Navigating Reproductive Health: Perspectives of First- and Second-Generation Filipinx-Americans in the Bay Area

Angela Calaguas[1], Kimberly Tseng[2] & Zahra Goliaei[2]

1- Touro University California, College of Osteopathic Medicine, 2-University of San Francisco, School of Nursing and Health Professions

Introduction

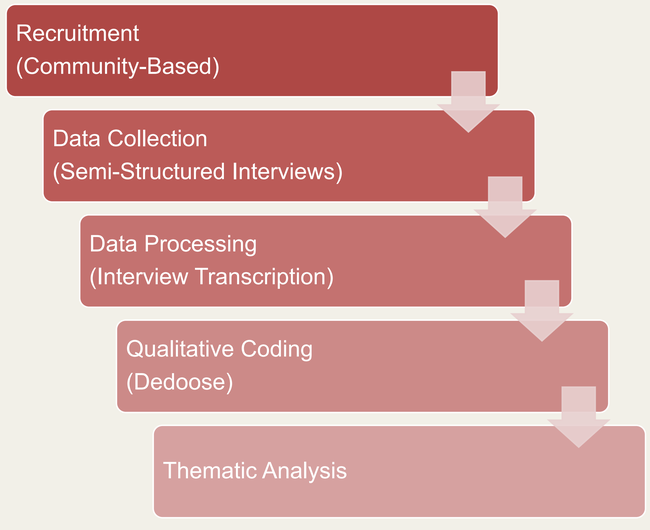
- Abortion remains highly stigmatized and criminalized in the Philippines, leading to unsafe abortion procedures and preventable maternal deaths.[1]
- Governmental norms and standards, alongside conservative religious beliefs, strongly influence how adolescents access contraceptive and abortion care in the Philippines.[2]
- One study found that Filipinx-American women in Los Angeles **internalize cultural stigma** surrounding sex and family planning services.[3]
- Despite being one of the largest subpopulations in the United States today, Filipinx-Americans remain **highly underrepresented** in reproductive health research, especially surrounding abortion care and access.[4]
- Limited research has examined how religious, cultural, and social factors influence how Filipinx-Americans make reproductive health decisions, regarding abortion and family planning.

Objectives

- Examine the experiences, perspectives, access, and utilization of family planning and abortion by the Filipinx and Filipinx-American community in the Bay Area
- Understand cultural, religious, and generational factors that influence contraceptive and abortion utilization and decision-making for Filipinx and Filipinx-American women

Methods

- This study was approved by Touro University California IRB.
- Qualitative study, recruited participants through **convenience sampling**
- Performed **one-on-one, semi-structured** interviews with individuals who met the following criteria:
  - Women between the ages 18-55
  - Identify as Filipinx or Filipinx-American, either first-generation immigrants from the Philippines or second-generation individuals
  - Who currently reside in the Bay Area
  - Are able to speak English
- Analyzed using **grounded-theory informed thematic analysis**



Results

Demographics
Interviewed 13 Filipinx-American women, ages 21-37
31% first-generation, 69% second-generation

Familial & Generational Influences

- Family members' experiences shaped participants' perspectives of unintended pregnancy and family planning
- Family experiences with financial hardships influenced participants to consider financial readiness when it comes to family planning

"So I felt to protect myself because my mom had me–got pregnant with me at 19. She had me when she was in college with my father…and so I knew I didn't want to follow the same path. I didn't want to have an **unplanned pregnancy**."

"[My relatives] were one whole family in one bedroom…I didn't think that was fair, and my mom didn't think that was fair either, which is why she always told us to try to become **financially stable** first."

Religious Upbringing

- Religious identity and reproductive autonomy are **not** mutually exclusive.
- Participants may identify as religious themselves, acknowledging it's a major part of their culture, but resisted allowing institutional religious beliefs dictate their reproductive autonomy.
- **Religious expectations** could also be internalized, essentially implicitly influencing how they navigate reproductive decision-making

"I think a combination of the way I was brought up, like I was saying, every life is essentially a miracle. I feel like that probably has religious undertones to it, but every life is special and created for a reason, but I also very much strongly feel like everyone should have the **choice** to do whatever they want with their body."

"Catholic guilt really is what gets them when they are first getting into sex or abortion…**Catholic guilt** is like God is **always** watching."

Stigma & Judgment

- Participants described receiving stigma from other healthcare workers and family members.
- Participants often **concealed purpose of contraceptive use** to protect themselves from anticipated judgment from family members
- Family planning expectations extended beyond marriage for some participants, involving familial pressure to have kids

"Hey doctor, I'm going to be taking this pill, is it okay if I take the antibiotics?...And then the dermatologist asked me, *why are you taking that?...because you know, in my school, we don't do that.* ***We don't have sex outside of marriage.***"

"Well, when I first got on birth control, I told them it was for my acne, which is true…and then I just never stopped taking it. *laughs*…In seventh grade, I got a boyfriend…and they were yelling at me right before we went to a family party…**anything that would lead them to believe that I'm sexually active**, I just really want to **not** talk about it."

Silence & Privacy in Decision-Making

- **Anticipated judgment and stigma** can prevent patients from discussing abortion or contraceptive care with family members
- Participants tend to independently navigate reproductive health decisions due to anticipated stigma

"I did not feel comfortable telling or talking to [my mom] about it because then…she was **very against premarital sex** and all that…she was **not** a safe person to talk to about this."

"...that uncertainty of *oh okay, maybe I wasn't allowed to date until I graduate,* but I know that because of them being religious and their values. I would think they wouldn't like the idea of premarital sex and so I was like, *that's just not something I'm going to even try to talk about or touch on.*"

Conclusion

- **Reproductive decision-making** involved multiple factors, including religion, expected stigma, culture, socioeconomic status, and familial background.
- Given these factors, many participants were not comfortable sharing their reproductive decision-making with family members, often **making decisions independently**.
- Clinical providers can **individualize** their guidance on contraceptive and abortion care by addressing knowledge gaps, creating nonjudgmental environments, and considering cultural, religious, and familial influences on patients' decisions.
  - Ask what a patient's support systems are
  - Directly ask if the patient would like to talk about sexual activity and contraceptives
  - Don't assume religious upbringing and belief in reproductive autonomy are mutually exclusive of each other

References

1. Perez, J. R., Monteagudo, G. R., Nebrada, P. J., Arevalo, M. V., De la Paz, E. P., Ho, F. D., & Padilla, C. R. (2023). The spectre of unsafe abortions in the Philippines. The Lancet Regional Health - Western Pacific, 32, 100655. https://doi.org/10.1016/j.lanwpc.2022.100655
2. Melgar, J. L., Melgar, A. R., Festin, M. P., Hoopes, A. J., & Chandra-Mouli, V. (2018). Assessment of Country Policies Affecting Reproductive Health for Adolescents in the Philippines. Reproductive Health, 15(1), 1–13. https://doi.org/10.1186/s12978-018-0638-9
3. Heyrana, K., Nguyen, B., Santiano, C., & Chun, E. (2022). P015Acculturative processes in the generation and evolution of family planning stigma: Lessons from the Los Angeles Filipinx/A/O family planning study. *Contraception*, *116*, 77. https://doi.org/10.1016/j.contraception.2022.09.040
4. Heyrana, K. J., Kaneshiro, B., Soon, R., Nguyen, B. T., & Natavio, M. F. (2023). Data Equity for Asian American and Native Hawaiian and other Pacific Islander people in Reproductive Health Research. *Obstetrics & Gynecology*, *142*(4), 787–794. https://doi.org/10.1097/aog.0000000000005340