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UNIVERSITY OF REDLANDS

The 21st century Underground Abortion Market:
Reproductive Options of Latinas

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According to the Guttmacher Institute 47,000 women die every year from complications of unsafe abortions in developing countries with highly restrictive abortion laws. The highest illegal abortion rates are in countries in Latin America and Africa. Surprisingly, even though the United States has undergone a progressive reproductive health movement making abortion safe and legal women are still performing abortions on themselves with folk medicine and FDA approved drugs like Cytotec. About 17-20% of women having abortions in the US are Latinas (NLRH, Latina Immigrants and Abortion).

In the Pregnancy and Power course I took in the fall of 2013 I wrote a paper exploring how a Latinas' sexuality is shaped by both their paternal and maternal views. My initial research question was how social factors affect the reproductive decisions young women make regarding their reproductive health. While I wrote my paper I only thought of "reproductive choice" as getting a "medical abortion" at a Planned Parenthood or another clinic by certified health professionals. I never thought about other methods of abortion or that continuing a pregnancy is also a reproductive choice.

Today I write about this topic because it serves as the foundation for my capstone. I am revisiting the topic of Latinas sexuality and how the conservative attitudes Latinos have about sexuality correlates with the negative stigma around abortion. There are issues of power and control in the gender roles of *Machismo* and *Marianismo* that influence the reproductive health decisions women make. *Machismo* in the Latino Community is aggressive masculine pride where men have sexist attitudes. *Marianismo* represents the female gender role in the Latino Community through the concept of the Virgin Mary that

represents the feminine virtue of purity. Furthermore, the contemporary attitudes immigrant parents have about sexuality affects the attitudes Latina youth have about their sexuality and abortion.

In this essay, I explore how the conservative attitudes Latinos have about abortion in both the US and Latin America affect women's reproductive choices. I also identify the challenges women are facing to accessing a safe and healthy abortion both in the US and Latin America. Finally, I investigate the different abortion methods women turn to when an abortion at a clinic is unattainable. One of my primary questions when I started this project was whether in a state like California where abortion is legal, an underground market exists for drugs or herbs that induce abortion. If there is an underground market, what does its existence suggest about young women's access to legal forms of abortion that occur in medical clinics?

In the Latino community, as in other cultures, there is more to the conversation of reproductive choice than the reproductive system alone. For instance, families' values and views of sexuality affect a woman's reproductive control. The historical context surrounding the roles of *Machismo* and *Marianismo* is also culturally important in many families and contributes to the reproductive challenges women in traditional roles of Latino families have endured. I will demonstrate how the roles of *Marianismo* and *Machismo* affect how women view their sexuality and how those attitudes influence their reproductive decisions.

Advocacy and the sharing of information concerning reproductive health usually occur when women find themselves with an unwanted pregnancy. Consequently, this is a result of Latinos having a conservative attitude towards sexuality. People need to

understand that unsafe abortions can be preventable. Furthermore, Latina immigrants and daughters of immigrant parents should know that safe abortions are attainable in health clinics without social discrimination and scrutiny. Above all, women have a right to self-determination and the capacity to make decisions over their own reproductive health.

The conservative attitudes Latinos have about sexuality correlates with the negative stigma around abortion. There are issues of power and control in the gender roles of *Machismo* and *Marianismo* that strongly influence the decisions women make in their reproductive health. The contemporary attitudes parents have towards sexuality within immigrant families and their daughters translate into the attitudes Latina youth have about their own sexuality and abortion. I will demonstrate how the roles of *Machismo* and *Marianismo* affect how women view their sexuality and how those attitudes influences their reproductive decisions.

Machismo

The father figure in Latino families represents patriarchal power that dictates how daughters view their sexuality as unspeakable until marriage. Gloria Gonzalez in “Fathering Latina Sexualities: Mexican Men and the Virginity of Their Daughters” presents the perspective of fathers educating their daughters about sexuality as an “interconnected process” since it involves a complexity of different factors such as gender, migration, sexuality and fatherhood. Gonzalez’s study consists of interviews with twenty Mexican immigrant fathers living in Los Angeles and their views of sexuality, particularly regarding the topic of virginity. Her argument is that Mexican working class fathers’ views of their daughter’s sex lives are shaped by their journey of migration to the U.S. The primary concern the fathers expressed was the cities or “immigrant barrios”

they had settled into were sexually dangerous for their daughters; there is a concept of fear Gonzalez talks about. “Fear is at the core of sex education that these fathers offer their daughters: fear of pregnancy out of wedlock and its negative consequences...safeguarding a daughter from these dangers becomes a priority”

(Gonzalez, *Fathering Latina Sexualities* 1120). Latino fathers’ use of ‘safeguarding’ is problematic because it discourages open conversations about sexuality that encourage safe sex. This is why women learn more about reproductive systems after marriage, pregnancy, and adulthood.

An interesting theme in Gonzalez’s study was the fathers’ emphasis on their daughters educating themselves first before having sexual relations and demanding respect for themselves. Gonzalez writes about phrases that the fathers used such as, “cuidarse” “taking care of herself” which referred to using proper contraception to avoid unplanned pregnancies. Furthermore, if young Latinas “no se cuidan” then usually “fracasan” meaning they, “morally fail” because they experience sex before marriage and become pregnant. The most fascinating *machista* phrase Gonzales found in her study is, “El hombre llega hasta donde la mujer quiere. The man goes as far as the woman wants it.” (Gonzales, *Fathering Latina Sexualities* 1126). Several fathers used this expression to instill negative expectations in their daughters if they engage in sexual activity before marriage. The attitudes fathers have towards their daughters’ sexuality are unrealistic.

If a daughter “morally fails” by getting pregnant out of wedlock then it’s solely the daughter’s responsibility because she let that happened to her. These *machista* perspectives affect how a daughter approaches abortion with feelings associated with

shame and guilt. The negative stigma around abortion begins in the Latino family and is reinforced by traditional roles.

Marianismo

The maternal approach on sex communication with daughters reflects more of a practical method where practices of reproductive health are addressed. Laura Romo in her article, “‘El Sexo No es Malo’: Maternal Values Accompanying Contraceptive Use Advice to Young Latina Adolescent Daughters” describes conversations about sexuality between Spanish speaking moms and their daughters. The study consists of fifty-nine Latina mothers, the majority being Mexican immigrants and their daughters. The participants were given a series of topics to openly discuss amongst each other, mother and daughter. The topics were mainly about dating, sexuality and sexually transmitted diseases, and the importance of contraception. In Romo’s study, the maternal conversation with their daughters was more practical because they actually discussed sex and contraception, unlike their interaction with the fathers. One of the mothers’ concerns was that their daughters needed to be prepared and ready if they decided to have sex in order to prevent pregnancy and STD transmission. They expressed the importance of practicing safe sex through contraception with the use of condoms. However, mothers, like fathers, primarily taught their daughters about sex education by emphasizing abstinence and delaying sex until they were much older. Although they both emphasized putting off sex, the parents approach and reasoning was different. Mothers showed more of an understanding attitude reflected in their conversations, discussing the possible consequences of engaging in sexual activity when a young woman is not ready. “Understand me. There is time for everything. Little by little one grows up, has little

boyfriends, and later on has sex, later”(Romo, *El Sexo No es Malo* 126). Fathers on the other hand expect their daughters to remain virgins and avoid the sex conversation altogether.

What is interesting about both Gonzalez’s and Romo’s article is how the factors of education and income of parents is reflected through their teachings of sex education to their daughters. “Results indicated that Latina mothers who had fewer years of education and lower family income talked longer to their daughters about the need to delay sex, avoid risky situations that would increase their chances of getting pregnant or acquiring an STD, and engage in self-protective practices”(Romo, *El Sexo No es Malo* 118). Even though both articles stress parents emphasis on delaying a daughters’ sexuality and empowering them through education among mothers, there is also often a shameful, guilty approach to the conversation when teen pregnancy becomes the topic. “There are girls who are not even done with school yet and are already carrying their babies. You wouldn’t like anything like that, right? Huh? Can you can imagine, supporting a child, all the sacrifice that is involved” (Romo, *El Sexo No es Malo* 121). Fear and the importance of being self-efficient through their education are understood between mother and daughter due to living in a patriarchal community.

In Lorena Garcia’s book, Respect Yourself, Protect Yourself: Latina Girls and Sexuality Identity, she discusses a different perspective on mother and daughter sex conversations in her chapter titled, “She’s Old School Like That. ”Garcia starts the chapter by disclosing how mothers’ initiated the conversation of sex after discovering their daughters were having sexual relationships. “Almost all mothers became aware of daughters’ sexual activities through covert searches of daughters’ bedrooms, backpacks,

school, notebooks, or diaries by listening in on phone calls or combing through text messages left on cell phones”(Garcia, *Latina Girls and Sexuality* 22). Garcia narrates different examples of how mothers found out about their daughters sex life and how that led to a negative approach to their daughter’s sexuality. For example, mom Emma discovered condoms in her sixteen-year-old daughter’s bedroom. That same morning, Emma left work and went to pick up her daughter Miriam from school. When Miriam asked what was wrong Emma kept quiet until they got home. Once Miriam saw the condoms on the kitchen table Emma exploded at her daughter. “¡¿Que no tienes vergüenza (Aren’t you ashamed)?! ¡Qué mensa eres, Miriam (You are so stupid, Miriam)! You think he loves you? Se está aprovechando de ti, ya verás (He’s taking advantage of you, you’ll see)!” (Garcia, *Latina Girls and Sexuality* 24). A mother’s reaction and approach to her daughter’s sex life, like Emma’s, reinforces patriarchal tradition by following the “culturally silent” rule of ignoring the sex conversation with their daughter until her behavior suggests sexual activity. A mother’s approach like Emma’s, angry and disillusioned, shows the difficulty mothers have seeing their daughters as sexual subjects. Thus, demonstrating how patriarchal control over women’s bodies continues to be perpetuated. “Because girls are viewed as property that can be damaged, their sexual behaviors and activities are often not regarded as a choice they make for themselves”(Garcia, *Latina Girls and Sexuality* 24).

‘Ser Virgen es Ser Respetable’

The theme of respect and self-respect is associated with the importance of virginity; both a cultural and familial factor that defines the gender practices within Latino families. ‘Respeto’ in terms of sex means abstinence until marriage. This message

is taught to Latina adolescents at an early age in order to avoid risky behavior that can possibly bring shame to the family (like an unwanted pregnancy). Young Latinas are therefore expected to behave in a “decent and good” manner. In a larger social context this is how Latinas are treated as property rather than as young women. Respeto demonstrates how Latinas are perceived as irresponsible and cannot be trusted with sexual freedom and are incapable of making assertive reproductive decisions. Therefore, fathers teach their daughters the meaning of respeto as a form of abstinence, suggesting young Chicanas should refrain from sex in order to avoid shameful consequences. Mothers, however, define respect differently from fathers as demonstrated by Garcia: “Among the Latina mothers I interviewed respeto was redefined to include the expectation of “respetar a sí misma” (respecting one’s self), emphasizing the importance of the honor that young women bestow upon themselves, particularly by taking care of their sexual and reproductive health”(Garcia, *Latina Girls and Sexuality* 28). Some mothers emphasize the importance of a daughter “respecting oneself” as a euphemism to “darte tu lugar” which means don’t let a man take advantage of you. A girl conserving her virginity until marriage is taking care of her sexual and reproductive health. Some mothers’ concern is if their daughters do engage in sexual intercourse they will be left “panzona” (pregnant) and the father “no se hara responsable” (the father will not be responsible) and leaves the daughter pregnant and alone. Mothers fear their daughters will be used for sex and in the long run they can get hurt and face the consequences for the rest of their lives. While other mothers discover their daughters are having intercourse when they do become pregnant and it’s too late to talk about proper birth control.

Garcia explains how respect isn't the only characteristic that demonstrates distinct gender roles amongst Latinos. Latina mothers are also held accountable for teaching their daughters about sex. As mothers they are expected to teach their daughters that remaining a virgin until marriage is essential, but mothers as women, understand this is an unrealistic attitude. If a father learns his daughter is pregnant or no longer a virgin he will blame his wife for her daughter's actions, "Me va echar la culpa. He is going to say I let this happen!" Mothers try to hide their daughters' behavior from their husbands because they fear their husbands will be devastated if they find out their daughters are having intercourse before marriage. The women that shared these concerns with Garcia "insisted that it was primarily their responsibility to handle such parenting challenges because they were not employed outside the home"(Garcia, *Latina Girls and Sexuality* 38). The mothers explained despite the financial hardships they decided to stay at home in order to dedicate time towards their children while the husbands worked. This scenario demonstrates how the *machista* perspective controls the traditional role of women as housewives in Latino communities and they are responsible for bearing and raising children. Mothers know that if fathers learn about their daughters' behavior it can bring shame and be disrespectful to their father. Mothers instill guilt in their daughters by saying, "You better hope your dad does not find out, this will kill him." Both mothers and daughters live in fear that of men's judgment. Everything is justified, including lies as long as the father is protected from learning about her daughter's actions. The culturally constructed gender identities in the Latino community are divided. Mothers take on the responsibility of communicating with their daughters.

Attitudes about Sexuality amongst Latina Youth

After reading about how cultural values are shaped according to gender roles in Latino communities it was essential to research how Latinas responded to their parents' views on sexuality. In his article, "The Content and Process of Mother-Adolescent Communication about Sex in Latino Families" Guiliano Ramos explains how adolescents expressed fear and embarrassment about having discussions with their mothers about sex because the conversation revealed the daughters' association with "promiscuous" behavior. "If I was to talk about that subject to my mother, she would believe that I am doing something"(Ramos *Mother-Adolescent Communication about Sex* 176). Not only were feelings of fear a common feature among young girls but also feelings of shame. "Another adolescent indicated that she would feel ashamed to talk about sex with her mother, who always told her that premarital sex was a sin against God" (Ramos *Mother-Adolescent Communication about Sex* 176). This type of mentality can be attributed to the concept of "Marianismo" derived from the devotion to the Virgin Mary, which represents humility and caregiving in the motherhood role. Like Machismo exemplified by some fathers in the Latino community, mothers embody the concept of Marianismo. The gender dichotomy of Machismo and Marianismo is further elaborated in Patricia Zavella's "Sexuality and Risks: Gendered Discourses about Virginity and Disease Among Young Women of Mexican Origin." Due to this cultural sensitivity young Chicanas receive mixed messages, which counteracts the progress women have made gaining sexual and reproductive rights in the U.S. For example, Mari one of the girls interviewed in the study said, "I'm against abortion. I'm like, don't have an abortion. It's stupid. You shouldn't have opened your legs in the first place, you know. But they end up having kids in the first place"(Zavella *Sexuality and Risks* 234).

Responses like Mari's and that of other young adolescents demonstrate how the concept of Marianismo and Machismo affect how they perceive their sexuality. Latinas often believe that expressing their sexuality is only accepted in the context of marriage, otherwise it is considered a taboo.

In the Latino community the concepts of Marianismo and Machismo dictate how many young women view their sexuality. Furthermore these ideals also impact how Latinas approach their reproductive rights. Lee Wilkinson's article "Practitioners' Perspectives on Cultural Sensitivity in Latina/o Teen Pregnancy Prevention" describes how important it is to understand the cultural sensitivity within the Latino community in order to have effective pregnancy prevention programs. The study includes interviews with fifty-eight practitioners from teen pregnancy prevention programs in California. Under the section labeled "Competing Cultural Demands" the practitioners express how "pregnant and parenting teens often hear conflicting messages from traditional Latino culture on one hand and from contemporary U.S. culture on the other"(Wilkinson *Cultural Sensitivity in Latina Pregnancy Prevention* 381). Furthermore, they explain how there is an issue of gender roles and family hierarchy that dictates the "cultural sensitivity" of Latino families. "We often see the domineering father figure and the mother who is very submissive. The girls tend to let their boyfriends dominate. That's just something that we've got to accept and/or work with, but understand that it is generational, this is cultural" (Wilkinson *Cultural Sensitivity in Latina Pregnancy Prevention* 381). The practitioners' concerns demonstrates how culturally constructed gender identities affect the pregnancy prevention programs because how women perceive their own sexuality.

The concepts of Machismo and Marianismo have affected how Latinos perceive sexuality and reproduction outside of marriage as embarrassing and shameful thus leading women to make dangerous decisions about their reproductive health. The National Latina Institute for Reproductive Health discussed some of these attitudes in their article, “Self-Induced Abortions Common Among Hispanic Communities”. The article explains how many Hispanic women’s desperate search for an abortion leads them to choose dangerous methods. Methods like “taking the drug misoprostol; mixing malted beverages with aspirin, salt or nutmeg; throwing themselves down stairs; being punched in the stomach; drinking tea mixtures; and creating other homemade concoctions.” Planned Parenthood conducted different focus groups in order to determine why Hispanic women were self-inducing abortions despite the availability of safe health clinics in the US. What Planned Parenthood concluded from the study reflected the *Machismo* and *Marianismo* roles in the Latin community. “Birth control is generally the woman’s responsibility in many Hispanic cultures that value ‘machismo’”(Tornoe, *Self-Induced Abortions*). Furthermore, these women “seemed to see inducing the termination of pregnancy, or abortions, as part of the reality of their lives” (Tornoe, *Self-Induced Abortions*). Clearly these gender norms affect how Latinas approach situations like engaging in intercourse, birth control, and abortion.

Latinas’ Attitudes about Abortion

It’s important to recognize that how Latinas learn about “becoming a woman” is reinforced by the ideals of remaining a virgin until marriage. In 2008 the Massachusetts Department of Public Health funded a community based research project, “Latinas Rompiendo Barreras de Salud: Latinas Breaking Health Barriers” amongst

Latina immigrants from the Dominican Republic and Puerto Rico. The community project was sponsored by the organization Health Quarters Inc. that provides reproductive health care and educational services for low-income women, men and youth. The study itself held focus groups amongst Latinas in order to identify the challenges that exist in reproductive health care. One of the main objectives of the study was to discuss the sources from which Latinas learn about their reproductive health and about “becoming a woman.” Some of the women responded that they learned information from their mothers. One participant mentioned, “Since we are close to our moms we already know” (Latowsky, *Latinas Rompiendo Barreras de Salud* 6). The attitudes mothers have about their daughters’ sexuality in immigrant Latino families has a more practical and progressive outlook since the mothers are aware of the gender dichotomy and have experienced the double standard themselves.

If women don’t learn about reproductive health from their mothers, they turn to other sources like the Internet and books to find information. One participant mentioned, “I had to find information about sex on my own; the Latino community doesn’t talk about this” (Latowsky, *Latinas Rompiendo Barreras de Salud* 6). While other women said they learned about their reproductive health through men. “My husband told me about how my body works. I learned about sex the first day and throughout marriage”(Latowsky, *Latinas Rompiendo Barreras de Salud* 6). Women thus have less control over their reproductive health and the men are in control.

The principal reason why Latina immigrants and daughters of immigrant parents are aborting unwanted pregnancies is because they are learning about their reproductive health after a pregnancy occurs. Women need to be well informed about

their reproductive health system and understand what their reproductive decisions mean within the context of Latino community before an unwanted pregnancy occurs. In the study, “Latinas Rompiendo Barreras de Salud” there was a lot of discussion among women about being aware of the double standard that exists in the Latino community. The women talked about how it is considered the norm for men to have multiple partners yet women are socially discriminated against if they are discovered to have sex outside of marriage. With a lot of men refusing to practice safe sex, women search for forms of birth control and rely on traditional remedies to resolve reproductive health problems.

Lisa Velazquez in her article, “Latinas, Do You Know Your Sexual Responsibility?” discusses the double standard of sexuality within the Latino community and empowers Latinas to take control of their sex life. Lisa Velazquez is the CEO of Wonder Womyn and the creator of “Lisa Talks Love”. She is also a facilitator in Preventing Adolescent Pregnancy. In her article she sets the tone of a modern Latina, someone who is pursuing a higher education or career, helps her community, and celebrates her culture. She explains how even though the modern Latina is breaking the gender dichotomy, there is still some doubt when expressing and enjoying her sexuality. She divides her advice into four sections, “Prepare Yourself, Protect Yourself and Defend Yourself.” She describes how sexual responsibility, “the important details”, is often left to the men in the Latino community because women are not supposed to be knowledgeable about reproductive health much less engage in sexual intercourse. “Many of us were brought up to believe that it is improper for a woman to have knowledge about sex (i.e. use of condoms, experience, embracing pleasure). If we do, then we are viewed as behaving in a ‘slutacious’ manner (como una puta)” (Velazquez, *New Latina*).

Velazquez comment demonstrates how Latinas' path to sexual responsibility is often formed by traditional gender roles. Velazquez also addresses the issues of suspicions of infidelity and emasculation that male partners expressed when Latinas wanted to engage in safe intercourse by introducing a form of birth control, like using a condom. She advises Latinas to defend themselves against these judgmental excuses like, "How do you know how to do that? I don't need to wear that, I am your man, what you don't trust me?" (Velazquez, *New Latina*). I decided to include this article because it addressed the views of young Latinas and differed from the traditional conflicting views of Latino parents. Velazquez ends her article by reminding Latinas that the path to sexual responsibility begins by Latinas loving themselves first. She defines this appreciation of one self by Latinas taking the time to reflect and learn what choices will be best for their health and future. The parents' view on sexuality all depended on family values, honor, respect and the importance of remaining a virgin but they didn't mention Latinas loving themselves and having sexual values that will reflect sexual responsibility.

Practice of Folk Medicine for Reproductive Health

Folk medicine has become a lifeline for many Latin American women because of its historical acceptance for fertility regulation. It is important to emphasize that before there was government intervention in reproductive health care, women controlled their reproductive health through the practice of folk medicine. Linda Gordon's, *The Moral Property Of Women: A History Of Birth Control Politics In America* discusses how birth control was once regulated by and accepted within communities as a practice of folk medicine. She discusses how Western religions and gender roles in the US played an important role in the oppression of women's sexuality diminishing the reproductive

control women once had. She explains how these two factors framed and placed women's sexuality under the "Victorian" ideology, "maternity and domesticity as women's destiny and true desire, thus labeling those with different or additional aspirations as unwomanly"(Gordon, *The Moral property of Women* 9). These are similar to the views in Latino communities, which define what their role is in the family.

Before the existence of medical birth control such as Cytotec there were different techniques that allowed women to control their fertility. An "emmenagogue is a substance which brings on delayed menstruation whether or not fertilization has taken place, while an abortifacient destroys the fertilized ovum and/or causes the uterine lining in which the blastomere or embryo is implanted to be expelled" (Koblitz, *Sex and Herbs and Birth Control* 11). The different emmenagogic and abortifacient techniques are often confused since the two practices are indistinguishable in the earliest stages of a pregnancy (6 weeks). Furthermore, these different products in action have caused controversy in settings where abortion is restricted and criminalized. Language has also played a very important role in the women's reproductive history, in particular around the topic of abortion. For instance, the euphuism "regulating menses" has become a codeword women use when buying abortifacients at botánicas, hierberias and swapmeets.

It has been reported that many Latina women continue to access traditional medicine for reproductive health purposes (Latowsky, *Latinas Rompiendo Barreras de Salud* 4). It is important to acknowledge that these traditional and home remedies are not only being used for abortion but also for family planning. Health Quarters, the reproductive health organization that conducted interviews with Latinas in the city of Lawrence, Massachusetts, found in their study that several women responded positively

that they used traditional and home remedies. They reported using them because they had faith in those practices. The women also expressed issues of mistrust with Western medicine and of being afraid of visiting a clinic because of their illegal status in the United States. The women reported that they had confidence that the traditional remedies they used would work and they did not have knowledge of other products. Many immigrant Latinas would rather rely on products they are familiar with and are easier to attain.

The Health Quarters research group found that there are a variety of products used for different health purposes like abortion, promoting menstruation, and the promotion and prevention of pregnancy. Some of the remedies mentioned that promote a pregnancy were Señora Muller, Maguey, and Juana la Blanca (Latowsky, *Latinas Rompiendo Barreras de Salud* 8). All of these products contain plant-based elements and are therefore perceived as natural remedies. For example, the Señora Muller, native to the Dominican Republic, is made from herbal ingredients including chamomile flower, orange peel bitter, dogwood, and black haw bark. Women using Señora Muller are supposed to consume a tablespoonful before and after each meal and before going to bed. Another example of a natural product that promotes pregnancy is Maguey. Maguey is an agave plant native to Mexico and famously known for making pulque, an alcoholic drink. Pulque is made from the fermentation of the plants' sap. During the Mesoamerican period natives recognized the nutritional value in the milky concoction and allowed pregnant women to consume it. Normally, pulque was reserved only for priests and nobility. Maguey is also known as the main source of the Mexican liquor mescal. Women reported

that these remedies have been used over generations and have been successful in helping women become pregnant.

Women also reported using different remedies to prevent pregnancies such as post-coital douching with teas and herbal brews with vinegar. Another, practice mentioned was the use of condoms (Latowsky, *Latinas Rompiendo Barreras de Salud* 6). Due to the double standard in the Latino community however the practice of condoms isn't as common. The women talked about how difficult it is to get their partners to use the condom. They expressed their desire to use condom to prevent pregnancies and STD's however their partners refused and questioned their fidelity instead. "Men think that if a woman asks him to use a condom that she has been unfaithful" (Latowsky, *Latinas Rompiendo Barreras de Salud* 7). Surprisingly, only one out of the thirty-three women that participated in the focus groups reported successfully convincing her husband to use a condom for the last five years of marriage (Latowsky, *Latinas Rompiendo Barreras de Salud* 7).

An important aspect of the study, *Latinas Rompiendo Barreras de Salud*, were the women's responses to how they learned about abortion and what products they used to self-induce. When the women were asked how did they learn about abortion their response was that women in the Dominican Republic were consuming Cytotec pills in order to abort. One of the participants mentioned, "Cytotec is swallowed or put into the vagina and you lie down for 15 minutes. It is frequently used in Santo Domingo. I knew two girls that died after using it" (Latowsky, *Latinas Rompiendo Barreras de Salud* 7). Another participant explained that several women used Cytotec and it is imported from the Dominican Republic. Its frequent use is due to the fact that it is less expensive than

purchasing medical care and is administered by women in the privacy of their own home. No one has to know about their situation and there isn't any kind of intervention by doctors or nurses. Women also reported using medicinal plants to abort a pregnancy. For example women used Mala Madre, "Bad Mother," a plant used in the Dominican Republic known to "throw out the babies." However most of the conversation about abortion within the group was related to the use of Cytotec and women obtaining it from people traveling the Dominican Republic to the US (Latowsky, *Latinas Rompiendo Barreras de Salud* 8).

Cytotec, The Evolved Birth Control Method

Initially I was going to dedicate most of my research to herbal abortifacients but there is a new wave of self-medicated abortions making news. It is the consumption of misoprostol sold under its brand name, Cytotec. In an abortion clinic, a doctor usually prescribes misoprostol in conjunction with mifepristone for a patient to take orally in the first nine weeks of a pregnancy. The two medications are known as "Mifeprex"(mifepristone) commonly known as the abortion pill, which causes a "medical" or non-surgical abortion. "Misoprostol is a synthetic prostaglandin drug which was originally developed for use in treating gastric ulcers, but which has abortifacient and labor-inducing properties" (Hayden *Private Bleeding* 212). Recent findings show how women are taking misoprostol alone in order to terminate a pregnancy. Pharmacists in Mexico are selling Misoprostol, also known by its brand name, Cytotec over the counter to women who are looking for an abortion. "Like other prostaglandins, misoprostol is a synthetic, polyunsaturated fatty acid, which mimics the body's hormonal regulatory system, controlling muscular contractions, blood pressure, and body temperature.

Misoprostol causes contractions of the uterus, which can lead to the expulsion of uterine contents”(Hayden *Private Bleeding* 212). In a country like Mexico where abortion is illegal and culturally stigmatized, women are looking for a less invasive method of abortion that can be used at home. Thus, they are relying on Cytotec, the synthetic prostaglandin drug used to treat ulcers and utilizing the drug instead for early term abortions.

In my research I have found that pharmacists in Mexico are not providing enough information on how to consume Misoprostol, which is causing major health risks for women. Pharmacists fear their business will be closed or be raided if they are discovered advertising Cytotec as an abortion pill. Consequently, pharmacists provide little or no information on how to consume the drug. In a *New York Times* article, “Looking to Mexico for an Alternative to Abortion Clinics” one vendor said he wouldn’t sell misoprostol to a girl if she looked like she was in her early teens. He was afraid she would die by hemorrhaging.

In this section of my paper I will examine the controversy behind illegal provision of Cytotec and explore contemporary issues associated with the drug. For example, I will look at its effectiveness at ending a pregnancy and the risks to women who have no follow-up care after they’ve taken the drug. I will also investigate the issue behind women not being given proper instructions or knowledge about how to “safely” consume the pills. Finally, I will consider the implications of an illegal market on policies associated with abortion legality and access in both the US and Mexico. Does the high incidence of illegal provisions of Cytotec justify making abortion more accessible in both countries?

Through networks of family and friends, Cytotec's existence and its use has proliferated in countries where abortion is restricted as well as, more surprisingly, in countries like the United States where abortion is both legal and relatively accessible. Erica Hellerstein, a UC Berkley graduate student conducted her own investigation in the Alamo flea market south of Texas in her study "Misoprostol: A lifeline for Desperate women; the magic pill that made abortion possible in Latin America Comes to Texas." Hellerstein addresses how the pill in Mexico has reached the US border and become very popular among women living in the US. The author provides background information on how Misoprostol was first discovered to be an abortifacient by accident and subsequently used to end early pregnancy, a use unrelated to its original purpose as ulcer medication. According to *RH Reality Check* article, "How Women Took their Reproductive Rights Into their Own Hands," Leila Hessini addresses how the use of misoprostol began in the 1980's by women in Brazil who were in need of an abortion. Women understood that Cytotec was used to treat gastric ulcers but also saw that the drug included a warning that it might induce abortion. "Recognizing that this could serve their needs when faced with an unwanted pregnancy, women began to pass this knowledge through word of mouth, person-to-person" (Hessini, Reality Check). Physicians didn't know that Cytotec could be used as an abortifacient but until women started to self-medicate and began visiting the emergency room. Physicians started to recognize a pattern and discovered that many of these women had self-aborted. Women who were in a need of an abortion were the ones who taught and introduced the drug Cytotec to physicians.

Hellerstein explains how the restriction and stigmatization of abortion in Latin American countries particularly Mexico drove the proliferation of Cytotec

underground. Hellerstein emphasizes how the context in those countries is duplicated in the US particularly in the state of Texas, which has some of the most restrictive abortion laws. Currently, because of these laws abortion clinics are being closed down and women are turning to the underground market for abortions.

Hellerstein's investigation in the Alamo's black market highlights how women who attain Cytotec for abortions perceive the drug as the newest form of birth control. One of the women she interviewed said, "It's incredibly liberating having misoprostol in my bathroom cabinet. The idea of pregnancy scare is less scary in a very real way. I wouldn't need to even tell anyone except me, if I didn't want to." Her statement reveals that women often want to have a less invasive and personal experience when treating reproductive health problems, particularly unwanted pregnancy. The stigmatization of abortion can influence what abortion method women choose. Yet this woman also felt liberated, even empowered, because she had a method to ensure reproductive control in her own bathroom cabinet. It is still not sufficiently understood whether women who have reproductive control in their own hands associate the use of the drug with abortion or if they consider Cytotec has corrected a delayed menstrual cycle? Since abortion is stigmatized some women might prefer to use Cytotec and associate it with a delayed menses rather than abortion. Might women have the same attitude if they used herbs to terminate a pregnancy? What does it mean when women have this mindset... "I wouldn't need to even tell anyone except me, if I didn't want to." Does this reveal that abortion is still a stigmatized medical procedure? What will happen if more and more women gain access to misoprostol and start using it as a method of birth control? Will the stigma associated with termination of a pregnancy in early months be reduced? Will increased

use of Cytotec without medical supervision endanger women's health if they don't have access to information about using it effectively? Will the use of Cytotec become more common if legal methods of abortion become less available? These are all important questions that need more research.

Self-Induced Abortion amongst Latina Immigrants

In the United States despite the advancement in medical technology and the law that has made abortions safe and available (since the *Roe v. Wade* decision in 1973), women today are still choosing to self-induce because of cultural attitudes that prevent them from having safe and healthy abortions. These attitudes result in immigrant Latinas self-aborting; they are the largest group of women in the US who self-induce. Immigrant Latinas are then targeted and criminalized for self-aborting.

In "Private Bleeding: Self-Induced Abortion in the Twenty-First Century United States," Hayden addresses the question, "why some women choose to seek abortions outside of the legally protected, medical framework enshrined in *Roe vs. Wade*" (Hayden *Private Bleeding* 211). She argues that feminists and reproductive rights advocates have made health consequences the topic of conversation when discussing women self-inducing. Hayden insists that they should refocus on the main issue and concentrate on why women are self-medicating in the first place. Latina immigrants self-aborting is often viewed as the only option because of challenges that prevent access to safe and healthy abortion.

Hayden recounts the case of the 22-year-old undocumented agricultural worker, Gabriela Flores, who was prosecuted for "soliciting an illegal abortion" in South Carolina after she aborted her pregnancy using misoprostol. Gabriela Flores, four months

pregnant and already mother to three children, took five capsules of misoprostol, three orally and two vaginally, within six hours the abortion process was over when she delivered a lifeless fetus. Flores, like other immigrant women, came from a country where abortion is illegal. Many immigrant women aren't knowledgeable that they can obtain a legal, safe and healthy abortion at a clinic in the US. When women like Flores experience an unwanted pregnancy they do not call clinics like, Planned Parenthood or Family Planning Association. Instead, they turn to practices they already know like natural remedies or they call relatives back home asking for help. Flores knew she couldn't afford to have another child so she called a relative in Mexico who mailed her the Cytotec.

When Flores was taken into custody and prosecuted for her actions she asked for forgiveness in her testimony. She pleaded that self-inducing her abortion was the only alternative given the circumstances she lived in, "I alone could not maintain four children and nobody was going to help me...please understand me I did it because I could not maintain four babies... please forgive me" (Hayden *Private Bleeding* 210). Flores is representative of other immigrant women who are unaware of their reproductive rights and respond with shame because of the stigma on abortion.

Hayden argues that since the 1973 *Roe vs. Wade* decision not much has been written on the topic of self-induced abortions. It is treated as part of history rather than a contemporary issue. Self-induced abortions are "not simply the practice of ignorant women or the poor, self induced abortion can be viewed as relatively expected given the state of health care, immigration and changing reproductive and information technologies"(Hayden *Private Bleeding* 211). Hayden argues that given the

circumstances of immigrant Latinas there are challenges to accessing abortion. Gabriela Flores' reasoning behind self-aborting was that she already had children and could not afford to raise another. Several women who do abort do so because they are already mothers and understand the responsibilities of caring for and raising a child. These mothers know they cannot afford to care for another child.

The National Latina Institute for Reproductive Health reported that poverty and limited public funding creates a challenge for Latinas to accessing a legal abortion in some states (including California). Even though Medicaid coverage is available for abortion, Latinas are unaware of that help because they assume their illegal status will deny them coverage. "A recent report by the National Network of Abortion Funds showed that immigrant Latinas have been denied coverage for their abortion because Medicaid personnel wrongly assumed their immigration status disqualified them from coverage" (NLRIH *Latina Immigrants and Abortion* 1). Furthermore, the Guttmacher Institute reports that "Twenty-four states have laws essentially banning abortion coverage in plans that are offered through the Affordable Care Act's health insurance marketplaces, including nine states that insure coverage of abortion more broadly in all private insurance plans regulated by the state" (Boonstra *A Surge of State Abortions Restrictions* 12). The tactic to end abortion coverage is not necessarily ending abortion completely but in reality punishing women, in particular poor women who are seeking abortions. "One in four woman enrolled in Medicaid and subject to these restrictions who would have an abortion if coverage were available are forced to carry their pregnancy to term!" (Boonstra, *A Surge of State Abortions Restrictions* 12).

The Affordable Care Act has taken an important role in regulating insurance companies to cover birth control without copay. Research has demonstrated however that insurance companies have not been abiding the law. The Obama Administration made an announcement on May 11, 2015 that they will closely overlook insurers on contraceptive coverage and that “one out of 18 distinct birth control methods must be covered by all insurance plans” (Doctors Group Applauds Clarification on Birth Control Coverage). The board chair of Physicians for Reproductive Health, Dr. Nancy Stanwood, replied by saying “As physicians, we have seen multiple cases of women wrongfully being denied contraceptive coverage they have paid for and entitled to by law. Today’s announcement by the Administration says loud and clear that plans must cover the full range of contraceptive methods, and women’s health will be better for it” “Doctors Group Applauds Clarification on Birth Control Coverage.”

Other cases like Gabriela Flores’ have made headline news. In 2008, Amber Abreu, an eighteen-year-old Dominican immigrant self-induced with the help of Cytotec in the state of Massachusetts. Her gestation was around 24 weeks when she aborted. Abreu was charged with "procuring a miscarriage" a felony that can carry a penalty of seven years in prison. Previously, Abreu had an abortion at a clinic that was paid by her mom. The procedure cost two hundred dollars. Once Amber, found out she was pregnant again she did not want to ask her mother again for money to access a safe abortion in the clinic. As an immigrant from the Dominican Republic, Abreu knew a lot of women were self-inducing with Cytotec pills that costs around a dollar per pill. She asked a friend to bring her some pills. Abreu took three Cytotec pills over the course of two days and later went to the emergency room because of stomach pain. She delivered a 20-ounce

premature baby, who died four days later. Urine tests done on Abreu's baby showed traces of Cytotec. Not being fluent in English, she was nervous and gave questionable statements when the police became involved after a social worker reported her (Bader, "*A Miscarriage for Justice for Dominica Immigrant*").

Women are also being prosecuted for using natural remedies to self-induce. In 2011, twenty-year-old Yaribely Almonte was arrested in Washington Heights, Manhattan on suspicion that she had self-aborted. The superintendent of the building Almonte rented from was the person to find the dead fetus in the trashcan and reported Almonte to the authorities. Almonte had self-induced with the herbal tea, Yierba de Ruda that costs around three dollars. Yierba de Ruda is usually marketed at natural product stores as a tea that regulates menses. Almonte confirmed to the authorities that she had consumed the tea after seeing it advertised to induce a miscarriage. Aishia Glasford, a policy analyst for the National Latina Institute for Reproductive Health speaks on behalf of Abreu and Almonte's cases. "We need a culturally and linguistically competent way to address the issue and help jump start meaningful dialogue within immigrant communities" (Terzieff, "Defenders Mobilize to Assist Teen Who Aborted").

Eve Hernandez El-Fayed, director of a youth program at an educational center, speaks of Aribely's case, since she recalls being in her early twenties when a *Santera* recommended her a tea to induce an abortion. El-Fayed has also worked with several women who have terminated an unwanted pregnancy. "She's not going to see a doctor. In this culture the value placed on family is the highest that you could possibly think of, so she's going to be forced to make difficult decisions" (Terzieff, "Defenders Mobilize to Assist Teen Who Aborted"). El-Fayed also adds how women feel trapped

when making these difficult decisions because they don't have access to health insurance or Medicaid in order to go to a pharmacy and obtain the morning-after pill. The morning after-pill is now being offered over-the-counter and has no age restriction. According to Planned Parenthood's informational page, the emergency contraceptive pill can cost between thirty-five to sixty-five dollars. Also, it can be used to prevent pregnancy up to five days (120 hours) after unprotected sex.

The National Latina Institute for Reproductive Health argues that in order to break the cultural barriers for Latina immigrants, abortion rights advocates should familiarize themselves with the cultural and language differences in order to create positive messages that would enlighten Latina Immigrants about reproductive health. Many Latina immigrants have lived in countries where abortion laws are highly restrictive. They are also unfamiliar with the history of abortion in the US so they don't understand the meaning of Roe vs. Wade. The National Latina Institute for Reproductive Health is aware of these problems and has created the slogan, "Salud, Dignidad, y Justicia" to engage Latinas in the reproductive health movement. This slogan empowers women to take control of their reproductive health and help establish reproductive justice in their community.

Identifying the Challenges to Accessing an Abortion amongst Latina Youth

Women who are practicing self-medicated abortions are often young Latinas born in the United States to immigrant parents, or acculturated Latinas in the US. In their study, "Self-Induction of abortion among Women in the United States", Daniel Grossman and Kelsey Holt explore the different motivations as to why women choose to self-abort instead of visiting a clinic. Interviews were conducted with thirty women while they were

in waiting rooms of reproductive health clinics in the states of California, Massachusetts, New York and Texas. One participant from New York, age 21, expressed that her preference for self-induction was because it was not the same as a clinic abortion in the sense that self-induction could be compared to regulating “menses”. Furthermore, she compared the practice of using emergency contraception to self-induction describing it as ordinary and practical. “You can do it fairly quickly...and you just get your period, and you don’t even associate it with a possible pregnancy...There’s Plan B (emergency contraception). I used that just when a condom broke...that was essentially the same thing” (Grossman *Self-Induction of Abortion* 142).

Another common reason why women chose to self-induce was because certain barriers prevented them from accessing abortion clinics. Several women who were interviewed said that age and parental consent were two major factors that determined their decision to self-induce. Several women were unfamiliar with the existence of reproductive health clinics and their services and also thought they needed parental consent in order to have an abortion. A young teenager from Massachusetts explained how she was aware of the option to have a court order overrule the requirement of parental consent but that still prevented her from visiting a clinic. “I didn’t want my mom to know. I didn’t want to go to court ‘cause it was gonna be too long and probably he was gonna say no, so I just (said) you know, ‘skip all that, I’m gonna do it. Myself” (Grossman *Self-Induction of Abortion* 141).

Latinas buying Cytotec in California

While researching this topic I found considerable information published about self-induced abortion amongst immigrant Latinas and daughters of immigrant

Latino parents who reside on the East Coast and in the state of Texas. My curiosity led me to investigate if Latinas were purchasing Cytotec in California as well. My research questions were: if in a state like California where abortion is legal, does an underground market exist for drugs that induce abortion? If there is an underground market what does its existence suggest about young women's access to legal forms of abortion in medical clinics despite abortion's legality?

In California a prescription is required to buy Cytotec at the local pharmacy. *Women on Waves*, an organization that supplies Misoprostol to women who live in areas where abortion is restricted, suggest different strategies as to how to obtain Misoprostol without a prescription. On their website, WomenOnWaves.org they describe a scenario women could use in order to obtain those medicines at a pharmacy without a prescription. "One could, for example, say that your grandmother has rheumatoid arthritis so severely she cannot go to the pharmacy herself, and that you do not have money to pay for a doctor to get the prescriptions for the tablets"(www.womenonwaves.org). They also suggest if one pharmacy isn't willing to give the medication to try different pharmacies and also small pharmacies that do not belong to a chain and are most likely to give the medication without a prescription. They also advise to have a male friend or partner ask for the medication. They would less likely have problems obtaining the medication because they are men and aren't going to use the medicine to self-induce.

According to the *Medical Legal Handbook Abortion in California*, those who are allowed to provide a medical abortion are physicians and other clinicians who hold "a valid, unrevoked, and unsuspended license or certificate...that authorizes him or her to perform or assist in performing the functions necessary for a nonsurgical abortion"

(i.e. nurse practitioners, certified nurse-midwives, and physician assistants) are lawfully authorized to perform 'nonsurgical abortions' in California. The term nonsurgical abortion includes termination of pregnancy through the use of 'pharmacological agents'" (*Medical Legal Handbook Abortion in California* 9). Therefore, any woman who does self-induce using Cytotec herself is committing a crime.

In the Latino community "farmacias" include natural products stores, botanicas, bodegas, that provide a variety of products that claim to be natural and treat different health problems. Natural remedies to treat health problems are considered the norm in Latino culture. They also sell a variety of spiritual artifacts associated with healing and superstitious relics that belong to the world of Curanderismo. In these different stores people can expect to buy products imported from Latin America that may not be legal, like Cytotec. The selling of different herbs to treat health problems however is not illegal. In fact there is a company, *Doña Remedios* that manufactures and distributes different teas for different health purposes in Latino supermarkets in the US. *Doña Remedios* has teas advertised for menopause, premenstrual, stress, throat and stomachache but none for abortion.

It is a crime in the US to sell medication that requires a prescription without a pharmaceutical license. Several of these natural product stores or pharmacies break the law by importing medication from other countries illegally and selling it over the counter as if it were Tylenol or Advil. In order for a customer to be successful in stores like these one must know how to ask for a product in code. For example using the euphemism "I want something to bring down my period" so one can access Cytotec. It is also important for a customer not to reveal the true reason why she may want medication like

Cytotec. These are the rules I followed in my search for Cytotec at different shops in the San Bernardino and Los Angeles Counties.

The first natural products store I visited was in the city of Rialto. I initially went to buy some shampoo of Aloe Vera. As I browsed around the store I waited until the customers that were shopping in the store were gone so I could approach the counter. The woman charged me for my items and as she was doing so I asked her if she had any ulcer medications. Being a natural product store she handed me products that were “natural” meaning plant based. I asked her if she had anything stronger, like Cytotec. She paused and looked at me funny and said, “Oh, for what do you want to use it again?” I told her for an abortion. And she said that it would take some time for her to get it but she does supply it! She said the only reason she doesn't have it in stock is because it is expensive and costs around one-hundred and something dollars and for her to order it I must leave a deposit. She was really interested to know how I knew about Cytotec. I told her I am doing an investigation/project to see if Latinas in the US are choosing to self-medicate with Cytotec. (I kept my identity and the school anonymous.)

I told her what I knew about Cytotec and how women choose to self-medicate because it's much easier and they don't view it as an abortion but instead as regulating a delayed period. Interestingly, she agreed and said, “Yeah, it makes sense because with Cytotec you only need to take four pills, two orally and two vaginal overnight and in the morning you just start to bleed.” She didn't know however how far women in their pregnancies could consume Cytotec and still be successful. I told her it was until nine weeks in term.

She also told me that she didn't know the other uses of Cytotec other than being an ulcer medication until she went online to research it. She told me two years ago she worked at another hierberia in Pomona and a lot of young girls would come to buy Cytotec for "ulcers". She used the word chamaquitas meaning teen girls. She was curious to know why women were buying this medication. It was at that moment she started to some of her own research online. She said that as a vendor she wanted to know of Cytotec's alternative use. She now understands there are health risks involved, like hemorrhaging. Therefore, she cannot recommend customers Cytotec other than as an ulcer medication. For example, if a woman comes looking for help to have an abortion she cannot directly tell her about Cytotec and how it works as an abortion pill because she knows there can be health consequences after. She said, "la pastilla no es para todos" meaning women can have different reactions. Only she can sell Cytotec to the customer if the customer knows beforehand about the drug and its use for abortion. "Tiene su malo y lo bueno" meaning the pill has its pros and cons. It is up to the customer and their "voluntad" if they want to consume it.

It is possible the "natural products" store I visited has an illegal provider and that is why the storeowner said it would take time to acquire the pills. If these "pharmacies" do have the pills in stock I could detect from the packaging who is their supplier. For example, if it's packaging is in Spanish it is possible that the medication was imported from Latin America, likely from Mexico.

I also visited a Mexican pharmacy store in the city of Pomona. This store has a wide variety of medicines imported all over from Latin America. The first time I visited the shop it was busy with customers going in and out of the store. I also noticed there

were both male and female vendors assisting customers. I quickly tried to find the women's health section and saw they sold herbs and supplements that treat reproductive health problems. I also saw on the shelf the product Lydia Pinkham; a tonic used in the Dominican Republic and Caribbean for its abortion properties. After seeing the different products they offered, like Lydia Pinkham, it is possible they also sold Cytotec. It was just a matter of asking one of the vendors.

A woman vendor saw I was standing in front of the Women's Health section and approached me. She was very friendly and eager to help me, "En que le puedo ayudar? What can I help you with?" I then asked her "Ando buscando la medicina Cytotec, si la venden? I am looking to buy Cytotec, do you sell it?" Once she heard what I was asking for she stopped and didn't look as eager to help me anymore. She said, "No, esa no la vendemos. Pero, usted para que la usa o quiere?, No, we don't sell that. But, what do you use it for or are looking to use it for?" I told her I wanted to use it for ulcers. "Para las ulceras oiga." She responded, "Pero usted no las usa para las ulceras verda? But you don't necessarily use it for ulcers, right?" I knew at that moment from her demeanor that she knew what I wanted Cytotec for and she knew about the medicine's alternative uses. I told her no I wanted it for an abortion. At that moment I saw a male vendor approaching her, I do not know if it was her husband or relative but quickly she left me alone staring at the different items on the shelf.

My experience in this Mexican pharmacy was very frustrating. First of all, the female vendor knew what I was talking about when I asked her about Cytotec but she refused to help me. I don't know if I could associate her not wanting to help me with the double standard on sexuality since there were also male vendors working that afternoon.

As soon as she saw the other male vendor walking towards us she quickly retreated from me and no longer helped me. She could have offered me other products like the tonic that induced menstruation. When she was talking to me the store was no longer busy and there was only another customer being taken care of who was nowhere near hearing sight.

I visited the shop again and hoped to have better luck this time. My grandma came to visit my family for a few weeks and she was on medication for high blood pressure and arthritis. Her medication was running out and luckily I knew this store carried medicines from Mexico. This time when I shopped at the store there were no customers and there were only two female vendors working. That day I purchased two medications and an ointment all imported from Mexico. The woman helping me was the same woman who greeted me from the previous visit. When she was almost done handing me the products I asked if she sold Cytotec. She said yes. I asked her how much and she said twenty dollars per pill. She didn't ask me this time what I wanted to use it for and she didn't hesitate to respond. She was direct with her responses and nonchalant about the subject. I thanked her and left the store.

The second visit to the store was completely different from the first. I was happy to find out that the store did sell Cytotec, however, I do not know if the vendor told me she did because I had made a large purchase that day or because there were no male vendors around. It would be interesting to investigate if male and female vendors handle their customers differently when customers are looking for products to treat reproductive health problems. Does the double standard about sexuality in the Latino Community translate into customer service at these Mexican pharmacies and natural products stores?

A Comparative Analysis: Mexican and other Latin Women's Experiences

In Mexico abortion laws have reached new extremes resulting in the prosecution of women for having an abortion even when they spontaneously miscarry. The phenomenon of regulating the menstrual cycle in order to have an abortion has created problems for women who miscarry in countries where abortion is criminalized. Researcher Allyn Gaestel in her article, "Mexican Women Pay High Price for Country's Rigid Abortion Laws" explores one of the consequences of illegal abortion laws by telling the story of Adriana Manzanares, a woman from Guerrero, Mexico who was sentenced to 27 years for manslaughter after she miscarried. "Because spontaneous and induced abortions often look the same, with bleeding and the expulsion of the products from the uterus, determining the legality after the event can be complicated." Between the years of 2009 and 2011 679 women were criminally charged with abortion. Could this be why immigrant women in the U.S. avoid post-abortion care? Do they fear they might be criminalized since they are from countries where abortion is illegal?

In Latin America, abortion laws continue to be a health problem, forcing women to self-medicate when they have an unwanted pregnancy they wish want to terminate. The study, "Women's Perspectives on Medical Abortion in Mexico, Columbia, Ecuador and Peru" by researchers Maria Mercedes Lafaurie and Daniel Grossman explores how "the lack of knowledge of reproductive physiology, lack of partner and social support to use of contraception... incorrect method use and wishful thinking that pregnancy won't happen all contribute to an unwanted pregnancy" (Lafaurie *Medical Abortion* 77). When they can access the procedure illegally, there is evidence that they will choose medical abortion. Lafaurie and Grossman's study includes interviews with

forty-nine women who had a medical abortion in a clinic under health care professionals supervision in Mexico, Colombia, Ecuador and Peru. “Medical abortions are those which are induced by oral ingestion of pharmaco-logical agents with abortifacient properties. This includes RU-486, mifepristone, misoprostol and the array of other approved oral abortion methods used throughout the world” (Hayden, *Private Bleeding* 214).

Several of the women who had medical abortions in Lafaurie and Grossman’s study expressed their view about abortion as being “necessary for women” thus demonstrating that they understood the need for an abortion within the context of their lives. One of the participants, Soledad age 30, a psychologist from Colombia, like several others, expressed feelings of guilt after having the abortion. “I didn’t feel so guilty at the time (of the abortion). Now, I feel guilty, yes because I ended a life and that comes with other moral stuff. But if I think about it in terms of the person who was going to be the father of my child, I feel fine. It was best decision I could make” (Lafaurie *Medical Abortion* 78).

Participants from the study also expressed the reasons why they chose medical abortion. They said “it seemed easier, more natural, less invasive and offered more privacy” (Lafaurie, *Medical Abortion* 75). The women also described medical abortion as regulating their period in order to help them cope with their decision of having the abortion. “What I did was regulate my period. I’m not going to accept that I had an abortion because if I had been three or four months along, then I would have felt bad...But I don’t feel that way because I was barely a month pregnant. What I did was simply regulate my period, nothing more.” -Marisol, age 18, domestic servant and

student, Peru (Lafaurie, *Medical Abortion* 80). Other women expressed that the medication they took caused a miscarriage. Furthermore, women explained that using misoprostol for a medical abortion represented that they had control of the process. After all, the success of having a complete abortion with the drug depended on how well they followed instructions and consumed the pills.

The use of Cytotec in Latin America has widely spread through the network of women as the new ethno-medicine. According to Zamberlin, Romero and Ramos' research, "Latina American Women's Experiences with Medical Abortion in Settings where Abortion is Restricted" women who are using Cytotec are networking and advertising the use of Misoprostol for abortion. "Sometimes women who bought the whole package and have pills left after completing an abortion either offer them or sell them to other women in need of misoprostol as a way of female solidarity or cost recovery" (Zamberlin *Reproductive Health* 6).

D.I.Y. Abortions, What are Activists saying?

Even though abortion laws and the cultural stigmatization has drawn women to the black market to attain reproductive control, it has also prompted activism among women to make reproductive choices more available. Different organizations and feminist writers have drawn attention to the different reproductive health problems that exist amongst Latinas. This has led feminists to ask if Cytotec should be more available or does it pose too much of a danger if unregulated? Should women have the option to self-medicate? This has become the topic of conversation among activists.

The National Latina Institute for Reproductive health is the only national reproductive justice organization that serves 26 million Latinas in the United States. The

NLIRH “builds Latina power to guarantee the fundamental human right to reproductive health, dignity and justice”(www.latinainstitute.org). The organization’s main objectives are, abortion access and affordability, sexual and reproductive health equity and immigrant women’s health and rights. The consumption of herbal remedies and/or Cytotec as a “natural process” has raised concern and awareness amongst Latina activists that more needs to be done to promote safe abortions. Executive Director of the National Latina Institute for Reproductive Health, Jessica Gonzales-Rojas, explains that when women self-medicate it “could be a hit or miss” because women may be consuming Cytotec with misinformation on how to take the drug. She adds, “We do worry because we don’t know where women are getting the instructions from” (Lee, “*For Privacy’s Sake, Taking Risks to End Pregnancy*”). Furthermore, she explains how the stigmatization around abortion and its restriction carries across cultural settings: “We find that Latina immigrants, particularly those new to the country, don’t understand the abortion system in the US; they assume it’s illegal here” (Lee, “*For Privacy’s Sake, Taking Risks to End Pregnancy*”). Women are ultimately risking losing their lives when they are self-medicating when they aren’t knowledgeable of the medication they are taking.

Other feminist organizations however are endorsing Cytotec and providing information on how to access the ulcer medication and properly consume it. Rebecca Gomperts, a physician and abortionist, founded the organization *Women on Waves* in 1999. After attending to several women in South America who did not have legal access to terminate unwanted pregnancies safely, Rebecca Gomberts was inspired by her patients’ struggles. She started the organization, *Women on Waves*. Volunteer activists

along with a specialized abortion doctor, gynecologist, and nurse travel on ships to provide reproductive health services outside territorial waters in countries where abortion is illegal. Generally speaking, local laws do not apply on international waters, which is approximately twelve miles off the coast of a country. The organization is a traveling boat clinic that offers services, such as providing contraceptives, information on abortifacients like Cytotec, and safe abortions on international waters. *Women on Waves* emphasizes that women have the capacity to perform medical abortions on themselves and most importantly can be trusted with those tools and strategies. *Women on Waves* also mails the drug around the world to different women who live in countries with strict abortion laws. The women are provided with the drug and are the ones who administer it for themselves. Ultimately, the organization “aims to prevent unsafe abortions and empower women to exercise their human rights to physical and mental autonomy” (www.womenonwaves.org).

Feminist writer Katha Pollitt imagines a hypothetical abortifacient drug in her article, “Abortion: No More Apologies” that would allow women to self-medicate and never know they were pregnant in the first place. “Something you could buy at the supermarket, or maybe several things you could mix together, items so safe and so ordinary they could never be banned, that you could prepare in your own home, that would flush your uterus and leave it pink and shiny without ever needing to know if you were pregnant or about to be” (Pollitt *Abortion: No More Apologies*). Pollitt imagines this ideal drug because she believes women wouldn’t need to harbor any feelings of shame or anger if they had access and control over abortifacients. She believes that there should not be a stigma associated with abortion. Tiana Bakic Hayden shares a similar view in her

article, “Private Bleeding: Self-Induced Abortion in the Twenty-First Century United States.” She advocates for control for women over their bodies without being subjected to the authority of others. She argues that feminists approach the topic of self-reproductive practices without giving the impression of “deviance or ignorance” but “also insists on the right of women to engage in abortive practices within or outside of the context of the medical system” (Hayden, *Private Bleeding* 212).

In today’s society the historical role of herbalists and midwives to hold reproductive knowledge has expanded to the everyday woman who is networking with other women about how to solve reproductive health problems. Folk medicine has been conserved through generations both orally and through practice. Women who help each other and teach other women about remedies and resources should be acknowledged. An important book that highlights this perspective is Uni Taimat’s book, *Herbal Abortion: The Fruit of the Tree of Knowledge*. Taimat’s book highlights these connections among women. The book discusses twenty herbal abortive plants found in the United States presented in a reference guide for women who wish to practice herbal medicine. The plants are discussed in terms of preparation, level of toxicity, and use. The resource itself is an empowering guide for midwives or anyone who’s interested in learning about herbal medicine. Uni Taitam stresses the importance of teaching women to take control over their own reproductive health and that women should have access to abortifacients without the intervention of doctors.

Another resource similar to Taitam’s, is Catherine Marie Jeunet’s *Reclaiming Our Ancient Wisdom: Herbal Abortion Procedure and Practice for Midwives and Herbalists*. This book offers a guide to midwives and herbalists highlighting the importance of safety

behind herbal abortions. She emphasizes how even though these herbal remedies are organic that does not mean they should be consumed without caution. Just like the drug Cytotec, these plants have a level of toxicity that can compromise one's health. If women consume these herbs improperly, their health can suffer. Furthermore, she argues how important it is to preserve this knowledge because women's reproductive freedom continues to be threatened.

Misoprostol Saves Women's Lives

From studying different sides of the controversy of women self-medicating with Cytotec and doing my own personal investigation I have come to the conclusion that women should have access to the different reproductive choices available. Reproductive choice should be available to both women who want to self-medicate and women who want to have an abortion in a clinic. I believe women can be trusted and have the right to self-determination to administer Cytotec themselves. Furthermore, women should have equal access to reproductive healthcare and should not have to rely on an underground market for resources to treat reproductive health problems

After hearing the different stories from women self-aborting in the US, I understand why women would want to administer an abortion themselves using Cytotec. For example, if a woman visits Planned Parenthood and schedules an appointment for a medical abortion, she must go through a series of steps before she has the abortion. She must fill out a questionnaire that involves questions about her sex life, health insurance, read a series of handouts, and take time out of work or school to visit a clinic. At the clinic she must take a pregnancy test, have blood work done, an ultra sound, watch a video about medical abortion and the steps the procedure involves. Finally, after going through all the steps she is asked one last time if she is certain about continuing with the

procedure.

When a woman is waiting at a clinic for an abortion there is a possibility she will have feelings of anxiety and uncertainty that may lead her to keep an unwanted pregnancy. For example, if a woman is certain she wants an abortion but is asked repeatedly if she wants to go through with the procedure by the physician, it sends mixed messages. Hypothetically speaking, a woman who is seeking an abortion and experiences this may start to question herself. “Why is the physician asking me this so many times? I clearly want an abortion, this is why I am here, isn’t it?” The patient may start to think that her choice is wrong and she shouldn’t go through with it. Her self-determination and trust are being questioned. Furthermore, what if the patient is a teen who is unaware of her reproductive rights or politics with medical abortion and who is also the same woman whose reproductive choice is being questioned. She is then later shown the ultrasound and starts associating feelings of shame and guilt with the choice she is about to make. Then what?

I was lucky enough to have a close friend of mine in college who went through that exact experience at Planned Parenthood. She was Latina and 19 years-old-the time of her abortion. She described feeling intimidated and humiliated when the physician at Planned Parenthood questioned what she wanted to do. She already felt bad enough because she knew that if her parents found out she was pregnant, let alone no longer a virgin, they would be disappointed. She recalled telling her mom about her abortion. Her mom’s response was that she was very disillusioned about her daughter’s future and didn’t expect this from her, someone who has been studious all her life and hasn’t been in any trouble before. She also remembered her mom telling her to ask God for forgiveness and not to tell her dad about anything, the news could potentially kill him. Her mom’s

response demonstrates the double standard in the Latino Community and how Catholicism in older generations is still upholding the Catholic faith's standards for a woman's sexuality.

My friend also told me that when she visited Planned Parenthood the first time she was certain of getting an abortion. After going through the physician's questioning, however, and then being shown the ultrasound she decided not to go through with the abortion. She had to reschedule another visit because she ended up regretting not going through with the abortion in the first place knowing that was what she wanted.

After learning about Cytotec, I shared the information with my friend since she had gone through an abortion at a clinic. I asked her now that if she knew about Cytotec would she have self-induced in order to avoid the multiple visits at Planned Parenthood. Would she have felt as guilty using Cytotec for her abortion? If she took Cytotec would she have seen her abortion as regulating menses where Planned Parenthood made her abortion experience much more real?

After talking to my friend I thought about other groups of women and how their experiences would be visiting an abortion clinic. It is then that I understood how women who are not English speakers, who are immigrants, who are poor, who don't have health insurance, may find visiting an abortion clinic intimidating and difficult. It is important to note that women who do visit clinics like Planned Parenthood should have positive experiences because they deserve to be treated well and they can encourage other women to visit the clinics.

When a woman self-induces she can administer Cytotec herself without having a physician's supervision. All she needs to do is take a pregnancy test before and after consuming the pills. When a woman self-aborts she can do it in the comfort of her own

home and avoid filling out different questionnaires or conforming to the clinic's protocol. Other people won't question her self-determination while she waits to proceed with the actual abortion. In the larger conversation about women self-inducing, some people are concerned with women misjudging their gestation so they might abort late in their pregnancy. Despite the fact that pregnancy tests like Clear Blue, an advanced digital pregnancy test that determines the week of gestation, are available, misjudging one's gestation is not the true reason women abort late in pregnancy.

The real reasons why women are self-aborting late-term pregnancies are due to states that have passed restrictions limiting medicated abortion. The Guttmacher Institute recently published an article "A Surge of State Abortion Restrictions Puts Providers -and the Women they serve- in the Crosshairs" explaining how legislation in the years of 2011 and 2013 TRAP laws, which target the regulation of abortion providers, affected the provision of medication abortion. The Guttmacher Institute explains how limiting physicians to be the only abortion providers can be harmful to women's health. "When physicians are the only health professionals permitted to provide medication abortion (rather than physician assistants and advanced practice nurse) a woman might have to wait a long time for an appointment and travel long distances to visit a clinic attended by a physician" (Boonstra, *A Surge of State Abortion Restrictions* 11). Women who seek an abortion want the procedure done as early as possible but TRAP laws threaten that early access. Furthermore, this delay in obtaining an abortion puts women's health at risk when they try to self-abort using other methods than Cytotec. Therefore, the means to perform a medical abortion should be available for women to administer themselves.

The question then becomes until what stage in a pregnancy is it okay for women to use Cytotec. There have been different cases where women have been arrested

and criminalized because they use Cytotec for an abortion after the first trimester of their pregnancy when the fetus has developed further. Women then abort a lifeless fetus and do not know how to dispose of its remains. Women are then charged with homicide associated with Fetal Personhood laws. Women are being turned in to the authorities by their own friends and family members because of the conservative communities they live in and the stigma around abortion. This was the case for Jennie Linn McCormack in Pocatello, Idaho when the authorities found out about the lifeless fetus she was hiding in trash bags through her friend's sister (Robinson, "Idaho Woman Arrested for Abortion in Uneasy Case for Both Sides"). In response to McCormack's case, Lynn Paltrow, president of the National Advocates for Pregnant Women, says her story has potential to start a dangerous trend of criminalizing women for self-inducing. "You pass laws first that say only physicians could perform abortions. Then, you pass laws that make it impossible for those physicians to provide abortions and then women take the steps they need to take as they do all around the world, as they did before Roe and you create a perfect setup for making literally millions of women subject to arrest for having illegal self-abortions" (Robinson, "Idaho Woman Arrested for Abortion in Uneasy Case for Both Sides").

In a most recent case, an Indian woman Purvi Patel was charged and found guilty of child neglect and fetal homicide in the state of Indiana and sentenced for twenty years in prison. Patel went to the emergency room after she started to bleed heavily in July of 2013. Later, Patel admitted to the authorities that she had been pregnant and gave birth to a dead fetus after taking some self-induction medication (Kaplan, "Indiana Woman Jailed for 'feticide'"). Patel's case is very interesting because she is the first

woman to be accused and sentenced to prison for both child neglect and fetal homicide laws.

Activists are asking what is the real agenda behind fetal homicide laws? If women like Patel, who is being criminalized and convicted for having an abortion, are arrested, will other women less likely seek medical help in case of abortions or miscarriages because of fear of being criminalized? David Orenlitcher, a medical ethics specialist and former Indiana state representative spoke on this issue, “Any time a pregnant woman does something that can harm a fetus, now she has to worry, ‘Am I going to be charged with attempted feticide?’” The fear of criminalization not only will affect women who are seeking abortions but all pregnant women. Orenlitcher further elaborates how this pattern will affect and harm fetuses. “If you discourage pregnant women from getting prenatal care, you’re not helping fetuses, you’re harming fetuses” (Kaplan, Indiana Woman Jailed for ‘feticide’”). Nonetheless, prosecutors and legislators are the culprits of harming fetuses when they restrict safe abortion access to women.

In Latin America women are also being criminalized for homicide even when they spontaneously miscarry. These women are taken into custody and are charged with self-inducing. Since the two processes of miscarriage and abortion are indistinguishable it is difficult to determine the cause. Women are therefore wrongfully accused and incarcerated. It is certainly possible that in Latin American women are being turned in to the authorities because of the suspicion of neighbors, family and friends like the case of Jennie Linn McCormack and Purvi Patel.

Discussion- Reproductive Freedom

Overall, I think it’s important to raise awareness about this current movement in women’s health because Latin American women and Latinas in the United

States live in a society where abortion is stigmatized and restricted. Women in both countries might take risks to obtain an abortion in order to exercise reproductive control. Making abortion illegal doesn't stop women from getting an abortion it only makes women turn to an underground market to attain that choice, whether that is relying on herbal abortifacient or self-medicated abortions like Cytotec.

Even though the social context in regards to reproductive health care options and resources in the United States and Latin America are different, women are still encountering social reproductive health problems and are facing similar consequences. After analyzing the different cases of women self-inducing in both the United States and Latin America I have come to the conclusion that the public concern is not about women self-medicating properly but women having total control over their reproductive health with accessible medication like Cytotec. The access of Misoprostol to women in developing countries where abortion is restricted and stigmatized has positively impacted women's health and saved their lives.

When I first started to read different articles and research women self-medicating I was alarmed by how women were medicating without proper instructions or a physician's supervision. I asked myself was it safe that women were performing their own abortions? Now that I have read widely and had time to consider different cases and learn how women are safely aborting with Cytotec, I have asked myself what is the real agenda of people labeling self-medication as dangerous when women's lives are in fact being saved? I have concluded that the campaign to make abortion illegal was the real agenda with restrictions on medical abortion and laws establishing fetal personhood.

Despite abortion being legal in the US, women feel forced to end an unwanted pregnancy by taking the matter into their own hands. Several factors like cultural stigma, limited access to clinics, language, lack of reproductive rights and knowledge contribute to women terminating an unwanted pregnancy through their own means. It is evident throughout the reproductive health movement that women of color and of poor women do not always have the support from the community or the government's to exercise their right to reproductive choices. As the Guttmacher Institute states, this is a "Public Health Crisis." I hope my project brings awareness to this overall dilemma that is occurring worldwide and helps different groups of women who are being targeted by antiabortion legislators that are limiting their access and denying their right to exercise their reproductive control. Women should have equal access to reproductive healthcare; young women, women of color, women with low-incomes, immigrant women—all women should have access to reproductive healthcare.

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