

Sexual and Reproductive Freedom for Asian American Women

Introduction

For women, sexual freedom is the right to be a sexual being, free from both the patriarchal constraints of uncontrolled pregnancy or the mandate to be heterosexual.¹ Control over sexuality and reproduction are inextricably interrelated.² Society's deep-seated antagonism toward women's sexual freedom has limited the discussion regarding women's reproductive health and rights to a narrow focus centered on control over women's procreative functions. But, to deny a woman control over reproduction and force her to remain pregnant against her will is, in essence, to force her into a form of slavery. She becomes the involuntary vessel for someone else's desire for procreation.

The choice of whether or not to have an abortion is fundamental to women attaining full status as persons. In *Roe v. Wade*, the Supreme Court provided the right to abortion and as well as a constitutional basis for women's liberation, gender equality, and the capacity to participate equally in society as full persons. However, in the United States powerful social forces attack this constitutional right; their objective goes beyond assuring that motherhood is the primary occupation of women. The core of the attack is antagonism to women's sexual freedom.

¹ Same-sex relationships also threaten the traditional hegemony of men in the sexual pecking order. The potential for women to have sexual pleasure and to construct relationships and communities without men changes the balance of sexual power in familial relations, precisely the arena most resistant to egalitarian intervention.

² In the early abortion cases, some advocates pressed this argument and emphasized the differential punishment women suffered as a consequence of sexual activity enjoyed at least as much by men. But antagonism by the courts toward sexual freedom is very deep. Thus, in *Roe v. Wade*, advocates relied primarily on and the Supreme Court chose the right of privacy as the constitutional basis to protect a woman's right to abortion, and not the 13th Amendment prohibition against servitude and slavery.

Women's sexual freedom, well-being, needs, and rights have only recently been recognized and incorporated into public debate. Women have been disadvantaged in making sexual choices, exercising their rights with partners, and negotiating safer practices in personal relationships.

Reproductive freedom and the notion of "choice" for Asian American women encompasses more than the decision of whether or not to have an abortion. It also includes a broader framework of racial, gender, and economic justice. Reproductive freedom includes the struggle for the very existence of Asian women in America, their right to establish families and communities, having and making reproductive "choices" freely, having control over the gender and number of children born, the right to culturally relevant sexuality education, and freedom from environmental exposures that affect women's overall and reproductive health.

Silence about Sex and Sexuality

How do Asian Americans view sexual freedom and other matters related to sexual health and well-being? Questions about attitudes on these topics have not been asked explicitly. However, there is evidence that suggests that, by and large, Asian Americans are "pro-choice." In a 1991 survey by the Asians and Pacific Islanders for Reproductive Health, 77% identified themselves as "pro-choice" and an overwhelming majority of the over 1,000 respondents were supportive of a woman's right to choose abortion under varying conditions. The survey did not inquire as to the basis for their pro-choice feelings and it remains unclear whether the beliefs expressed are based on a woman's right to sexual freedom or on other grounds. In certain Asian American communities, sex is as much a taboo topic, if not more so, as in the general American population. Asian American lesbians have explained that one of the reasons it is so difficult to come out to their parents is that sex is not a topic that is usually or openly discussed in their families, especially outside the family, i.e., publicly. In some Asian cultures, women are not seen as sexual beings; they have sex for the purposes of reproduction or as a marital obligation, not for pleasure. To be a lesbian is to choose to be a sexual person and some Asian American parents are shocked and have a difficult time accepting this. Sexism allows male children greater freedom to express their sexuality and independence than female children.

The dialogue around sexuality is very new. Perhaps the first time that people of color convened nationally to discuss sexuality in their communities was in February 2001 when the Ford Foundation invited experts and activists from around the country to engage in a dialogue. Given that these issues have only recently moved from behind closed doors, there are no specific studies on Asian American women's sexual rights and well-being. Hence, this report can only note the importance of this emerging issue for Asian American community and the need for resources to examine and investigate how sexuality is defined and the patterns of sexual behavior in different Asian American communities. This is critical for determining how views of sex and sexuality contribute to reproductive

health and social problems discussed in this and the following chapter on domestic violence.

Obstacles to Reproductive Freedom for Asian American Women

Government Policies to Control the Asian American Population

Ever since there have been Asians in the United States, the government has created laws and policies to control the size and existence of Asian American populations. When Asians first arrived on US shores, Asian male indentured servants were prohibited from having families. The Page Law of 1875 was the first federal anti-Asian Exclusion Act aimed specifically at barring Chinese women from joining Chinese men working in the US. Anti-miscegenation laws and the Chinese Exclusion Act further prevented family formation and reproduction among Asians in the US. Similar policies were also applied to Filipinos. (See Chapter Nine on Hawai'i.)

Today, anti-immigrant sentiments play out differently, but nonetheless aim to control the population of Asian and other immigrant communities of color. Groups such as the Carrying Capacity Network and the Federation of Americans for Immigration Reform, and segments of groups like Zero Population Growth and the Sierra Club, now use overpopulation and environmental reasons to argue for drastically reduced immigration quotas from countries that have been utilizing the "family reunification" application process. The 1986 Immigration Marriage Fraud Amendments (IMFA) (described more fully in Chapter Seven on domestic violence) made it more difficult for immigrant women to obtain lawful permanent residence status which is a prerequisite to citizenship. The IMFA is a legacy of the Page Law of 1875; its passage was in large part based on testimony in Congressional hearings about women from Asia allegedly entering into fraudulent marriages with US citizens in order to enter the US.

Lingering Traditions of Male Preference

First-generation Asian American women often experience reproductive oppression when their husbands and extended families put both overt and subtle pressure on them to bear a male child. It is widely known that unwanted girl babies are abandoned all over Asia every day and that women who bear only girl children are accorded less respect. In many cases, women are pressured into having more children than the family can economically support until a male heir is born.

¹ The 1996 welfare reform package also contained provisions affecting the reproductive rights of Asian American women. These lesser-known provisions of the welfare reform package are conservatives' efforts to control the fertility of poor women of color. For example, the "family caps" or "child exclusion" policy allows states to withhold cash benefits to discourage women from having more children while on assistance. In addition, by providing monetary incentives, states are encouraged to reduce out-of-wedlock births.

The devaluation of girls and adult women until they bear male children has led to the practice of aborting female fetuses in certain Asian countries. In China, because of its one-child policy, women use ultrasound or amniocentesis to determine the gender of the fetus in order to abort female fetuses. Similar attitudes and practices can be found among some Asians who migrate. In an example from Canada, South Asian women activists waged a huge and successful fight to shut down private prenatal testing clinics that were set up to assist South Asian families in determining the sex of the fetus in order to abort female fetuses. In the US, a study of prenatal testing done at the University of California, San Francisco, found that Asian and white women undergo prenatal diagnosis for chromosomal disorders at a significantly higher rate than Latinas and African Americans. Experts speculate that the low use of prenatal testing by Latinas may be due to Catholic religious beliefs. African American women may avoid such tests due to historical experiences with sterilization abuse, eugenics politics, and the infamous Tuskegee Institute study that allowed African American men affected with venereal diseases to go untreated. In contrast, Chinese women had high utilization rates for prenatal testing, including amniocentesis. Experts speculate that the practices resulting from China's one-child policy influence the acceptance and use of prenatal testing. The use of such reproductive technologies begs the following questions:

Should sex selection and abortion of female fetuses be a woman's choice?

Is sex selection a form of reproductive repression rather than freedom of choice when women internalize sexist and patriarchal beliefs about the lesser value of girls or pressures are put on them to abort their less valued female fetuses?

These issues are not addressed by mainstream reproductive rights activists and are only beginning to be addressed by Asian American women's groups.

Limited Choice of and Access to Reproductive and Sexual Health Care

► 1. Contraceptive Abuse

True reproductive "choice" means that Asian women are able to utilize family planning, fertility and abortion services in their languages, and have their needs met without fear of being denied access to or coerced into using one form of reproductive technology over another. There is anecdotal evidence that Asian women may be victims of contraceptive abuse. For example, it is widely known within the Asian community and Planned Parenthood clinics that Depo-Provera, a contraceptive injection given every three months, is the most popular contraception for Asian women. However, it is also a form of birth control that has many potential side effects. Each of these following questions about why the use of Depo-Provera is so widespread suggests an underlying injustice around the limited reproductive rights and choices low-income Asian women experience when they "choose" this form of birth control.

Is Depo-Provera popular because of the wide promotion and use of this form of family planning in Southeast Asian refugee camps and in those countries where it first appeared in the market?

Is there a greater need among Asian women for an invisible form of birth control to hide from one's spouse/extended family?; or

Is Depo-Provera's popularity because it is a convenient, low-maintenance method which requires less time and health education effort from overburdened health providers?

► 2. Abortion

Financially strapped nonprofit and public hospitals that provided abortion services are being merged into or bought by Catholic hospitals. Because of their religious doctrines, Catholic hospitals are eliminating access to abortions, to emergency contraception, and sterilization at their newly acquired hospitals.⁴ Sterilization is the most commonly used form of birth control for American women—28% of all women undergo contraceptive tubal ligation. This number leaps to 41% among poor women. Large numbers of low-income Asian American women without insurance who relied on the nonprofit or public hospitals are losing access to abortion and family planning services. There is also a growing strategy of anti-choice groups such as the Christian Coalition to recruit Asian community churches, especially those with immigrant or refugee memberships, to take on anti-gay and anti-choice political causes.

Language and cultural access is an issue for Asian American women. According to clinic providers, for the most part the Planned Parenthood clinics and other public family planning providers are aware of the need to provide language access for limited-English speaking women. However, such clinics are only equipped to handle early-term/first trimester abortions. Given the overall lack of providers that perform late-term abortions, it is usually the most isolated limited-English speaking women with the least access to family planning services or prenatal services who, in their third trimester, end up seeking but having even narrower opportunities to end unwanted pregnancies.

► 3. Medicaid Managed Care

The shift by Medicaid to managed care plans has interfered with the ability of low-income women to receive time sensitive services such as prenatal care, abortion, and contraception. Under managed care, services may be delayed when a primary

⁴ In June 2001, the National Conference of Catholic Bishops declared that sterilization (tubal ligation and vasectomy) is "intrinsically evil" and voted 207 to 7 to prohibit sterilization from being performed in any Catholic-run hospital. The new policy affects all of the nation's 1,140 Catholic health-care facilities, which treat 85 million patients annually. In California, Catholic hospitals are a major source of health care. Catholic Healthcare West is the single largest hospital operator in California, with over 12% of the state's general care hospitals.

care provider is required to give prior authorization for visits to obstetricians and gynecologists. Allowing women to choose obstetricians and gynecologists for primary care is one solution but these doctors often cannot treat a woman for other illnesses. Many states allow self-referrals to obstetric and gynecological services but place limitations on the number or types of visits. The emphasis on care coordination between providers may conflict with the confidentiality concerns of women who go to a family planning provider (FPP) instead of their regular doctors because they may not want other family members to know. Basic information such as the right to go to an out-of-plan provider or even which FPPs are part of the plan is not being distributed.

For low-income women, many reproductive care services are not covered by Medicaid managed care (MMC) plans even though the state has authorized these services as a covered benefit. FPPs have had difficulties obtaining reimbursement for most costly contraceptives such as Depo-Provera and Norplant and sterilization. In one state, the managed care plans routinely ignore claims for reimbursement for STD diagnosis and treatment. FPPs, including community-based providers in Asian American communities, are experiencing growing financial difficulties when they treat women enrolled in managed care but are at best partially reimbursed. In addition, multilingual translation services are not being fully reimbursed.

► 4. Domination of Western Medical Practices

Many traditional maternal health practices that empower Asian women throughout the birth process are being denied Asian American women because they conflict with predominant Western medical practices. For instance, Hmong women will search far and wide for doctors who do not “cut” during the birthing process and allow them to squat during birth. The custom of saving the placenta after a birth for burial in a special site is not honored in today’s hospitals; they consider the placenta a “biohazard.” The common practice of offering ice chips and ice water during labor is antithetical to widespread Asian beliefs about the harm from exposure to coldness. For women who believe in these practices, the lack of support by the medical establishment means their birth experience and reproductive freedom are compromised.

► 5. Sexual Health Care

Health must also include sexual well-being, that is, the right to a satisfying and safe sex life, with healthy and pleasurable sex for both men and women. There needs to be a construction of sexuality that portrays women as equal sexual partners responsible for their well-being and health, and provision of information and services that enhance women’s capacities to safely negotiate their sexual encounters. The taboo in many societies and people’s association of shame, guilt, and secrecy in discussing sex hinders the development of this more healthy view of sexuality. Taboos around sexuality also create barriers to improving reproductive health by hindering discussion about the extent of HIV/AIDS transmission and by extension, the development of prevention strategies.

Cultural Acceptance of Teen Pregnancy

According to a recent California Wellness Foundation study, teen pregnancy in some Asian American sub-populations is on the rise. The highest teen birth rates in California are among Laotian girls (8.7%). According to the Women's Association of Hmong and Lao in Minnesota, among Hmong girls between ages 15 to 19 in Twin Cities high schools, 50% have had children or become pregnant before they graduate. These pieces of data do not square with the August 2000 Centers for Disease Control (CDC) report that announced the lowest teen birth rates in 60 years for women ages 15 to 19: 4.96 percent for women of all ages and 2.28 percent for Asian women. The data was not disaggregated by ethnic group and as a result, the CDC report gives the public health community the impression that teen birth rates are very low among Asian girls. These misleading statistics have made it difficult to finance teen pregnancy prevention programs in the Southeast Asian communities where teen pregnancy rates are high.

Mainstream pregnancy prevention programs are based on the premise that teen pregnancy is a pathology. But counselors who work with girls in Southeast Asian communities with high teen birth rates find that it is not financial barriers, ignorance of birth control, lack of access to family planning services, or peer or boyfriend pressure to have sex that cause teen births. Rather, the high birth rates among certain Southeast Asian girls is the result of cultural traditions, such as among the Hmong and Mien, that encourage or pressure girls to marry at a young age and to have children in their teens. This is often seen as a rite of passage and a woman is not given respect and authority within her family and community until becoming a mother. For Cambodian teens, the primary reason for becoming a mother was to gain respect and authority within their families. However, some teenage girls are fighting against early marriages that often condemn them to a life of poverty and cut off their dreams to full personhood.⁵

For example, programs such as the San Francisco-based Asian Women's Shelter and Oakland-based Narika have assisted teenagers who have resisted forced arranged marriages by escaping from their families. Narika has an outreach program on forced arranged marriages, conducting workshops for teens as well as with community members and leaders to raise awareness about the impact of forced arranged marriages on teens. The Women's Association of Hmong and Lao (WAHL) also has a teen pregnancy prevention program, which is described in Chapter Eight, Hmong Women in the US.

⁵ Teenage mothers face awesome challenges and poor life prospects. Children of teenage mothers are more likely than children of later child-bearers to have health and cognitive disadvantages and to be neglected or abused. Census data from the 1995 special tabulation indicates that 33% of single female heads of households are living in poverty, compared to 11% of single male heads of household and 7% of married households. Particularly with the elimination of welfare as an entitlement for single mothers with children, funding for teen pregnancy prevention programs is needed more than ever.

Environmental Toxins' Impact on Healthy Birth Outcomes

Freedom to have healthy births also is linked to living and working in environments free of toxins. An emerging body of literature supports claims that past exposure to military bombs, Agent Orange (a powerful herbicide), and DDT (a long-banned pesticide in the US but used widely in Southeast Asia and in refugee camps during and after the Vietnam War) causes poor reproductive health outcomes among Southeast Asian women. Ironically, after escaping the war, because of their need to resettle in low-cost housing areas, many of these same women and their families now live in the shadows of the refineries and chemical manufacturing plants that once produced these toxins. Moreover, large numbers of Asian women work in high-tech manufacturing where they are more vulnerable than the general population to chemical and heavy metal exposures that lead to miscarriages or birth defects. (See Chapter Four: Other Low-Wage Workers.) There are disproportionate levels of pollutants in these communities and little research has been conducted regarding the effect of these toxins. In part because of a fear of entering into discussions that require acknowledging that a fetus be given legal standing, mainstream reproductive rights activists have shied away from taking on issues relating to unhealthy workplaces and the links to women's reproductive health.

An additional challenge in attaining environmental and reproductive justice for Asian women is the fact that scientific research is inconclusive as to causation, that is, whether the illnesses that Asian women are having today are a result of exposures that happened many years ago in their countries of origin. Their health status is also intertwined with the effects of the overall lack of health care and poverty in the US. In addition, most primary care providers are not trained in screening for environmental or occupational health diseases. Thus, many of the effects of these exposures are undetected and go untreated for many years and across generations.

The Organizations

Grass Roots Organizing

California-based *Asians and Pacific Islanders for Reproductive Health (APIRH)* believes that if women are to have true reproductive freedom, they must have the economic, social, and political power to make healthy decisions for themselves and their families at work, home and all other areas of their lives. Key strategies that APIRH employs include community organizing, leadership development, popular education, community building and participatory action research. Two campaigns waged by APIRH to protect the safety and reproductive health of API girls and women exemplify these strategies. For instance, in 1998, after an incident with a male teacher who sexually harassed several girls, Cambodian teenage girls in APIRH's Health, Opportunities, Problem-Solving & Empowerment (HOPE) project in Long Beach successfully waged a two-year research and action campaign that resulted in a citywide taskforce on school safety and stronger anti-

harassment policies that are now enforced throughout the Long Beach School District. In early 2001, APIRH played a leadership role in stopping toxic dioxin emissions from a medical waste incinerator located in Oakland between Interstate 880 and Alameda. In this campaign, HOPE members increased the visibility of reproductive health issues related to the toxic emissions and within the grassroots environmental justice movement. APIRH members also recently published the first Reproductive Freedom Tour Guide which identifies toxic sites in Oakland that pose concern to the reproductive health of low-income API young women. Currently, APIRH is working with other organizations to increase the base of API women and girls involved in the reproductive rights movement.

Coalition Work

The *Asian Pacific Environmental Network (APEN)* has also worked with environmental groups and environmental justice organizations to counter the policy, public relations, and editorial campaigns that were being waged by anti-immigration population control groups posing as environmentalists. Whenever these groups lobbied or paid their way into speaker slots at environmental law and student conferences, APEN along with other immigrant rights and friends in the environmental movement worked to provide a counter perspective. These strategies successfully helped to expose the anti-immigrant, racist agenda behind these organizations.

Recommendations for Action

- ▶ Ensure that the voices of the vast majority of Asian Americans who are pro-choice are heard in order to counter inroads being made by social conservatives and Asian churches. The communities' widespread support for a woman's right to choose is important to provide an alternative message to young Asian American girls that motherhood is not their only path to respect.
- ▶ Break down the taboos to discussing sex in Asian American communities so that a more healthy view of sexuality can develop. Begin dialogues regarding Asian American women's sexuality, rights, and needs. Examine how sexuality is defined and how patterns of sexual behavior hinder the ability of women to be equal sexual partners.
- ▶ End the abusive practices of sex selection and pressuring women to have more children than they want through work on transforming cultural norms. (For examples see descriptions in Chapter Seven: Domestic Violence and Chapter Eight: Hmong Women in the US.)
- ▶ Provide language services that allow women access to safe and legal abortions. Address issues in the Medicaid managed care system that delay or make it difficult for service providers to get reimbursed for using translators when providing care.
- ▶ Develop teen pregnancy prevention programs that address the specific community and cultural values Asian American girls encounter, i.e., by addressing the root causes that lead to teen births in low-income South Asian and Southeast Asian sub-populations.
- ▶ Integrate traditional Asian and Western sexual and reproductive health practices.
- ▶ Conduct research on the effects of toxins on the reproductive health of Asian American women.

References

- Asians and Pacific Islanders for Choice, 1992, *The Asian/Pacific Islander Reproductive Health Survey 1991-1992*
- Banzhaf, Marian, "Welfare Reform and Reproductive Rights: Talking about Connections" presented to the National Network of Abortion Funds, June 11, 1999
- Barron, Sandy, "Sick and dying in Cambodia: Postwar public health system sinks into decay, pestilence," *San Francisco Chronicle*, Oct. 19, 1998
- Copelon, Rhonda, *From Privacy to Autonomy: The Conditions for Sexual and Reproductive Freedom*, printed in *From Abortion to Reproduction Freedom, Transforming a Movement* (Marlene Gerber Fried, ed., Boston, MA, South End Press 1990)
- The Ford Foundation, *Sexuality and Reproductive Health: Strategies for Programming*, January 2001
- Gay, Jill, Workshop Report for Ford Foundation's Roundtable on Sexuality Issues in Communities of Color, unpublished draft, March 14, 2001
- Gonen, Julianna S., Ph. D, *Managed Care and Unintended Pregnancy: Testing the Limits of Prevention, Insights*, Jacobs's Institute of Women's Health, July 1997 - No. 3
- Ikemoto, Lisa C., *Lessons from the Titanic: Start with the People in Steerage, Women and Children First*, in *Mother Troubles: Rethinking Contemporary Maternal Dilemmas* (Julia E. Hanigsberg & Sara Ruddick eds., Beacon Press 1999)
- Jaffe, Robert, Benjamin, Elizabeth and Hickley, Elizabeth, "Reshaping Reproductive Health, A State-by-State Examination of Family Planning Under Medicaid Managed Care," *The Institute for Reproductive Health Access, A Program of the NARAL/NY Foundation*, 2000
- Kuppermann M., Gates E., and Washington, A.E., *Racial/ethnic differences in prenatal diagnostic test use and outcomes: Preferences, socioeconomics or patient knowledge?* *Obstetrics and Gynecology* 1996; 87:675-682
- Lattin, Don, *Vatican pushes birth control edit despite court ruling*, *San Francisco Chronicle*, July 8, 2001
- National Academy Press and Veterans and Agent Orange: *Health Effects of Herbicides Used in Vietnam*, Institute of Medicine, National Academy of Sciences, National Academy Press, Washington DC 1994

Peffer, George Anthony, *If They Don't Bring Their Women Here: Chinese Female Immigration Before Exclusion*, University of Illinois Press 1999

Roberts, Dorothy, "Punishing Drug Addicts Who Have Babies: Women of Color, Equality, and the Right of Privacy," *Harvard Law Review*, Vol. 104: 1991

Ross, Loretta, "African-American Women and Abortion" in Rickie Solinger (ed.), *Abortion Wars: A Half Century of Struggle, 1950-2000*. (Berkeley: University of California Press 1998)

San Francisco Chronicle, "The Vietnamese Victims of Agent Orange," January 14, 1996

Veterans and Agent Orange, Update 1996, Committee to Review the Health Effects in Vietnam Veterans of Exposure to Herbicides, Institute of Medicine