

On Our Terms

**Young Women of Color, Reproductive
Justice, and Activism**



**Research Commissioned By
The Pro-Choice Public
Education Project**

About The Pro-Choice Public Education Project

The Pro-Choice Public Education Project (PEP) is a national reproductive justice organization that works with young women and the organizations that serve them to build leadership, advocacy and awareness around reproductive health and rights. We use four strategies to support and reach out to our constituency, including research, movement-building, communications and youth leadership development. Our vision is a movement in which young women not only participate, but also exercise leadership in the struggle for reproductive justice. By working with young women on the ground and equipping organizations with the tools they need to engage young women in a meaningful way, we meet a vital need and work towards reproductive justice for all young women.

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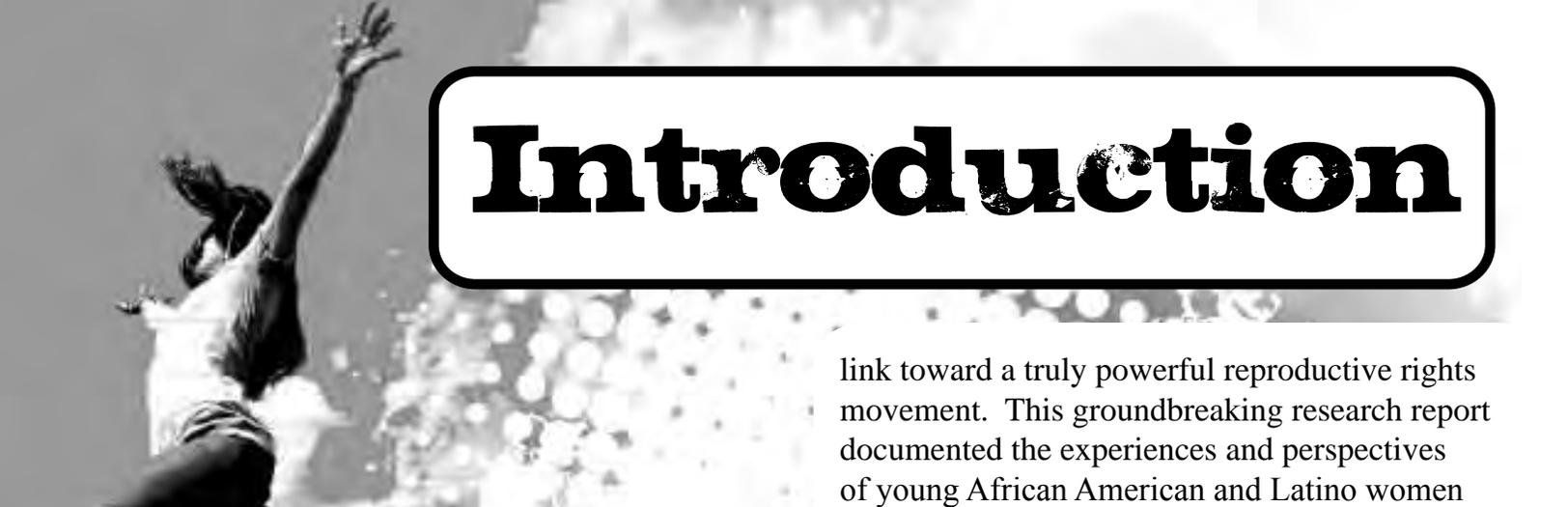
Finally, we want to acknowledge the contributions of all young women, particularly those who have passed through PEP's doors, and everything they do to make reproductive justice possible for all women.



Executive Summary

This report is an attempt to understand how young women of color ages 16-25 feel about their sexual and reproductive health experiences and how they engage in the issues they care about. The following key findings reveal emerging issues and trends among young Latino, African American, and Asian Pacific Islander (API) women from across the United States:

- Three-quarters of young women of color say the government as a whole (including federal, state and local) has an effect on their ability to access health care. They are significantly less likely to feel the next President will have an effect on their access to health care.
- Six in ten young women are sexually active and the majority of them prefer condoms and/or the pill to protect themselves from unintended pregnancy and/or sexually transmitted diseases (STDs).
- Seven in ten young women feel positive about their sexuality and comfortable talking with their partners about their sexual history and safer sex practices.
- Young women of color are more likely to engage in activism around issues they care about than to engage in their communities.
- Health care and the environment are major opportunities for mobilizing young women.
- African American women are more likely to engage in activism around the economy than the environment.
- API women are equally interested in engaging around health care and the environment.
- Latinas include abortion and immigration with health care and the environment as areas for their involvement.
- The ways young women of color take action around issues they care about tends to be less time-consuming and more socially-oriented. They get involved in issues they care about by signing petitions, talking with friends and donating to charities. In contrast, they think their friends would post to Facebook™/MySpace™, talk with friends and text message.



Introduction

The reproductive justice movement strives for a world where all people have the economic, political and social power to make healthy decisions about their bodies, sexuality and reproduction for themselves, their families and their communities. (Asian Communities for Reproductive Justice, *A New Vision for Reproductive Justice*, 2005). Racism, sexism, homophobia and classism work together to prevent women from getting the information, resources and services they need to make healthy decisions. For young women, especially young women of color, these barriers result in health disparities including higher rates of STDs, unintended pregnancy, and lack of access to health care.

There is very little research on how young women engage on issues they care about and which issues are most important to them. Often young women of color are thought of, when they are thought of at all, as a group whose behavior needs to be corrected or as problems to be solved. In order to fill this critical gap, in 2004 PEP released *She Speaks: African American and Latino Women on Reproductive Health and Rights*, the result of a series of focus groups with young African American and Latino women from around the United States about reproductive health and rights. *She Speaks* sought to give voice to the reproductive health needs of young women of color in order to honor their experiences as a critical missing

link toward a truly powerful reproductive rights movement. This groundbreaking research report documented the experiences and perspectives of young African American and Latino women on issues like emergency contraception, doctor-patient relationships, access to information about sexual health, language connected to sexual health, and health care. *She Speaks* provided the broader reproductive health and rights movement a deeper understanding of the attitudes of young women of color and highlighted the leadership potential of young women of color within a broader reproductive health and rights agenda.

While women of color have always been engaged in activism around reproductive health, rights, and justice, racism and classism in the mainstream movement have marginalized their contributions and efforts, especially when those efforts have been at odds with the goals and priorities of more mainstream feminist agendas. In recent years the mainstream movement has made significant and important efforts to diversify and expand its agenda, yet women of color continue to fight to have their concerns included and their issues prioritized. Young women of color in particular face the additional barrier of ageism, and their voices are rarely heard in conversations which set the movement agenda. Grounded in the history of activism within communities of color, PEP explored the ways in which young women of color are engaged in their communities and the issues of primary concern in their lives. Instead of assuming that young women were apathetic because we did not see them at our events or as members of our organizations, we

› **Introduction, continued**

wanted to explore whether young women today are engaging in their communities and on issues they care about in ways that our movements have not recognized.

In the winter of 2008, PEP teamed up with Lake Research Partners to execute a national quantitative research project to explore the attitudes, behaviors, and civic engagement of African American, Latino, and Asian Pacific Islander women between the ages of 16 and 25 in the United States. Our goal was to identify the extent to which young women of color felt connected to their communities, the issues that were important to them, and what they were doing and would do to take action on those issues. In addition, we sought to understand how young women felt about their sexual experiences and sexuality and how that connected to their overall reproductive health.

In the following pages, we present the findings from our research, analysis of those findings, and recommendations for allies and advocates to better reach young women of color. Without incorporating the voices and concerns of young women of color into a social movement that meets them on their terms and where they are, there can be no reproductive justice. The Pro-Choice Public Education Project works to provide young women, especially young women of color, access to information, services and resources, as well as opportunities to get involved with advocacy efforts that increase the ability of women and girls to make healthy decisions. In order to build a more vibrant, inclusive movement for reproductive justice, we must attempt to understand the ways in which sexuality, access to health care, education, and activism are connected in the lives of young women of color.



Methodology

PEP worked with Lake Research Partners to design and administer this survey, which was conducted online and by phone using professional interviewers between February 12 and 27, 2008. The survey reached a total of 930 young women across the United States ages 16 to 25 who identify as African American, Latina, and Asian Pacific Islander. With this research we wanted to look more deeply into trends we found in *She Speaks*, and explore issues that our partners and movements were emphasizing or overlooking in their work with young women of color. We asked organizational partners in the reproductive justice movement to identify the reproductive health concerns that most affect young women in 2008. Their feedback helped guide the content of this survey so that partners could learn more about this constituency, improve outreach and services, and help build leadership within the movement. With this information and the help of our Young Women's Leadership Council, we crafted the final survey.

Over a period of two weeks, Lake Research Partners reached 400 young women by phone and 530 through an online survey. The telephone survey included calls to landline phones and cell phones. Telephone numbers for the survey were drawn from a targeted random digit dial sample (RDD) and a listed sample of cell phones. In order to obtain samples that were diverse geographically, ethnically, and across our identified age range, samples were weighted and stratified by Lake Research Partners to reflect the propor-

tion of our target constituencies among the actual population. All samples were anonymous and on a volunteer basis.

Data Analysis

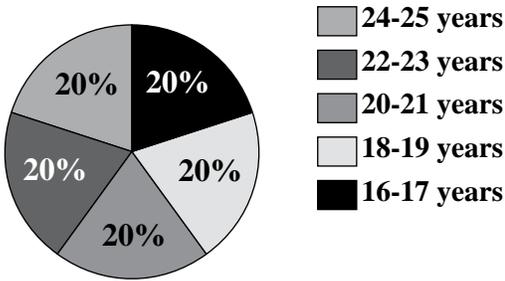
PEP analyzed the final data to identify trends and conducted a comparative analysis of different populations based on race/ethnicity, age, education, region and religious outlook. Based on the population sampled, Lake Research Partners determined a margin of error of +/-3.2%.

Limitations

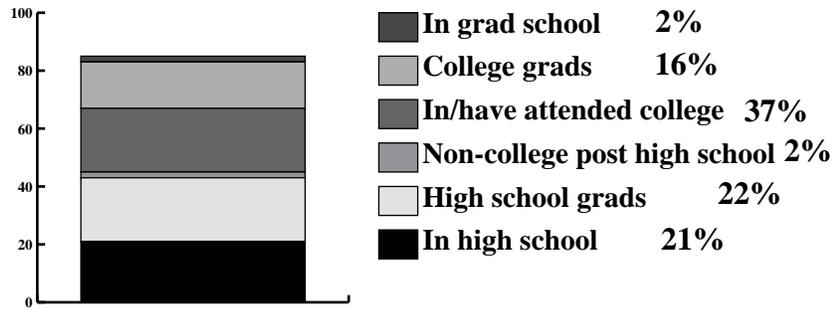
This research is designed as a follow-up to *She Speaks* to give us further insight into the reproductive health and activism of young women of color. While this research fills a significant gap in the reproductive justice movement and helps us better understand these communities of young women, it is not meant to represent all young women of color. Results were not broken out by demographic groups within African American, Latina, or API ethnicities and communities and all questions were asked in English. We also did not ask the women about their children, families, or marital status. In addition, we were unable to reach out to Native American and Middle Eastern young women because of funding constraints and the difficulty of obtaining a representative sample of these comparatively small populations. Furthermore, lesbian, bisexual, transgender, queer and questioning women and atheist women are not representative populations in this survey. If activists are interested in communities we did not obtain representative samples of in this survey, we recommend that they use our results as a starting point for more in-depth research on specific communities.

Respondent Characteristics

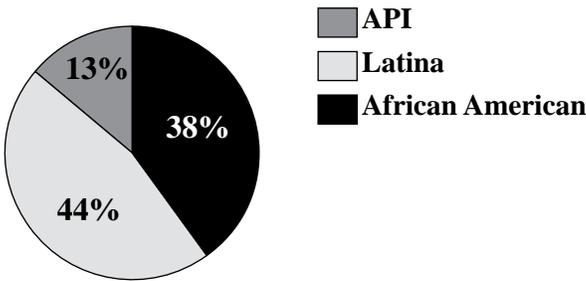
Age



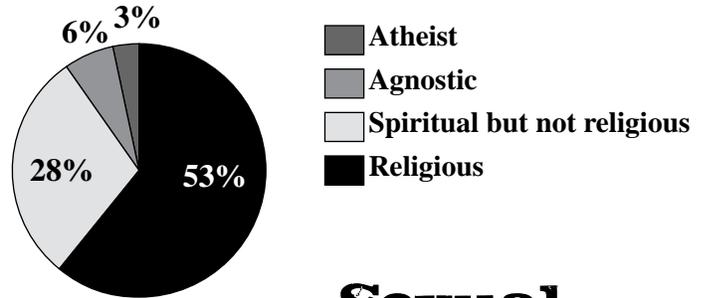
Education



Race & Ethnicity



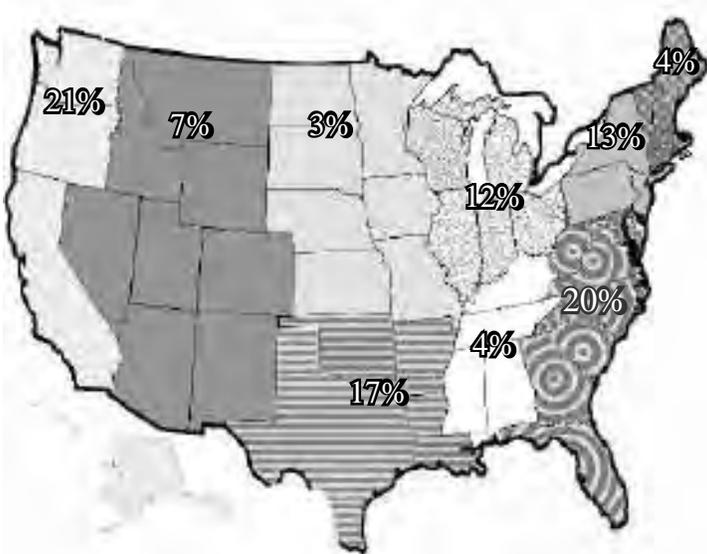
Religious Views



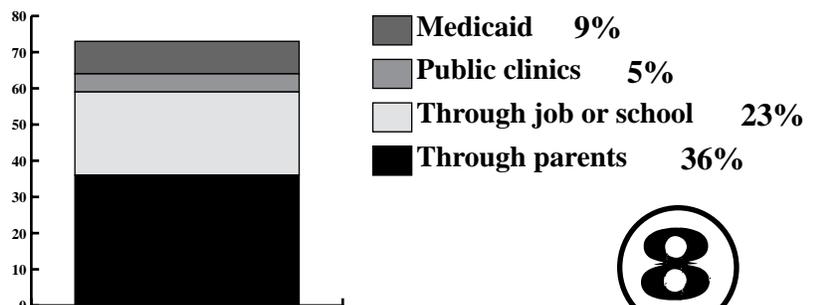
Sexual Orientation



Geographic Distribution



Sources of Insurance



Comparative Analysis

Age

Our data revealed that a young woman's levels of sexual activity and civic engagement often follow patterns based on age. As women get older, they are more likely to become sexually active. While only a quarter of 16-17-year-olds are sexually active, almost 90 percent of 24-25-year-olds report the same. Furthermore, there is a relationship between sexual activity and comfort being tested for STDs, talking to doctors and talking to partners about sex. In each area, older women express a greater level of comfort than younger women. Another example of this difference is women's perceptions of the messages they receive from family and friends about their sexuality; a little more than half of those under 21 feel positive about the messages compared to almost three-quarters of women over 21. When it comes to civic engagement, 16-17-year-olds are the only cohort in which a majority (52 percent) is involved in their communities. Only 35 percent of women over 21 are involved with their communities. Women under 21 (55 percent) are also more involved on the issues they care about than those over 21 (48 percent).

Geography

Where young women live affects how they view issues, their level of engagement, and comfort about sexuality and reproductive health experiences. Residents of the Midwest are more likely to belong to an organization, particularly a religious group (46 percent) than women from other regions, and they are also more likely to be involved in their community (46 percent). Those in the West are the least likely to be involved in any

organization (44 percent) or in any issues (46 percent). Voter registration is highest in the South (68 percent). The Northeast is slightly more concerned about health care (25 percent) than other regions. The West, however, is more diffuse in its concerns, which include health care (16 percent), immigration (13 percent), the economy and jobs (12 percent), the environment (11 percent) and women's rights (10 percent).

Southerners are more likely to report that they post to a social networking site (27 percent) to take action on issues they care about. They are also more likely to report that their friends send text messages (23 percent) or blog (10 percent) about issues that matter to them. Women living in the Northeast are most comfortable discussing their reproductive health with their doctors (58 percent); women in the West are least comfortable (48 percent). In addition, women in the West hear fewer positive messages from media (47 percent negative) and are the least comfortable in getting tested for STDs (20 percent uncomfortable). Women in the Midwest hear the most positive messages from their friends and family at 68 percent.

Race and Ethnicity

There are significant differences between African Americans, Asian Pacific Islanders and Latinas in their attitudes about sex, sexuality and their reproductive health. African American and Latino women feel more positive about their sexuality than API women, and are more comfortable talking with their partners and their doctors about sex and their reproductive health. Latinas are most

› **Comparative Analysis, continued**

involved with issues they care about (57 percent) compared to 49 percent for African American and 44 percent for API women. African Americans (47 percent) are more likely to be involved with religious organizations than their peers. Both API and Latino women are more likely to not be involved in any organization. API women are more concerned with abortion than others (10 percent), whereas African Americans (10 percent) rate HIV/AIDS as a more important issue than Latinas or APIs.

Religious Outlook

Women who assert a religious or spiritual identity share several attitudes that differ from their agnostic peers. It was important when conducting this research to talk to women about their spirituality, how and if it affects their reproductive decision-making, and how they participate in activism. Religious women (55 percent) and spiritual women (59 percent) are more comfortable talking with their doctors about their reproductive health than agnostic women (42 percent). Religious and spiritual women (82 percent for both) are signifi-

cantly more comfortable than agnostic women (63 percent) getting tested for STDs. In addition, those women who don't connect with a faith community indicate that they feel more negative (70 percent) about the messages they receive from the media about their sexuality.

While it may seem obvious that those who identify as religious are most likely to be members of a religious institution or group, more than half of agnostics are not involved in any organization (51 percent). This is higher than the overall rate (40 percent) for young women of color. In addition, religious women (44 percent) and spiritual women (38 percent) are more involved in their communities than agnostics (29 percent). Most strikingly, young women who identify as religious or spiritual each rank health care and the economy as their two top concerns. Agnostics, however, rate the environment first (24 percent) followed by the economy (16 percent). Women's rights (20 percent) are what would most galvanize agnostic women to join an organization, compared to health care for religious and spiritual women.

Health Care and the Government

A majority of young women feel the government and the President have an effect on their ability to access health care. One thing that is clear when looking at the data is that young women are very concerned with access to quality health care. The 2008 elections, specifically the presidential race, have created a buzz around health care access, and young women are aware that elected officials can make a difference in the care they receive. While nearly three quarters of young women say the government has an effect on their ability to access health care, they are significantly less likely to feel the next President will have this level of influence (56 percent). Across demographic groups at least six in ten women believe the government affects their ability to access health care a lot or some. There is most intensity among 20-21-year-olds (56 percent say a lot), and African Americans under age 21 (53 percent). Majorities of young women feel the election of a new President in 2008 will affect their access to health care either a lot or some, except API women (47 percent a lot/some) and Mid-Atlantic residents (48 percent).

Talking to Your Doctor about Reproductive Health

A slight majority of young women feel comfortable speaking with their doctor about their reproductive and sexual health. We learned in *She Speaks* that young women do not always feel comfortable talking with their doctors about their reproductive and sexual health. In that research,

several women said their doctors made them feel “nervous,” “overwhelmed,” “aggravated,” or “rushed” and that a general air of mistrust and miscommunication dominated the experience. In the absence of feeling listened to and treated with respect by their doctors, young women may be more inclined to forgo a checkup than risk the possible humiliation or stress of a doctor’s visit. In our new research, we found that 53 percent of young women feel comfortable talking with their doctor about their sexual or reproductive health, while a substantial number feel less or not at all comfortable. Comfort in talking with doctors about reproductive health issues increases with age. Thirteen percent of 16-17-year-olds feel completely comfortable talking to their doctors, and over a third of 24-25-year-olds (37 percent) feel this way. In addition, there is a considerable divide between sexually active and non-sexually active women. A third (33 percent) of sexually active women are very comfortable talking to their doctors, while only 13 percent of non-sexually active women feel comfortable doing so. API women are less comfortable overall than African American and Latino women.

She Speaks also told us that some young women of color prefer a doctor of the same race or ethnicity. However, they emphasized that in general a good doctor was someone who “is attentive to my reactions,” “tries to answer my questions” and “keeps it real.” Of the 930 women we spoke to in this survey, only one in ten expressed a preference for a doctor of the same race or ethnicity. We did not find variation regarding preference across demographic groups.

Doctor-Patient Confidentiality

The majority of young women across demographic groups feel doctor-patient confidentiality applies regardless of insurance type. When we talk about access to quality health services we often talk in terms of who has health insurance. For young people, however, quality health care can also be affected by the type of insurance coverage they have. For example, many young people are driven to great lengths to keep their parents from finding out about their sexual practices, and if young people are insured through their parents they will often go to great lengths to hide their contraceptive use by going to a free clinic or not using prescription birth control at all. We were interested in whether these concerns about parental approval translated into speaking with doctors openly about sexual health practices.

We asked young women if they knew about doctor-patient confidentiality because it was clear from speaking to young women who were insured through their parents that they sometimes hesitated to talk to doctors about their reproductive health if they thought their parents might be told about the discussion. Nearly two-thirds of young women say doctor-patient confidentiality applies to patients who are covered under their parents' health insurance, while 14 percent say it depends and 9 percent are unsure. Only 13 percent say confidentiality does not apply. Of the young women we spoke with who are presently under their parents' insurance, 11 percent do not think doctor-patient confidentiality applies to them, 14 percent say it depends, and 6 percent don't know.

Sex, Communication, and Reproductive Health

Sexual Activity

Six in ten young women of color say they are sexually active. We intentionally did not define what we meant by sexually active as we wanted the young women we spoke with to determine for themselves what it means to be sexually active. Not surprisingly, we found that sexual activity increases with age, which is supported by other research, including a 2006 Guttmacher Policy Review, *Legislating Against Arousal: The Growing Divide Between Federal Policy and Teenage Sexual Behavior* (Dailard, August 2006). African American and Latina women are significantly more likely than API women to report being sexually active (69 percent, 62 percent, and 43 percent respectively). Spiritual women and agnostic women are more likely than religious women to be sexually active (69 percent, 65 percent, and 59 percent respectively).

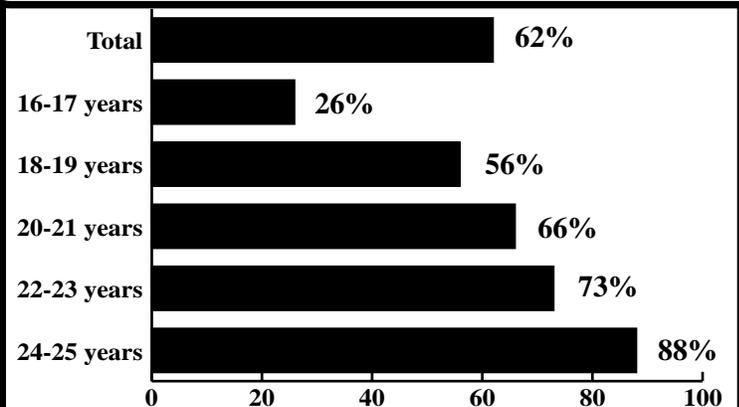
Birth Control

A majority of sexually active young women use birth control and favor condoms or birth control pills. We measured awareness among young women of color of the different methods of birth control available to them, what methods they are most likely to use and frequency of use. Two-thirds of sexually active women report they always (45 percent) or mostly (20 percent) use birth control. Across racial/ethnic groups, more women report being sexually active than report using birth control regularly. In relation to sexual activity, the use of birth control increases with age. Young women who feel more positive about their sexuality are more likely to use birth control consistently than are women who feel less positive about their sexuality.

Condoms and the pill are the most common forms of birth control by far among sexually active women. We were interested in the use of Depo-Provera because of the history of coercive prescribing of Depo-Provera and other long-acting forms of birth control to women of color and because Depo-Provera use has been linked with increased risk of cancer, osteoporosis, and other harmful side effects. In this survey, 6 percent of women use Depo-Provera as their primary birth control method and 3 percent as an occasional form. The majority of sexually active women do not use any of the other forms of birth control tested, including Depo-Provera, the rhythm method, abstinence, and emergency contraception. However, the withdrawal method was the most prominent form of secondary birth control at 29 percent.

In addition, we wanted to measure how familiar young women are with particular forms of birth control, specifically emergency contraception (EC). We intentionally referred to the drug as “EC or the morning-after pill” because we learned in *She Speaks* that there was a general lack of awareness around the term EC. A total of 14 percent of young women are unfamiliar with EC. 8 percent use EC as an occasional form of birth control and 76 percent

Six In Ten Are Sexually Active



> Sex, Communication, and Reproductive Health, continued

do not use it. This information does not highlight whether women are aware of its over-the-counter status or if they know how and when to take EC.

We wanted to know not just about young women's rates of sexual activity and how often they use birth control, but also whether they felt that birth control and protection methods are actually available to them. Eight in ten young women feel that birth control is easily accessible, with two-thirds (65 percent) expressing strong agreement. While majorities across demographic groups believe birth control is easily accessible, this belief increases significantly with age. Sexually active women are particularly likely to express this view (87 percent agree). Women who have insurance through a job or school are most confident that birth control is available to them (88 percent) while women with no insurance are less confident (77 percent). We did not ask specifically about whether or not the availability of birth control had been affected by the recent increase in birth control prices at many universities and community health centers.

Positive Sexuality

Seven in ten young women say they feel very positive about their sexuality. Our country's focus on the negative consequences of sexual behavior rather than how young women feel about their sexual experiences and sexuality led us to ask young women

if they feel positive about their sexuality. An overwhelming majority said yes. Younger women and non-sexually active respondents express less positive views of their own sexuality. This data is in direct contradiction to abstinence-only curricula that claim that sexual activity before or outside of marriage or at a young age negatively affects our attitudes about sex and how we value our sexuality. In reality, as most sex educators know, teaching young women to be scared of sex is more damaging, as it is more likely to lead to unsafe sex practices spurred by shame and mis-education.

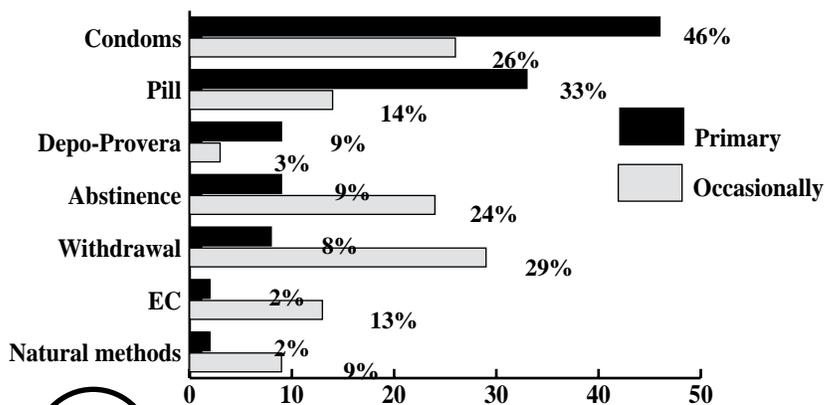
Communicating With Your Partners

Seven in ten young women say they are comfortable talking about past relationships, safe sex, and sex in general with their partners. We live in a culture that often separates sex from intimacy. In an effort to discourage young people from having sex "too early" our society works to prevent young people from creating serious dating relationships and, as a 2006 Guttmacher study points out, "this too may be having unintended consequences, because it may be deterring the relationships but not the sex." The report, *Legislating Against Arousal: The Growing Divide Between Federal Policy and Teenage Sexual Behavior*, goes on to emphasize that perhaps if we as a society were more accepting of sexual behavior among young people and took their relationships more seriously, greater communication would exist between sexual partners and we would have better

sexual health outcomes as a result (Dailard, August 2006). In addition, government-supported abstinence-only programs often do not cover how to communicate with partners about respect, boundaries or how to be honest about your sexual past, since they deny that young people are having sexual experiences in general.

When we brought up communication between partners in *She Speaks*, we discovered that young women rarely turned to their partners to talk about their reproductive health and rights, preferring instead a trusted family member or friend. In fact,

Birth Control Usage



> **Sex, Communication, and Reproductive Health, continued**

most young women reported that they confined their conversations about sexual practices with their partners to talking about where and when they were going to have sex or birth control methods. In this survey we asked young women if they were comfortable talking to partners about sex, even if their partners may not be the first person they turned to. While the majority of young women do feel comfortable having these conversations, younger, non-sexually active, and API women express less comfort. In addition, young women who feel more positive about their sexuality are more than twice as likely to feel comfortable talking to their partners than women who feel less positive.

Messages from Family, Friends, and the Media

Young women say the messages they hear about sex from family and friends are significantly more positive than messages from the media. In *She Speaks* we learned that young women of color most often speak to close friends and family members about their sexual health practices. We wanted to understand if the messages they receive from the people closest to them made them feel positive about their sexuality. Six in ten young women say the messages from family and friends are positive. Older respondents feel the messages they get from family and friends are much more positive than do younger women. Attitudes between sexually and non-sexually active women vary substantially. Among sexually active women, 71 percent feel positive about the messages they hear from family and friends, compared to 47 percent among non-sexually active women. API women feel less positive than others about messages from family and friends. Our mainstream media is notorious for its negative depictions of young women and young women of color. It is no surprise that a majority of young women reported that the messages they hear from the media about sex are mostly negative (only 39 percent positive). Of those women who feel most positive about their sexuality, 44 percent feel that media negatively affects them compared to 53 percent of women who do not feel quite as positive about their sexuality. There is little difference by age around messages from the media, and responses are similar

across racial groups.

STDs

Most young women feel comfortable getting tested for STDs and are aware of the HPV vaccine. We wanted to investigate how young women feel about getting tested for STDs, especially as the recent findings by the Centers for Disease Control and Prevention indicate that 1 in 4 teenage women have an STD and half of African American women have at least one (Centers for Disease Control and Prevention, 2008). Young women we spoke to in *She Speaks* were adamant that they should be proactive rather than reactive about their sexual health. When we asked young women how comfortable they are in getting tested, a strong majority of young women reported a high comfort level. Comfort with getting tested for STDs increases significantly with age, from 66 percent among 16 -17-year-olds to 87 percent of 24-25-year-olds. There is a similar divide between sexually active (87 percent) and non-sexually active young women (68 percent). African American and Latina young women are more comfortable than their API counterparts (86 percent, 79 percent, and 62 percent respectively). Young women who feel positive about their sexuality are also more comfortable getting tested than women who do not feel as positive. This question only measured their comfort levels and did not specifically ask if they get tested regularly or have ever been tested.

The reproductive health, rights and justice movements have put a lot of resources in the past year into raising awareness about the dangers of HPV and the new vaccine that can help prevent cervical cancer. We wanted to test whether young women of color were receiving this information, and we found significant awareness of the new HPV vaccine, with three quarters of young women across demographic groups reporting having seen or heard something about the HPV vaccine. We did not ask if they have gotten the vaccine or if it is accessible to them.

Community and Political Engagement

In addition to learning about young women's reproductive and sexual health experiences, we were driven to carry out this research in order to understand what issues concern them and how they take action around an issue they care about. The following data indicates that there are numerous opportunities to re-envision how we engage and mobilize young women.

Voter Registration

Over six in ten, or 63 percent, of the young women we spoke to indicate that they are registered to vote. Not surprisingly, voter registration increases with age and education level. Women over 21 (82 percent) and college graduates (90 percent) are more likely than others to be registered voters. African American and API women are slightly more likely than Latinas to say they are currently registered to vote. This information reflects findings in a 2002 study by the Center for Information and Research on Civic Learning and Engagement which states that Latino youth are the least likely to view voting as an important activity (Lopez, March 2003). In addition, in 2004, youth voter turnout increased substantially in large part due to an increase in voting among African American youth (Lopez and Kirby, July 2005).

Community and Issue Engagement

A slight majority (52 percent) of young women told us that they are engaged in issues they care about, although only four in ten say they are involved in their communities. In either case, that engagement is not very strong across race/ethnicity, geography, and education.

The 16-17-year-olds we spoke with are the only group in which a majority says they are involved in their communities. This may have to do with

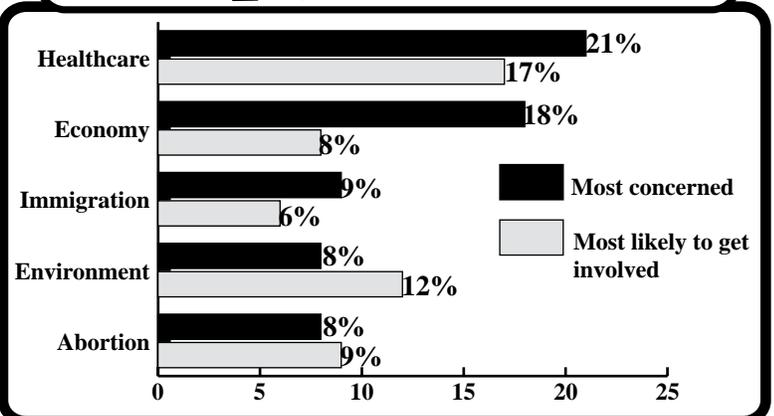
community service requirements in their schools. Unfortunately, involvement, both on issues or in their community, decreases with age, possibly as more women enter the work force. Latino and API women are slightly more involved than African American women, with Latinas expressing greater community engagement than others.

Organizational Affiliation

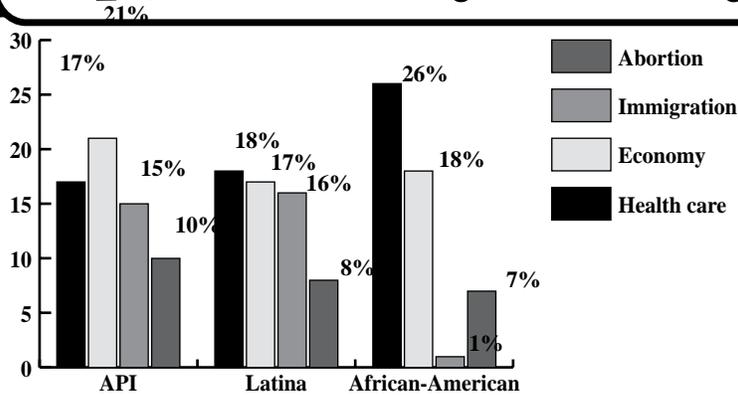
To reach young women of color, we need to know what connections they already have to organizations. We asked whether they had been involved with or members of organizations such as churches or religious institutions, environmental groups, political campaigns, social or cultural groups, service organizations, women's groups, and online advocacy groups. *We found that four in ten young women of color identify as members of a religious institution or organization.* Membership in religious organizations ranks first for all groups, except agnostics. In addition, African Americans (47 percent) are substantially more likely to be members of churches or religious groups than Latino (38 percent) and API women (30 percent).

We also found out that a quarter of young women belong to a social or cultural organization such as a dance group, sports team, or after-school program.

Top Concerns



Top Concerns by Ethnicity



API women (27 percent) were slightly more likely to claim membership in these groups than Latinas (23 percent) and African Americans (21 percent). The youngest cohort was also particularly likely to belong to these organizations (35 percent).

Noticeably, other types of organizations including community service groups, women’s organizations or environmental groups, did not attract the same level of participation as religious and social organizations. It is clear from these results that young women of color are not members of our organizations, whether we identify as feminist, pro-choice, women’s or reproductive health organizations.

In fact, we are missing many young women of color entirely. Four in ten young women are not involved with any of the groups or organizations we suggested. Latinas (44 percent) are more likely than African Americans (36 percent) or Asians (36 percent) to not participate in an organization. We also found that some cohorts of young women remain unaffiliated: those who identify as lesbian, bisexual, or questioning, Pacific region residents, agnostics, women who are not registered to vote, and those who do not have health insurance. We are also failing to reach women as they get older, especially women who are not college educated and Latinas older than 21.

Top Concerns

Of the various issues we suggested, young women named health care (21 percent) and the economy (18 percent) as their top concerns. Since young women revealed they are most likely to engage in activism through issues they care about, we wanted to investigate which issues resonated most with them. Health care and the economy were most important across demographic groups; however, we see some differences when we break out the data by age and racial/ethnic groups. Although health care and the economy remain the top concerns, the youngest women rank abortion as their second most important issue (13 percent), higher than for any other age cohort. This may have to do with the particular barriers that minors face in accessing abortion – whether parental notification and consent laws, or their dependence on parents’ insurance to access health care. They also rate the environment (12 percent) and HIV/AIDS (10 percent) as more important than other age groups do. The war in Iraq is more salient to women age 20 and older than younger women.

While there are some similarities among African Americans, Asian Pacific Islanders and Latinas in how they rank the issues, there are also some notable differences. African American women (26 percent) are more concerned about health care than either Asian Pacific Islanders (17 percent) or Latinas (18 percent), though less concerned (13 percent) about the economy than either API (21 percent) or Latino women (17 percent). Perhaps not surprisingly given the current political climate, immigra-



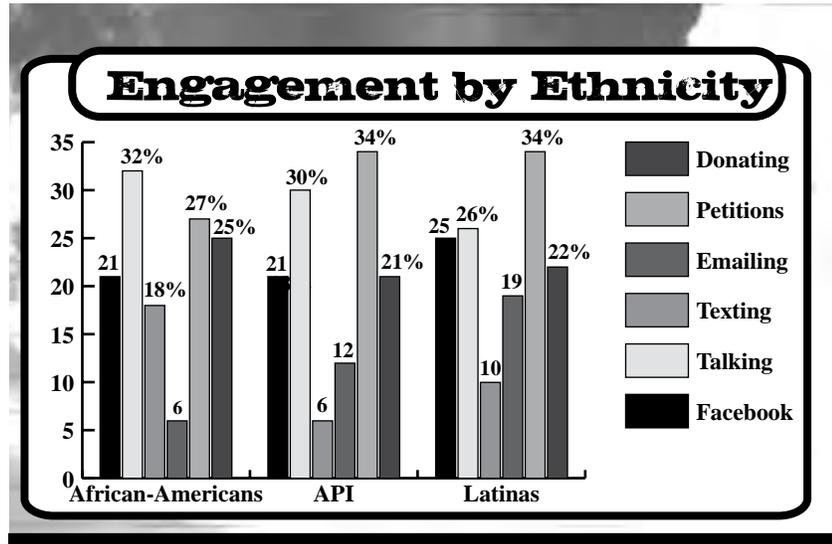
Community and Political Engagement, continued

tion emerged as a critical issue among Latinas (16 percent) and API women (15 percent). African American women were more concerned about HIV/AIDS (10 percent) than others.

Issues That Motivate Action

Overall, health care (17 percent) and the environment (12 percent) are the top issues that would inspire young women to become more involved. We wanted to measure not only what young women of color care about but also where they feel they have opportunities and desire to take action. Health care is the primary motivating issue for African Americans, Latinas, women 18 and older, the uninsured, women who identify as religious or spiritual, and women living in the Northeast, Midwest and South. Concern about the environment most animates 16-17-year-olds, Latinas, API women, Medicaid recipients, and residents of the Western U.S. While the economy rises high among issues of concern, young women did not cite it as the top issue to motivate them to action, perhaps because there are not as many entry points for young women to connect to this field.

These overall trends, however, mask some distinctions across demographic groups. African Americans and women with just a high school education identify the economy and jobs as an issue they would like to engage in. While health care and the environment rank equally as the topics that most galvanize Latinas, they are also motivated by abor-



tion and immigration. Women's rights inspires agnostics more than any other issue, while also spurring 22-23 year-olds and API women more than their peers.

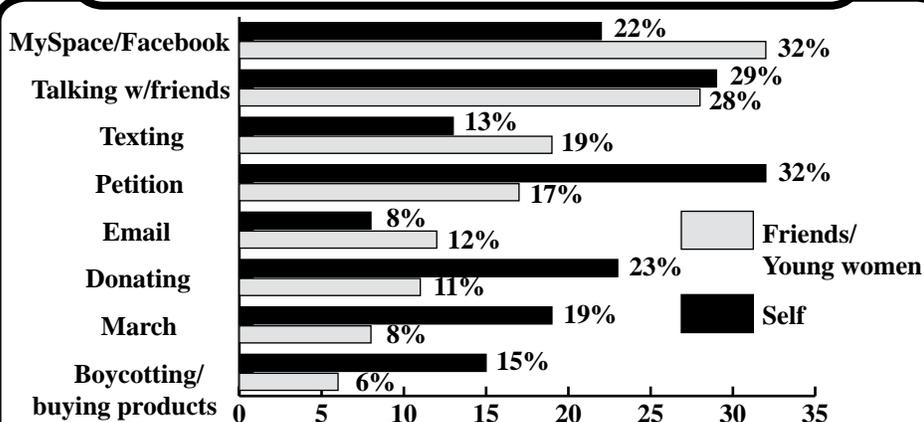
Nevertheless, health care and the environment are the areas where young women want to contribute. Both issues receive an enormous amount of attention through the news, in public discourse and in documentaries such as *Sicko* and *An Inconvenient Truth*. Health care reform has emerged as one of the most important political issues of today, and as we learned from *She Speaks*, no other issue impacts young women's ability to lead healthy lives as much as consistent access to quality, affordable health care. Similarly, our awareness about the challenges facing the environment has increased dramatically in light of climate changes and natural disasters like Hurricanes Katrina and Rita. What

sets apart environmental activism from other issue areas, however, is the numerous entry points for engagement, whether it is purchasing environmentally friendly products, recycling, or using public transportation.

Taking Action

Young women cite signing

How They Engage



› Community and Political Engagement, continued

petitions (32 percent), talking with friends (29 percent), donating to organizations (23 percent) and posting to social networking sites (22 percent) as the most likely activities they would participate in if they want to get involved in an issue. In addition to learning what issues young women would take action around, we wanted to learn the specific ways in which they would get involved. We were not surprised to find that more traditional ideas of activism like writing letters to elected officials do not resonate with young women of color today. Interestingly, while online communities play a big role in youth activism, blogging (6 percent) does not attract the same level of attention or interest as other communications vehicles. Across subgroups, however, young women of color are most likely to sign petitions and talk to friends as ways to take part in issues they are interested in. Our findings closely reflect those of a 2003 Circle research report called “How Young People Express Their Political Views” (Olander, July 2003). Still, there are those who identify participating in demonstrations as a way to take action including Latinas (24 percent), agnostics (30 percent), those with a high school education (23 percent) and 16-17-year-olds (34 percent). College graduates (26 percent), 24-25-year-olds (26 percent), and women living in the West (25 percent) reported boycotting certain products or intentionally purchasing certain products as activities they engage in.

There is an interesting disconnect between the activities young women say they themselves participate in and the activities they think their friends participate in. Young women think their friends are more likely to post to a social networking site (32 percent), talk with friends (28 percent), or send text messages (19 percent). This disconnect may have to do with concerns about being judged, i.e., young women not wanting to admit how much time they spend on social networking sites or talking with friends. In addition, they might be highlighting what ideally they would do about issues they cared about and attributing to their friends what they are

more realistically going to do.

Latinas (36 percent) are more likely than either API women (32 percent) or African Americans (27 percent) to name posting on MySpace™ and Facebook™ as what their friends are most likely to do. API women report that their peers are most likely to talk to their friends (40 percent) to engage on issues they care about. Minors (25 percent) and women living in the South (23 percent) think their friends text message more than other groups.

Moving Forward

The reproductive justice movement has grown beyond the traditional scope of the rights and health movement to reach more marginalized communities on issues that matter to them such as sex education, maternal health, HIV/AIDS and LGBTQ rights. After speaking with young women of color from around the United States, it is clear that we must continue to take new approaches to engaging this community and building a stronger movement. By using movement-building strategies such as partnering with organizations who share a similar social justice sensibility and working from a reproductive justice framework, PEP has identified points of connection for our colleagues in the movement to utilize.

Beyond Reproductive Health and Rights

In the past, our movement has worked within our own insular networks to reach young women, relying heavily on feminist and reproductive rights campus groups. As evidenced in our research, only 4 percent of the women of color we surveyed are members of women's groups like NOW or Feminist Majority Foundation and just 7 percent of young women are likely to get involved with a woman's group in the future or work on issues related to abortion (9 percent). Young women identify most strongly with religious institutions and after-school programs or social and cultural groups.

In addition, our movement often attempts to reach young women through narrowly defined issues, speaking out specifically about birth control or abortion or a vague vision of "reproductive health and rights," while often using a feminist lens. The highest priorities for young women in 2008 are health care and the economy across demographic groups, HIV/AIDS for African-American women

and immigration for Latinas and API women. The environment is also a top concern young women take action around.

Taking these results into consideration, our movement needs to target outreach to groups that are working on issues young women identify as top concerns and try to work more closely with churches and other religious institutions. While several reproductive justice groups are engaging in immigration policy and environmental justice campaigns, such as nail salon workers rights, we need to intensify efforts to partner with organizations outside our movement that have a strong base of activists on the ground and a desire to reach their constituents on a wider range of issues, such as reproductive health. We recognize there are not always easy entry points in certain organizations or institutions like churches. We recommend working with organizations that have access to churches such as the Religious Coalition for Reproductive Choice, Catholics for Choice or more liberal churches like the Unitarian Universalist Church.

Redefining Activism

We also need to redefine activism to reflect how young people connect to issues and each other. Traditional ideas of activism, such as writing letters to legislators or attending marches, do not resonate with young women of color. One place we can



successfully reach them is online through social networks like Facebook™ or Myspace™. As we hear more and more about how Facebook™ is a powerful agent of social change, from supporting the monks' protest in Burma to publicizing activist events, our movement must take this opportunity to reach the 30 percent of young women of color and their friends who identify this network as an avenue for activism. While creating online social networks may be an effective tool for reaching young people, it is also important to have an infrastructure that is dedicated to supporting these networks and consistently engaging with young people in online communities.

Reproductive justice is about community and personal stories, which is evidenced in the number one way that young women of color engage in activism: talking with their friends. We must create and support spaces for young women to have these conversations with each other so that building communities of young women becomes a central focus of the reproductive justice movement.

Voter Education

Another point of connection is to reach young women of color through voter education efforts. Throughout regions and across race/ethnicity young women are concerned about the influence of elected officials on their access to health care and the majority of these women are registered to vote. Our movement must work to make sure these registered voters support politicians who support our issues through voter education campaigns, not just voter registration campaigns. We should utilize the progressive views of young people to bring our issues to the forefront of policy agendas.

Creating Sex-Positive Spaces

It is clear that young women are more likely to engage in safe sex practices and have open communication with their partners if they feel good about their own sexuality. While attempts have been made to increase sex-positive messages in our movement,

such as the 2007 SisterSong "Let's Talk About Sex" conference, young women are rarely made to feel anything but scared or ashamed of their sexual experiences by larger society. PEP's "Recognize!" public education campaign acknowledges the complexities of being sexually active without scaring young women away from sex with its tagline "Recognize your strength. Recognize your power. Recognize your potential. Take care of yourself." As we found, 6 in 10 young women are sexually active and the numbers only go up as they mature. It is important that our movement allow and encourage young women to feel comfortable and confident in their sexuality instead of ashamed by it. When women feel judged or stigmatized they are much less likely to make an effort to get tested, use birth control, or be real about their sexual experiences with their partners.

Young Women of Color at the Center of Reproductive Justice

This research emphasizes that young women of color are eager to take part in their communities and the issues they care about. It's important that we take the time to really listen to what they are telling us and reach out to them through the networks that they are creating to define activism for themselves.



Bibliography

Asian Communities for Reproductive Justice. *A New Vision for Advancing our Movement for Reproductive Health, Rights, and Justice*. San Francisco, CA: Asian Communities for Reproductive Justice, 2005.

Centers for Disease Control and Prevention. Nationally Representative CDC Study Finds 1 in 4 Teenage Girls Has a Sexually Transmitted Disease. Atlanta: March 2008.

Dailard, Cynthia. "Legislating Against Arousal: The Growing Divide Between Federal Policy and Teenage Sexual Behavior." *Guttmacher Policy Review*. August 2006.

Finer, Larry. and Henshaw, Susan. Disparities in Rates of Unintended Pregnancy in the United States, 1994 and 2001 *Perspectives on Sexual and Reproductive Health*, 38 (2), 90-96: June 2006.

Kirby, Emily and Mark Hugo Lopez. "Electoral Engagement Among Minority Youth." Center for Information and Research on Civic Learning and Engagement. Tufts University: July 2005.

Kirby, Emily and Carlos Barrios Marcelo. "Young Voters in the 2006 Elections." Center for Information and Research on Civic Learning and Engagement." Tufts University: December 2006.

Lopez, Mark Hugo. "Electoral Engagement Among Latino Youth." Center for Information and Research on Civic Learning and Engagement, Tufts University: March 2003.

Olander, Michael. "How Young People Express Their Political Views." Center for Information and Research on Civic Learning and Engagement, Tufts University: July 2003.

Pro-Choice Public Education Project. *She Speaks: African American and Latino Women on Reproductive Health and Rights*. New York: Pro-Choice Public Education Project, 2004.

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