticut, Rhode Island, Vermont, New Hampshire, Massachusetts, and Maine

as accessible, 23% say obtaining abortion care is difficult, 26% say it is easy, 36% say the question does not apply, and 15% are unsure.

About one in seven (15%) of AANHPI women+ say they personally know someone who has had difficulty obtaining reproductive health care other than abortion; 13% say they know someone who has had difficulty obtaining abortion care. Most say they do not know anyone who has had these experiences (70% and 69%, respectively). Korean women+ are more likely than respondents overall to know someone who has had difficulty obtaining reproductive health care other than abortion (25%), while Vietnamese women+ are more likely to know someone who has had difficulty obtaining abortion care (21%).

AANHPI women+ who believe abortion should be legal and generally available (17%) or that some regulation is necessary (16%) are more likely to know someone who has had difficulty accessing abortion care than those who believe abortion should be legal only in extreme circumstances (6%) or always illegal (9%).

**Over one in ten must travel longer than an hour to get abortion care or reproductive health care.**

**R.3. Travel time to reproductive health care and to abortion care (percent of AANHPI women+)**

(NS = not sure)

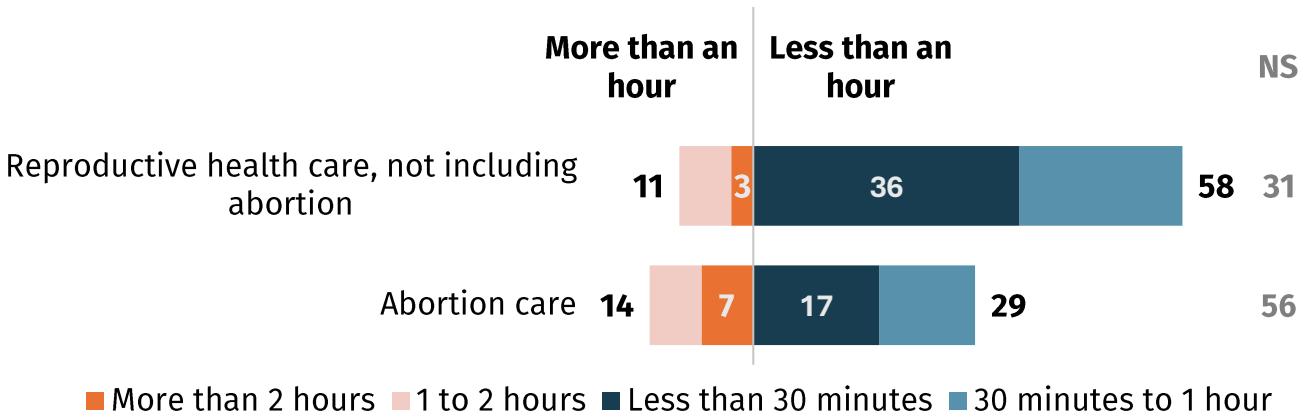


Chart R.3 shows many AANHPI women+ are unsure how far they would need to travel for abortion care (56%) or other reproductive health care (31%). Most say they travel less than an hour for reproductive health care other than abortion, and more than a third travel less than 30 minutes.

Table R.4 shows rural AANHPI women+ are more likely than those in urban or suburban areas to travel more than an hour for care. Women in the Midwest, South, and West are more likely than those in the Northeast to travel more than an hour for abortion care. The same is true for women in states where abortion is illegal or classified as hostile, compared with women in states where abortion is accessible.

**R.4. Travel of more than an hour to reproductive health care and to abortion care, by urbanicity, region, and state abortion laws (percent of AANHPI women+)**

|                          | Travel more than an hour for reproductive health care, not including abortion | Travel more than an hour for abortion care |
|--------------------------|-------------------------------------------------------------------------------|--------------------------------------------|
| <b>Rural</b>             | 20                                                                            | 21                                         |
| <b>Suburban</b>          | 7                                                                             | 11                                         |
| <b>Urban</b>             | 12                                                                            | 16                                         |
| <b>Northeast</b>         | 10                                                                            | 9                                          |
| <b>Midwest</b>           | 7                                                                             | 17                                         |
| <b>South</b>             | 9                                                                             | 16                                         |
| <b>West</b>              | 13                                                                            | 15                                         |
| <b>Illegal states</b>    | 9                                                                             | 18                                         |
| <b>Hostile states</b>    | 12                                                                            | 20                                         |
| <b>Accessible states</b> | 11                                                                            | 13                                         |

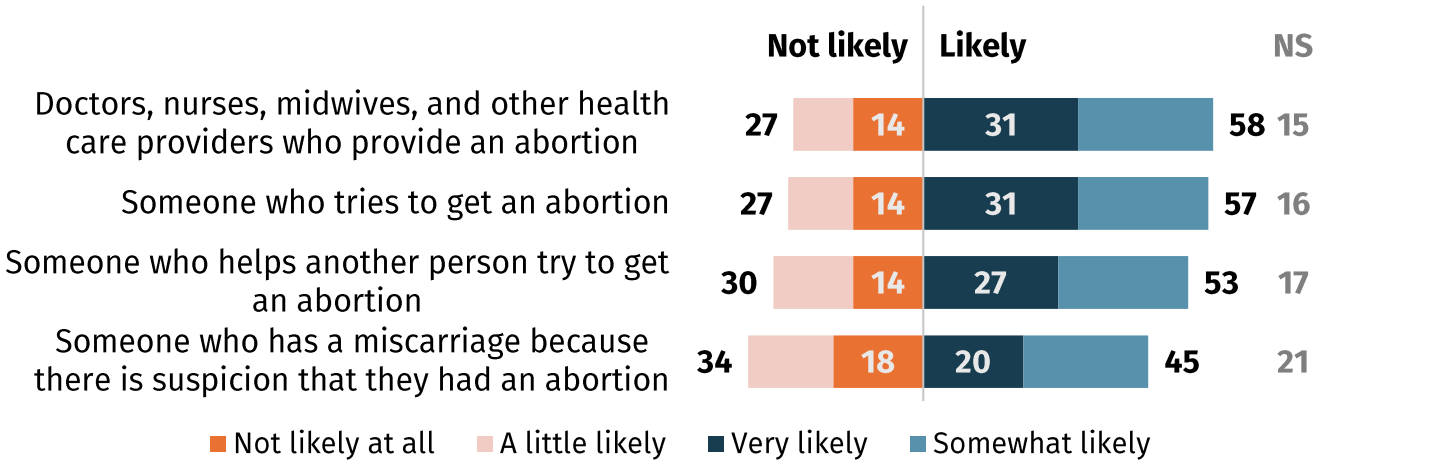
One in ten (10%) AANHPI women+ say language has been a barrier to getting reproductive health care for themselves, a family member, or someone they know (86% say language has not been a barrier). AANHPI women+ under 30 (21%), Buddhist women (20%), and LGBTQ women+ (20%) are the most likely to say language has been a barrier to getting reproductive health care for themselves, family, or someone they know.

**AANHPI women+ find it credible that some states will punish those who seek or provide abortion.**

**AANHPI women+ believe health care providers could be punished or criminalized for providing abortion related services, and providing additional information about criminalization trends increases believability.**

After reading a prompt about state laws that penalize people for seeking abortion care, providers who offer it, and people who help someone obtain it, AANHPI women+ were asked how likely they thought punishment would be. They were most likely to say providers and people seeking an abortion could be punished, and least likely to say someone who had a miscarriage could be punished. As shown in table R.5, fewer than one third initially considered punishment of any of these groups very likely: 31% for health care providers, 31% for someone who tries to get an abortion, 27% for someone who helps another person, and 20% for someone who has a miscarriage.

**R.5. Belief that the state would punish each person for seeking, providing, or helping with an abortion (percent of AANHPI women+ who say punishment is likely)**



Women who believe abortion should be legal and generally available are more likely than anti-choice women to rate the overall likelihood as high that people would be punished for providing abortion, trying to get an abortion, or having a miscarriage that is suspected to be an abortion. Table R.6 shows the share of respondents in each abortion attitude group who say punishment is very or somewhat likely for each type of person.

**R.6. Belief that the state would punish each person, by abortion attitude (percent of AANHPI women+ who say punishment is very or somewhat likely)**

| % likely that state would punish                      | Generally available | Regulation necessary | Extreme Circumstances | All illegal |
|-------------------------------------------------------|---------------------|----------------------|-----------------------|-------------|
| Doctors, nurses, and midwives                         | 67                  | 55                   | 52                    | 60          |
| Someone who has a miscarriage with abortion suspected | 53                  | 41                   | 37                    | 47          |
| Someone who helps another person                      | 60                  | 53                   | 48                    | 58          |
| Someone who tries to get an abortion                  | 66                  | 55                   | 50                    | 58          |

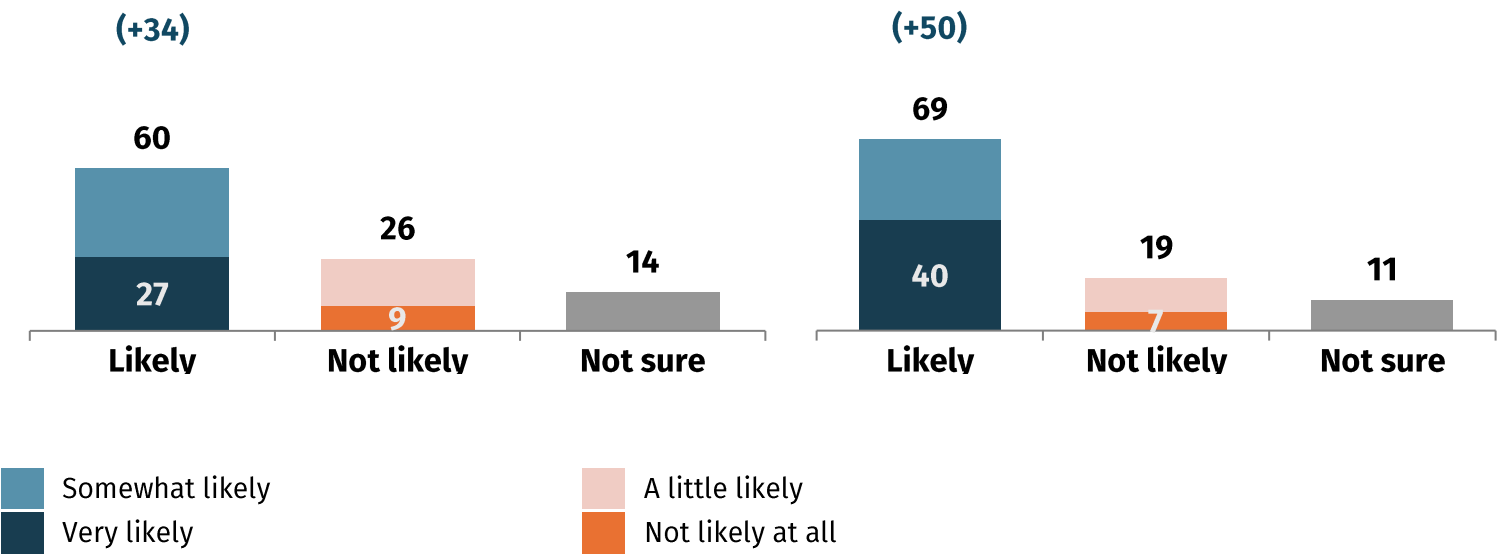
Respondents read the two message statements in R.7, one on prosecutions of pregnant people and one on state criminal penalties for providers. After hearing these specifics, AANHPI women+ find it more believable that health care providers could be punished if they provide an abortion (40% very likely, 69% likely) and pregnant people would be punished for reasons related to their pregnancy (27% very likely, 60% likely). Chart R.8 shows these responses.

R.7. Message statements on criminalization read by respondents

From the middle of 2022 to the end of 2024, prosecutors charged at least 412 pregnant people with crimes related to pregnancy, pregnancy loss, or birth.

Eleven states make it a crime for a doctor, nurse, or midwife to provide an abortion. These penalties range in severity from a few months to a lifetime in prison.

R.8. Belief that pregnant people (left) and health care providers (right) would be punished, after reading the message statements in R.7 (percent of AANHPI women+)



About half or more of AANHPI women+ across demographic subgroups believe it is likely that pregnant people could be punished for reasons related to their pregnancy (ranging from 49% to 69% who believe this is likely across ethnicity, age, party identification, educational attainment, parental status, urbanicity, country of birth, and household income). Korean women (36%), Democrats (35%), and those who believe that abortion should be legal and available (40%) are most likely to believe it is very likely pregnant people could be punished, but intensity is relatively low across demographic subgroups. AANHPI women+ who live in states where abortion is illegal are slightly more likely to say it is very likely that pregnant people could be punished (31%) compared to those who live in hostile states (25%) or accessible states (27%).

Subgroups of AANHPI women+ think it is likely that health care providers could be punished if they provide an abortion in the eleven states where it is a crime (ranging from 59% to 81% likely across ethnicity, age, party identification, educational attainment, parental status, urbanicity, country of birth, and household income). Korean women (51% say this is very likely) and those who believe that abortion should be legal and available (51%) are more likely to believe it is very likely that health care providers could be punished. AANHPI women+ who live in states where abortion is illegal (47%) or in hostile states (44%) are more likely to say it is very likely that providers could be punished compared to those who live in accessible states (39%).

## Messaging and Values

**Statements about bodily autonomy, keeping politicians out of personal decisions, access to care, health and wellbeing, freedom, and individual circumstances resonate with AANHPI women+.**

Reproductive health values statements draw strong agreement from AANHPI women+. As table R.9 shows, at least 80% agree with each of the six top statements, and 55% to 58% strongly agree.

***R.9. Agreement with reproductive health values statements (percent of AANHPI women+)***

| How much do you agree or disagree with the following statements?*                                                                                                                                       | % Strongly agree | % Agree |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|
| Each of us should have the power to control our own bodies and lives. Politicians should not make decisions that affect the control we have over our own bodies.                                        | 58               | 80      |
| Everyone should have access to the reproductive care they need in the place they call home without fear of punishment.                                                                                  | 57               | 84      |
| The health and wellbeing of a pregnant person should be the number one priority, ahead of a politician's personal religious views.                                                                      | 57               | 82      |
| People should have the freedom to decide whether or not to have a child, and to parent their child in safe and healthy environments.                                                                    | 56               | 81      |
| Every pregnancy is different. We can't know someone else's situation or the factors that go into their decision about their pregnancy, but we do know that these decisions must be left to each person. | 56               | 82      |
| Decisions about whether to continue or end a pregnancy must be left to each individual.                                                                                                                 | 55               | 81      |

\* Statements were tested with split samples.

Statements AANHPI women+ agree with most vary by ethnicity. The appendix outlines the statements by ethnicity.

Table R.10 shows that three quarters (76%) of AANHPI women+ are convinced by a longer form reproductive justice message that combines many of the best testing values of personal decision-making, freedom, access, and power and control, but with a call to action at the end. Over a third (38%) are very convinced by this message.

**R.10. Share who find the long-form reproductive justice message convincing (percent of AANHPI women+)**

| Now, here is a statement people have made. How convincing is this statement - VERY convincing, SOMEWHAT convincing, NOT TOO convincing, or NOT AT ALL convincing?                                                                                                                                                                                                                                                                                                     | % Very convincing | % Convincing |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|
| All of us have the human right to decide if and when to have children and to parent those children in safe and sustainable communities. But in nearly half the states in the country, certain politicians have taken away people’s freedom to access abortion. If we believe people should have the power to make decisions about their bodies and futures, we must stand against these attacks on women. We must act together for the future of our entire families. | 38                | 76           |

**Conclusion**

The survey finds broad support for personal decision-making and access to reproductive health care across AANHPI communities, alongside differences in views about abortion’s legal status. Many AANHPI women+ have no provider they see for reproductive health needs, and uncertainty about abortion access is widespread. AANHPI women+ also consider punishment for abortion-related care and pregnancy-related conduct plausible, particularly after receiving more information about criminalization. Together, these findings point to the value of clear information about care and policies that protect access without fear of punishment.

## Appendix

### Demographics of AANHPI women+ surveyed

Table R.11 shows the demographic profile of the 1,200 respondents, weighted as described in the Methodology section. The sections that follow summarize attitudes among the six largest ethnic groups in the sample.

R.11. Demographic profile of AANHPI women+ surveyed (percent of respondents)

| Asian Ethnicity           |     | Race                                |     | Age                         |     |
|---------------------------|-----|-------------------------------------|-----|-----------------------------|-----|
| Chinese                   | 22% | Asian American                      | 97% | Under 30                    | 20% |
| Indian                    | 22% | Native Hawaiian or Pacific Islander | 4%  | 30-39                       | 21% |
| Filipino                  | 16% | Latino/a                            | 2%  | 40-49                       | 19% |
| Vietnamese                | 10% | Black                               | 2%  | 50-64                       | 23% |
| Korean                    | 8%  | Native American                     | 1%  | 65+                         | 17% |
| Japanese                  | 7%  | White                               | 5%  | Region                      |     |
| Pakistani                 | 3%  | Middle Eastern or North African     | 0%  | Northeast                   | 20% |
| Cambodian                 | 2%  | Pacific Islander Ethnicity          |     | Midwest                     | 11% |
| Thai                      | 2%  | Native Hawaiian                     | 2%  | South                       | 23% |
| Indonesian                | 1%  | Samoan                              | 1%  | West                        | 45% |
| Bangladeshi               | 1%  | Chamorro                            | 0%  | Gender                      |     |
| Laotian                   | 1%  | Fijian                              | 0%  | Cisgender women             | 99% |
| Sri Lankan                | 1%  | Tongan                              | 0%  | Nonbinary adults            | 1%  |
| Hmong                     | 1%  | Marshallese                         | 0%  | Parents' Immigration Status |     |
| Malaysian                 | 0%  | Something else not listed           | 1%  | Born in another country     | 60% |
| Mongolian                 | 0%  | Immigration Status                  |     | Parents born in U.S.        | 38% |
| Nepalese                  | 0%  | Born in U.S.                        | 67% | Religious Identity          |     |
| Afghan                    | 0%  | Born in another country             | 33% | Christian                   | 35% |
| Bhutanese                 | 0%  | Age Immigrated to US                |     | Hindu                       | 14% |
| Something else not listed | 3%  |                                     |     |                             |     |
| Party Identification      |     | Under 10 years old                  | 22% | Buddhist                    | 11% |
| Democrat                  | 46% | 10-20 years old                     | 24% | Muslim                      | 7%  |
| Independent/DK            | 25% | 21-40 years old                     | 42% | Jewish                      | 1%  |
| Republican                | 26% | 41 years old and older              | 8%  | Sikh                        | 1%  |
| Urbanicity                |     | Education                           |     | Something else              | 5%  |
| Urban                     | 42% | High school or less                 | 16% | None                        | 23% |
| Suburban                  | 47% | Post high school/some college       | 29% | Religiosity                 |     |
| Rural                     | 11% | College graduate                    | 39% | Once a week or more         | 25% |
| Marital status            |     | Post graduate                       | 16% | Sometimes                   | 21% |
| Married                   | 52% | Parental Status                     |     | Only on holidays            | 8%  |
| Unmarried                 | 47% | Yes                                 | 33% | Almost never                | 39% |
| Annual Household Income   |     | No                                  | 66% | Sexual Orientation          |     |
| Under \$50k               | 32% | Multi-Generational Household        |     | Heterosexual/straight       | 88% |
| \$50k and above           | 66% | Yes                                 | 32% | Bisexual                    | 7%  |
|                           |     | No                                  | 66% | Lesbian                     | 2%  |

## Attitudes among Chinese Women

- Seven in ten (70%) Chinese women are pro-choice (24% anti-choice).
- Over a third of Chinese women are unsure how long it would take for them to travel to get reproductive health care (39%), and they are even more unsure how long it would take to get abortion care (63%).
- Chinese women believe that health care providers would be criminalized for providing abortions in the 11 states where abortion is a crime (41% very likely, 70% likely) and that pregnant people would be criminalized for reasons related to their pregnancy (27% very likely, 56% likely). They are much more likely to believe that health care providers would be criminalized compared to pregnant people.
- Chinese women resonate most with reproductive health statements about leaving the decision to each person and people having the freedom to decide whether to have a child.
  - Every pregnancy is different. We can't know someone else's situation or the factors that go into their decision about their pregnancy, but we do know that these decisions must be left to each person.<sup>4</sup> – 65% strongly agree
  - People should have the freedom to decide whether or not to have a child, and to parent their child in safe and healthy environments.\* – 64% strongly agree

## Attitudes among Filipino Women

- Filipino women split between aligning with pro-choice (44%) and anti-choice (45%) attitudes, with the bulk of those who are anti-choice believing abortion should be legal only in extreme cases (36%) and 9% believing all abortions should be illegal.
- Over a third of Filipino women are unsure how long it would take for them to travel to get reproductive health care (37%), and two-thirds are unsure about abortion care travel (68%).
- Filipino women believe that health care providers would be criminalized for providing abortions in the 11 states where abortion is a crime (38% very likely, 67% likely) and pregnant people would be criminalized for reasons related to their pregnancy (24% very likely, 55% likely). Overall (very or somewhat likely) and intense (very likely) belief that providers would be criminalized is higher than the belief that pregnant people would be criminalized.
- The reproductive health statements that Filipino women agree with most focus on prioritizing the health and wellbeing of a pregnant person, leaving the decision to each person, and everyone having access to the reproductive health care they need in the place they call home without fear of punishment.
  - The health and wellbeing of a pregnant person should be the number one priority, ahead of a politician's personal religious views.\* – 60% strongly agree
  - Every pregnancy is different. We can't know someone else's situation or the factors that go into their decision about their pregnancy, but we do know that these decisions must be left to each person.\* – 59% strongly agree
  - Each of us should have the power to control our own bodies and lives. Politicians should not make decisions that affect the control we have over our own bodies.\* – 58% strongly agree
  - Everyone should have access to the reproductive care they need in the place they call home without fear of punishment.\* – 56% strongly agree

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<sup>4</sup> \*Split sampled question

## Attitudes among Indian Women

- A majority (59%) of Indian women are pro-choice (26% anti-choice).
- Indian women split on whether they have a health care provider for reproductive health care needs (44% yes, 48% no).
- Indian women believe that health care providers would be criminalized for providing abortions in the 11 states where abortion is a crime (32% very likely, 70% likely) and pregnant people would be criminalized for reasons related to their pregnancy (23% very likely, 66% likely).
- The reproductive health statements that Indian women agree with most focus on the power to control our own bodies and lives and prioritizing the health and wellbeing of a pregnant person. Compared to women of other ethnicities, Indian women have the lowest intensity of agreement with the reproductive health-related statements.
  - Each of us should have the power to control our own bodies and lives. Politicians should not make decisions that affect the control we have over our own bodies.<sup>5</sup> – 49% strongly agree
  - The health and wellbeing of a pregnant person should be the number one priority, ahead of a politician's personal religious views.\* – 47% strongly agree
  - When someone decides to have an abortion, it should be safe, affordable, and free from punishment or shame.\* – 46% strongly agree
  - Our elected leaders need to protect everyone's fundamental right to control their own bodies, make their own personal decisions based on their individual circumstances, and decide for themselves when or whether to be a parent.\* – 46% strongly agree
  - No health care provider should face jail time for helping someone get an abortion.\* – 46% strongly agree

## Attitudes among Vietnamese Women

- Half (52%) of Vietnamese women are pro-choice (38% anti-choice).
- While two-thirds (68%) of Vietnamese women say it would take them less than an hour to travel to get reproductive health care, they split between expecting it would take less than an hour (35%) and being unsure (37%) how long they would have to travel to get abortion care.
- Vietnamese women are more likely to say that language has been a barrier to getting reproductive health care for themselves, a family member, or someone they know (16%).
- Vietnamese women believe that health care providers would be criminalized for providing abortions in the 11 states where abortion is a crime (40% very likely, 69% likely) and pregnant people would be criminalized for reasons related to their pregnancy (25% very likely, 58% likely). They are much more likely to believe that health care providers would be criminalized compared to pregnant people.
- The reproductive health statements that Vietnamese women agree with most are unique compared to their counterparts and focus on everyone having access to the reproductive health care they need in the place they call home without fear of punishment, how our elected leaders should protect our rights and freedoms, not take them away, and how no one should face jail time for having an abortion.
  - Everyone should have access to the reproductive care they need in the place they call home without fear of punishment.\* – 60% strongly agree
  - Our elected leaders should protect our rights and freedoms, not take them away, and that includes the right to an abortion.\* – 60% strongly agree
  - No one should face jail time for having an abortion.\* – 59% strongly agree

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<sup>5</sup> \*Split sampled question

## Attitudes among Korean Women

- Three quarters (76%) of Korean women are pro-choice (17% anti-choice).
- While two-thirds (66%) of Korean women say it would take them less than an hour to travel to get reproductive health care, they are not sure (55%) how long they would have to travel to get abortion care.
- Korean women believe that health care providers would be criminalized for providing abortions in the 11 states where abortion is a crime (51% very likely, 73% likely) and pregnant people would be criminalized for reasons related to their pregnancy (36% very likely, 68% likely). While they are much more likely to believe that health care providers would be criminalized compared to pregnant people, among key demographic subgroups they are most likely to believe it is very likely that pregnant women could be punished.
- Many reproductive health-related statements work well for Korean women; they focus on everyone having access to the reproductive health care they need in the place they call home without fear of punishment, prioritizing the health and wellbeing of a pregnant person, people having the freedom to decide whether or not to have a child, and how no one should face jail time for having an abortion.
  - Everyone should have access to the reproductive care they need in the place they call home without fear of punishment.<sup>6</sup> – 72% strongly agree
  - The health and wellbeing of a pregnant person should be the number one priority, ahead of a politician's personal religious views.\* – 72% strongly agree
  - People should have the freedom to decide whether or not to have a child, and to parent their child in safe and healthy environments\*. – 68% strongly agree
  - No one should face jail time for having an abortion.\* – 68% strongly agree

## Attitudes among Japanese Women

- Over two-thirds (69%) of Japanese women are pro-choice (21% anti-choice).
- Over half (55%) of Japanese women say they do not have a health care provider whom they see for reproductive health care needs.
- Over a third of Japanese women are unsure how long it would take for them to travel to get reproductive health care (37%), and they are even more unsure how long it would take to get abortion care (60%).
- Japanese women believe that health care providers would be criminalized for providing abortions in the 11 states where abortion is a crime (39% very likely, 65% likely) and pregnant people would be criminalized for reasons related to their pregnancy (27% very likely, 56% likely).
- Many reproductive health-related statements work well for Japanese women; they focus on how no one should face jail time for having an abortion, keeping abortion safe, affordable, and free of stigma or punishment, people having the freedom to decide whether or not to have a child, and how decisions about whether to continue or end a pregnancy must be left to each individual.
  - No one should face jail time for having an abortion.\* – 68% strongly agree
  - When someone decides to have an abortion, it should be safe, affordable, and free from punishment or shame.\* – 64% strongly agree
  - People should have the freedom to decide whether or not to have a child, and to parent their child in safe and healthy environments\*. – 64% strongly agree
  - Decisions about whether to continue or end a pregnancy must be left to each individual, based on the advice of their health care providers, their personal values, and what is best for them and their family.<sup>7</sup> – 63% strongly agree
  - Banning abortion takes away our human right to control our own lives with dignity.\* – 63% strongly agree

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<sup>6</sup> \*Split sampled question

<sup>7</sup> .Split sampled question