Reproductive health perspectives and experiences of Mexican-Origin women in Texas

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Background

- Mexican-origin women living in *colonias* (very low income, often unincorporated communities) in the Lower Rio Grande Valley of Texas have worse health outcomes than their non-border and white counterparts, and have comparatively lower incomes and fewer resources. The LRGV has a shortage of medical providers, an unemployment rate of 11 to 18%, and a per capita income less than a quarter the national figure. A key resource is the diverse network of *promotoras de salud* that serve the region.

- Little policy-relevant research exists describing LRGV Latinas' experiences with reproductive health and correlated services. Similarly, though there are several qualitative studies with mixed immigration status, low-income Latinas, none include women from the LRGV.

- In order to complement what is known from vital statistics and quantitative survey data about Latina health in the Lower Rio Grande Valley, and in order to inform potential policy efforts in advancing reproductive health services in this region, we conducted focus groups with Mexican-origin women living in the Texas Lower Rio Grande Valley regarding their knowledge of, experiences with, and perceptions about family planning and abortion services. We partnered with Migrant Health Promotion, a community-based migrant worker advocacy organization to implement the study and recruit participants.

Study Questions

The purpose of this study is to understand the family planning and other reproductive health experiences and perspectives of Mexican-origin women living in *colonias* in the Lower Rio Grande Valley, TX. The main questions asked were:

- Where do you go for health care services?
- How are you able to get reproductive health services? What is that experience like?
- Thinking about your own health, do you think you have what you need to be healthy? Why or why not? What about for women's health issues in particular?

Women were probed to discuss specific reproductive health services, including prenatal care, contraception, abortion and pap smears. They were also asked to discussed the health issues that they were most interested in or concerned about.

Methods and Participants

We conducted 6 focus groups in Spanish in the fall of 2009 with a total of 60 participants. Each focus group lasted about an hour and had 8 -12 participants. Focus groups participants were recruited by a promotora de salud (community health worker) from Migrant Health Promotion and discussions were held in spaces that were inside women's communities, such as a woman's home or a church. All focus groups were conducted by the same facilitator, digitally recorded, transcribed and content analyzed

themes.

Mean age:
37.6 years
Age range:
19 – 75 years old
76.6% ≤ 44 years old

- 76.6% Married/ cohabiting
- 10% Separated
- 6.6% Widowed
- 5% Single

- 83.3% (50) completed 8th grade or less
- 96.7% (58) Mexican born
- 3.3% (2) U.S. born

Average # children=
2 for women ≤ 35 yrs
3.5 for women > 35 yrs

Average household size
= 4.7 persons

Research Findings

A System Approach Model of Interaction Among Factors that Determine Access and Utilization of Reproductive Health Services is needed

Factors that interact with each other to undermine access:

- Transportation
- Qualifying for services (Papeleo/Red Tape & Fertility Status)
- Availability of Appointment
- Clinic Wait Times

Resulting Consequences:

- Unintended Pregnancies
- Unattended illness and poor health
- Informal Solutions

Conclusions

Initial findings indicate that most Mexican-origin women living in the Lower Rio Grande Valley were knowledgeable and familiar with the reproductive health services available to them. However, women in all focus groups reported frequent gaps in family planning and other reproductive health services like pap smears. Analysis of these focus groups identified several factors that may facilitate or impede low-income immigrant Latinas' ability to utilize reproductive health services. Other studies have documented issues like lack of transportation and health insurance, low-income, and immigration status as barriers to using reproductive health services. However, this study offers a contextualized analysis of these "barriers" and considers how they interact with each other, creating a cumulative effect that further exacerbates their negative impact on LRGV Latina women's access to reproductive health services and even counteract efforts to overcome some of these obstacles.

Women did not experience these factors as independent or mutually exclusive "barriers". They experienced them as inter-dependent and compounded forces that in concert make negative health outcomes, like unintended pregnancy, much more likely. For example, despite not owning a car in a rural region, a woman may overcome lack of transportation by arranging rides to family planning or prenatal care appointments with friends. However, this solution isn't sustainable if she must return to the clinic multiple times simply to sort out whether or not she qualifies for reduced-cost services. We should address these factors as inter-related and re-evaluate the system of reproductive health services as well as specific public policies that affect or impede equal access, quality and delivery of services to all.

Recommendations

Though this study focused in one community, rural Mexico-origin immigrant women in the rural Lower Rio Grande Valley in Texas, the factors impacting whether immigrant women are able to utilize reproductive health services identified in this analysis should be examined in future qualitative and quantitative studies of immigrant women's reproductive health in other communities.

An analysis of inter-related factors can inform needs assessments and program planning approaches in settings that provide reproductive health services to immigrant women. It is critical to incorporate not just measures of income, transportation or other resources in surveys, but also to understand how they interact or have a cumulative effect. This can lead to more systems-oriented solutions to facilitating reproductive health care utilization.

Key public policies emerged as primary determinants of reproductive health care access. Most women did not qualify for any type of health insurance and could not afford to pay out of pocket for all their health care needs, despite expecting and being willing to pay modest fees. Specifically, eliminating the 5- year bar for immigrant access to public health insurance and eliminating Title X restrictions for women who are sterilized or in menopause would increase this group of women's ability to use family planning and other reproductive health services.

Finally, the Patient Protection and Affordable Care Act (2010) provides 11 billion dollars to community health centers (CHCs). Advocates and providers must carefully and fully participate in implementing this critical piece of the legislation in order to ensure that CHCs can serve immigrant communities, particularly immigrant and Latina women's reproductive health needs. This is especially critical since undocumented immigrants and new immigrants who are in-status have been excluded from other health care reform provisions.