



EXPANDING REPRODUCTIVE HEALTH CARE FOR YOUNG API WOMEN

For young Asian and Pacific Islander (API) women, reproductive justice includes the ability to access a broad range of contraceptive options, including birth control and emergency contraception, and receive accurate information about their sexual health. However, barriers such as lack of health insurance, limited English language proficiency, cultural taboos, economic status, and geographical location make it difficult and often impossible for many young API women to exercise their right to make well-informed personal decisions about their reproductive health. Further, the lack of research documenting the unique and diverse reproductive health needs of API women, combined with stereotypical images of the API community as a “model minority,” misrepresent the true health status of Asian and Pacific Islander women.

WHY IS COMPREHENSIVE SEX EDUCATION IMPORTANT FOR API GIRLS?

- Because issues relating to sexuality, pregnancy, and birth control are not often discussed in API households, API girls must acquire this information from their peers, in their schools, or in their communities. Therefore, it is critically important that schools offer culturally appropriate comprehensive sexuality education that teaches students safe and effective ways to protect themselves from pregnancy and sexually trans-

mitted infections. Mandatory, unbiased, and medically accurate sex education will empower API students to make responsible and healthy decisions concerning their sexual and reproductive health.

- Although over two-thirds of API women are sexually active, less than 40% routinely protect themselves against unplanned pregnancy or sexually transmitted infections and diseases.

WHY ARE ABSTINENCE-ONLY PROGRAMS PROBLEMATIC?

- Abstinence-only programs restrict and often distort information about condoms and contraception that are critical to protecting the health of young people and preventing unplanned pregnancies, HIV/AIDS infections, and other sexually transmitted diseases. These programs also ignore the health needs of several populations including sexually active youth and LGBT youth by promoting false data and gender stereotypes.
- Numerous reports by independent agencies confirm that most federally-funded abstinence-only-until-marriage programs contained false, misleading, or distorted information about sex and reproductive health.
- A 2007 Mathematica study commissioned by the Department of Health and Human Services found that students in abstinence-only-until-marriage programs had a similar number

of sexual partners as their peers who were not in the programs, as well as a similar age of first sex.

- Recently, the Department of Health and Human Services created a website (www.4parents.gov) to encourage parent-child communication about sex and sexuality. The website, however, contains inaccurate information about abortion and the effectiveness of condoms, and fails to address how cultural beliefs and values affect the manner in which parents talk about sexuality with their children. Moreover, the site fails to address how particular reproductive and sexual health issues affect communities of color.

WHAT ARE THE STI/STD RATES FOR YOUNG API WOMEN?

- Although the transmission rate for sexually transmitted infections (STIs) and diseases (STDs) is decreasing for the overall population, Chlamydia and Gonorrhea rates for Asian and Pacific Islanders are increasing.
- API women have considerably higher STD rates than API men, and the incidence of STDs for API women under age 25 is on the rise.
- Studies reveal that API women and girls are the least likely of all racial or ethnic groups to discuss STDs with their physician. In one study, the young API women surveyed believed that protecting against



STDs was less important than preventing pregnancy.

- A 2006 report by the Centers for Disease Control and Prevention showed that API's were the only racial group with significant increases in annual HIV/AIDS diagnosis rates, with API women comprising the largest increase. Compared to other populations, APIs are less informed than other ethnic populations regarding high-risk behaviors and HIV transmission and consequently, are less likely to participate in mainstream HIV/AIDS education and screenings.

DO API GIRLS EXPERIENCE HIGH TEEN PREGNANCY RATES?

- Overall, the API population has relatively low teen pregnancy and birth rates. However, the rates of API teenage pregnancies are on the rise, particularly in states with a high percentage of API women like California.
- In addition, a more detailed study that disaggregated API teen sexual health data by ethnicity revealed that Laotian American girls have the highest teen birth rate of any racial or ethnic group in California. Furthermore, close to 60% of Laotian teens are married at the time they

give birth, indicating that promotion of abstinence-only-until marriage programs may not fully address the needs and concerns of many young API women.

- API teens are less likely to use contraception than their white counterparts. A study found that 61% of surveyed API women do not regularly use contraceptive methods during sex.

WHAT IS EMERGENCY CONTRACEPTION (EC)?

- Nearly half of all pregnancies are unintended and more than 50% of these unplanned pregnancies end in abortion. Studies estimate that approximately 1.5 million of the 3 million unintended pregnancies each year could be prevented if women had information and access to emergency contraception (EC).
- EC is a method of preventing pregnancy after unprotected sex, and is often referred to as "the morning after pill." EC pills contain the same hormones as those in regular contraceptive pills, but in higher doses. EC is time-sensitive, and can be effective if administered within 5 days after unprotected sex. EC will not affect a pregnancy that was established prior to unprotected sex.

WHAT BARRIERS DO YOUNG API WOMEN CONFRONT TO ACCESSING EC AND OTHER FORMS OF CONTRACEPTION?

- Studies indicate that few gynecologists and family physicians regularly discuss EC with their patients during routine patient counseling.
- Although studies have found that most API young women surveyed are aware of EC, over 60% of those same women were confused as to the purpose of the pills. Thus, lack of knowledge prevents many API young women and girls from accessing EC in a timely manner.
- In most states, EC is only available to women under 18 with a doctor's prescription. Approximately 24% of API women and girls under age 65 lack health insurance and do not have a regular source of health care, which can create a critical delay in obtaining the product.
- Moreover, in recent months, there has been a surge in the number of pharmacists who refuse to dispense EC or other contraception because of religious or moral objections, further delaying access to the time-sensitive pills. ♀

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RESOURCES

Adolescent Sexuality (Fourth Edition). The American College of Obstetricians and Gynecologists. (2006).
 American Public Health Association, *Increasing Access to Emergency Contraception* (2004).
 Asian Pacific Islander Subpopulations: A True Look at Teen Pregnancy. SIECUS Report. Tracy A. Weitz (2002)
 Asian Week. *Some Groups see Rise in Teen Pregnancy*. Tom Lee (2000).
 Center for Reproductive Health Research & Policy and Asians & Pacific Islanders for Reproductive Health, *Teen Pregnancy Among Asians and Pacific Islanders in California: Final Report* (2001).
 Centers for Disease Control and Prevention. *HIV/AIDS among Asians and Pacific Islanders*; April 2006.
 Lora Jo Fu, Asian American Women, 2nd edition (2007).
 National Asian Women's Health Organization, *Community Solutions* (2000).
 National Asian Women's Health Organization, *Expanding Options: Reproductive and Sexual Health Survey of Asian American Women* (Jan. 1997).
 Planned Parenthood of New York City. Reproductive and Sexual Health FAQ (2007).
 Sexuality Information & Education Council of the United States. *SIECUS State Profiles: a Portrait of Sexuality Education and Abstinence-only-until-Marriage Programs in the States*. 2003 edition. New York: SIECUS, 2004.