

DIFFERENTIAL RIGHTS

HOW ABORTION BANS IMPACT LATINAS IN THEIR CHILDBEARING YEARS



I'M WITH
HER / THEM

↓ ↓ ↓ ↓ ↓ ↓

The image shows a woman from behind, holding a white sign with pink text and arrows. The sign reads "I'M WITH HER / THEM" with six pink arrows pointing downwards from the text. The background shows a crowd of people at an outdoor event with trees and a building.



Pro-Freedom.
Pro-Justice.
Pro-Choice.

The image shows a purple sign with white text. The text reads "Pro-Freedom. Pro-Justice. Pro-Choice." and "A.ORG" is visible at the bottom. The sign is held by a person in a crowd.

**Josefina Flores Morales, PhD in sociology, UCLA,
Julia Hernandez Nierenberg, MSW-MPP candidate, UCLA**

Acknowledgements

This brief was made possible with the generous support of the California State Legislature and the California Latino Legislative Caucus' Unseen Latinas Initiative. The research team is also grateful for the data insights and research support of Sonja Diaz, Dr. Silvia R. González, Dr. Rodrigo Dominguez-Villegas, and Jie Zong from the UCLA Latino Policy and Politics Institute, and Dr. Francisco Pedraza from the Center for Latinas/os and American Politics Research at Arizona State University, as well as review from Dr. Rocío R. Garcia and Dr. Kenicia Wright.

Table of Contents

ACKNOWLEDGEMENTS	02
EXECUTIVE SUMMARY	04
BACKGROUND	05
LATINAS AND THE ABORTION LANDSCAPE	05
METHODOLOGY	06
KEY FINDINGS	07
POLICY RECOMMENDATIONS	14
CONCLUSION	16
APPENDIX	17
ENDNOTES	25

EXECUTIVE SUMMARY

On June 24, 2022, in its ruling on *Dobbs v. Jackson Women's Health Organization*, the Supreme Court overturned *Roe v. Wade* and the constitutional right to obtain an abortion, threatening the reproductive rights and autonomy of women and childbearing persons in the United States. As a young and growing demographic in the United States, Latinas will be disproportionately impacted by this court ruling and its forthcoming consequences. Compared to non-Hispanic white women, a larger share of Latinas are of childbearing age (defined as ages 18 to 44). The *Dobbs* ruling has reopened the conversation surrounding reproductive health equity within the United States.¹ Latinas need to be at the forefront of policy discussions about reproductive rights and justice.

Using data from the U.S. Census Bureau's American Community Survey, this data brief assesses how many cisgender Latinas in the United States will be impacted by the *Dobbs* decision. It also examines the share and growth of Latinas of childbearing age in states with restrictive abortion laws.

The key findings from this study are:

1. In 2019, more than half (about 58%) of adult Latinas in the United States were of childbearing age.
2. About 46% of Latinas and 60% of non-Hispanic white women of childbearing age live in states that restrict the reproductive rights of women. This amounts to over 5 million Latinas at risk of being impacted by restrictions.
3. In abortion-restrictive states, a greater share of Latina women are of childbearing age compared to non-Hispanic white women.
4. In abortion-restrictive states, the number of Latina women of childbearing age grew substantially from 2010 to 2019.

“

"Today, the Court ... says that from the very moment of fertilization, a woman has no rights to speak of. A State can force her to bring a pregnancy to term, even at the steepest personal and familial costs."²

"Whatever the exact scope of the coming laws, one result of today's decision is certain: the curtailment of women's rights, and of their status as free and equal citizens."³

-Justices Breyer, Sotomayor, and Kagan, dissenting opinion

”

BACKGROUND

On June 24, 2022, in its ruling on *Dobbs v. Jackson Women's Health Organization*, the Supreme Court overturned *Roe v. Wade* and the constitutional right to obtain an abortion. This decision threatens the reproductive rights and autonomy of women and childbearing persons in the United States. As a young and growing demographic, Latinas will be disproportionately impacted by this court ruling and its forthcoming consequences.

Previous research indicates that women of color and younger women obtain abortions at higher rates than other women.⁴ Compared to non-Hispanic white women, Latinas are younger, have a lower socioeconomic status, have lower rates of health insurance coverage, and are less represented at policy decision-making tables.⁵ Before the *Dobbs decision*, Latinas already faced numerous barriers to accessing health care, and in the new reality of a post-*Roe* nation, protecting reproductive rights for Latinas will be an even greater challenge. Approximately 6.5 million Latinas ages 15 to 49 live in states with abortion restrictions and slightly less than half of those Latinas are economically insecure.⁶

The health and lives of women of color are at stake and under threat in many states across the nation. Reproductive rights issues post-*Roe* will be disproportionately harmful to Latinas given the younger age of Latinas, their growth, and dispersion in the United States⁷ compared with non-Hispanic white women.

LATINAS AND THE ABORTION LANDSCAPE

In some states, the Supreme Court decision to overturn *Roe* activated or reinstated abortion bans and other abortion restrictions.⁸ These state-level restrictions include limitations on medical procedures, the criminalization of abortion, limitations for health care professionals and institutions to deliver reproductive care, restrictions on insurance coverage for reproductive care, and restrictions on funding as well as reimbursement related to abortion.

The *Dobbs* decision has already shown to have harmful consequences on women of childbearing age, and these effects will likely continue to grow. These effects include increases in self-induced abortions, travel to other states to seek abortions, maternal mortality risk, and unwanted pregnancies.⁹ These effects are likely to have both short- and long-term, disproportionate and devastating impacts on people of color and low-income persons.¹⁰ For instance, having to travel to other states for care can have steep, negative economic shocks on low-income women and their families due to missed work and travel expenses. One study estimated the number of pregnancy-related deaths among different groups under a hypothetical abortion ban. It found that non-Hispanic Black persons would experience the highest rate of pregnancy-related deaths, followed by Latino persons.¹¹ In addition, travel to neighboring states for care further strains health systems already struggling to serve patients in their own states. Indeed, women are already traveling to states, such as New Mexico, that have been identified as safer places for women to receive reproductive care.¹²

Differential Rights: How Abortion Bans Impact Latinas in Their Childbearing Years

The Latina population in states with restrictive abortion policies is sizable and growing. Latinas account for large proportions of residents in the South and the Midwest, as well as in rural areas across the United States. From 2010 to 2017, the Latino population grew in most rural counties in the United States.¹³ Not only has the Latina population grown overall in recent decades, but it has also become more dispersed geographically.¹⁴ For instance, the states with the largest Latino populations are California, Texas, Arizona, and New Mexico.¹⁵ But other states not traditionally thought of as Latino population centers are now home to many Latinas.¹⁶ Many of the states where large numbers of Latinas reside are states where the overturn of *Roe* triggered abortion bans. Our research confirms previous findings that show Latinas are overrepresented among the younger population compared to other racial and ethnic groups.¹⁷

Given the growth and wide geographic dispersal of the Latina population across the United States, and the health threats presented by the overturn of *Roe*, this research augments our understanding of the extent to which Latinas are affected by this decision.

METHODOLOGY

Though the number of Latinas has grown in general,¹⁸ this study highlights the growth specifically of childbearing-aged Latinas compared to their white counterparts. We estimate the number of Latinas in states with abortion bans by combining state-level data from the U.S. Census Bureau's American Community Survey with state-level policy data from the Guttmacher Institute.

This report uses data from two sources: the U.S. Census Bureau's American Community Survey (ACS) and the Guttmacher Institute. From the ACS, we use the 2019 five-year estimates on race and ethnicity, age, and gender, available at the IPUMS website.¹⁹ The racial and ethnic groups of focus are Latinas and non-Hispanic white women. Latinas are those who identified as a person of Hispanic, Latino or Spanish origin. We do not disaggregate groups of women by U.S.-born status nor by citizenship status in this report.

In addition, we use data on state abortion policies from the Guttmacher Institute.²⁰ The Guttmacher Institute²¹ defines abortion-restrictive states as those with at least one of the following: pre-*Roe* abortion ban; "trigger" abortion ban; near-total ban; six-week ban; eight-week ban; or state constitution bar on abortion protection. In addition, we consider a state abortion restrictive if it falls in one of the Guttmacher Institute's top three most restrictive categories for state abortion policy. This approach yields 29 abortion-restrictive states as of November 2022.

Next, we combine the demographic state-level data with the state policy data. We then compare the share of Latina adults of childbearing age, defined as ages 18 to 44, with the share of white women of childbearing age. In addition, we provide estimates of shares of childbearing women using an alternative definition that is inclusive of teen pregnancies (ages 13 to 17). Finally, we document the population change of Latinas from 2010 to 2019 to examine the extent of the growth of this population in abortion-restrictive states. The following section presents figures that represent our key findings. Detailed state-by-state statistics are available in the Appendix.

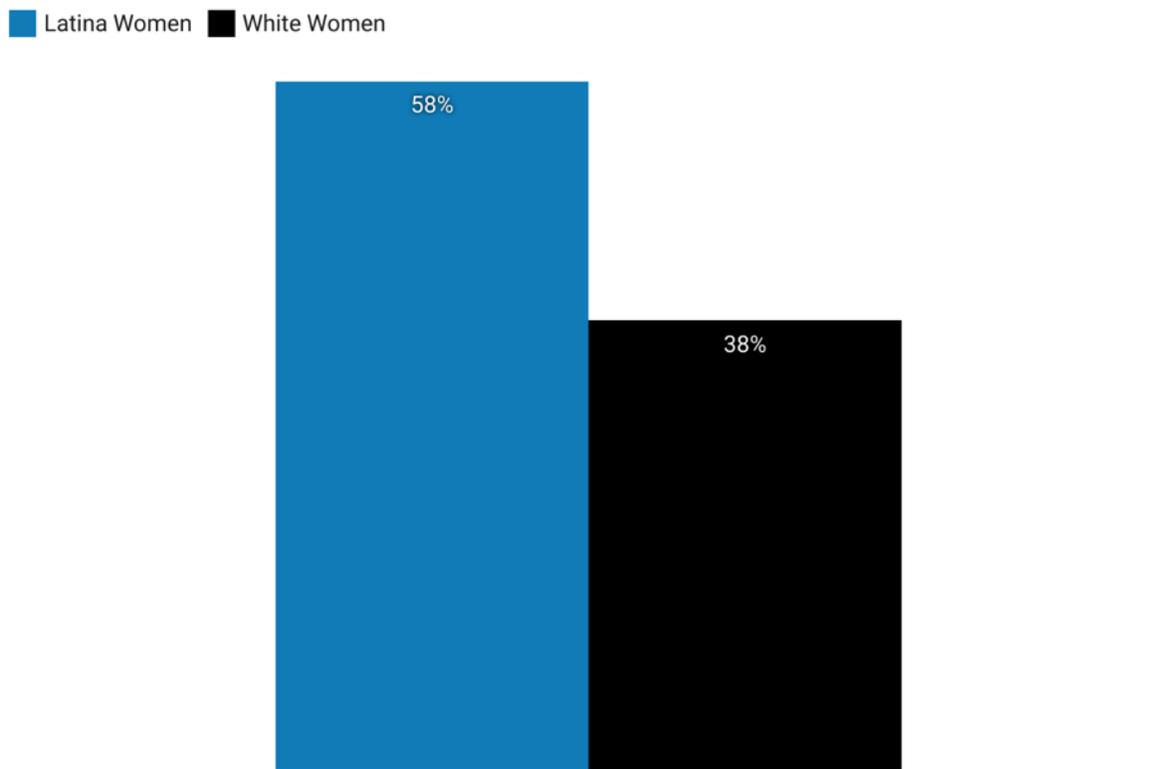
KEY FINDINGS

Our key findings include the following observations:

1. Latinas are more likely to be of childbearing age than non-Hispanic white women.

In 2019, about 58% of adult Latinas in the United States were of childbearing age, compared to about 38% of white women. This nationwide snapshot tells us that Latinas are younger overall than their white women counterparts (see figure 1).

Figure 1. Shares of Latina and White Women of Childbearing Age in the United States



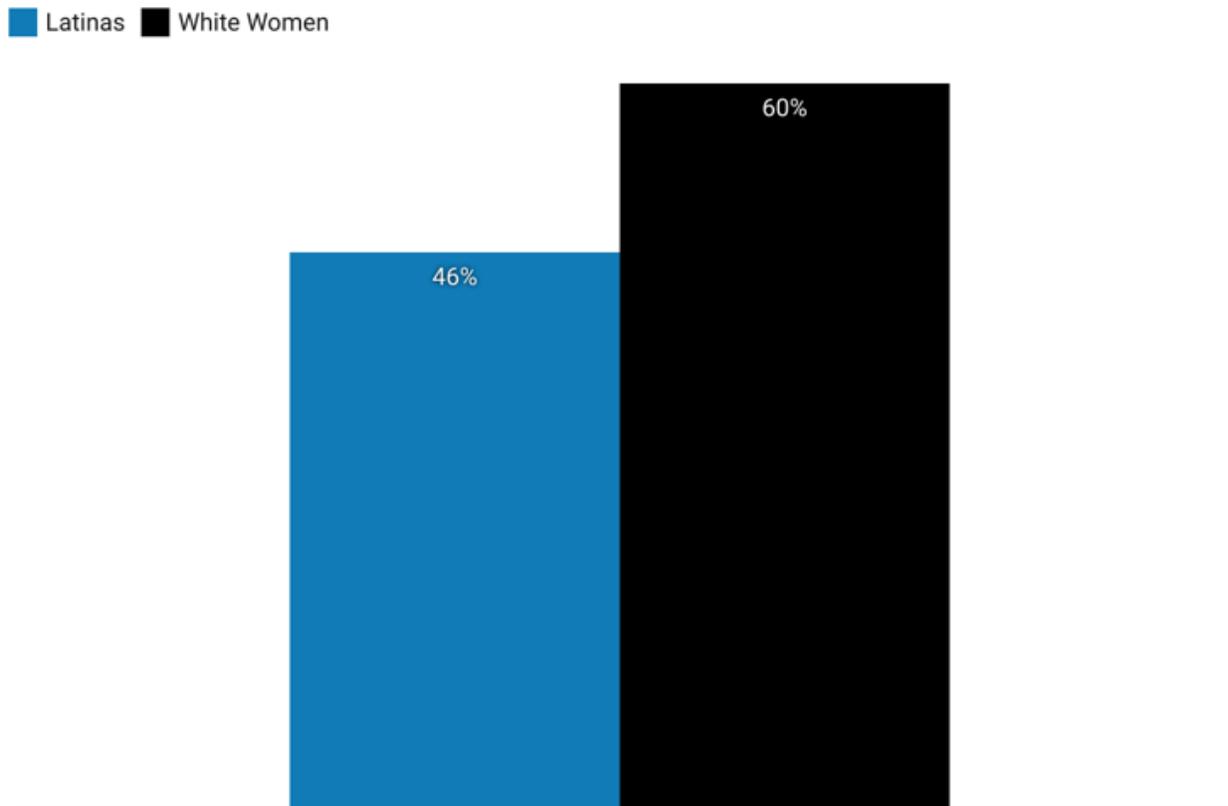
Note: We define childbearing age as ages 18 to 44.

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

2. Almost half of all Latinas of childbearing age live in abortion-restrictive states that threaten the reproductive rights of women.

Figure 2 shows the share of Latina and white women of childbearing age in abortion restrictive states. In 2019, about 46% of Latinas ages 18 to 44 lived in abortion restrictive states as did 60% of white women of childbearing age. This amounts to over 5,183,000 Latinas at risk of being impacted by restrictions.

Figure 2. Shares of Latina and White Women of Childbearing Age who Live in Abortion-Restrictive States

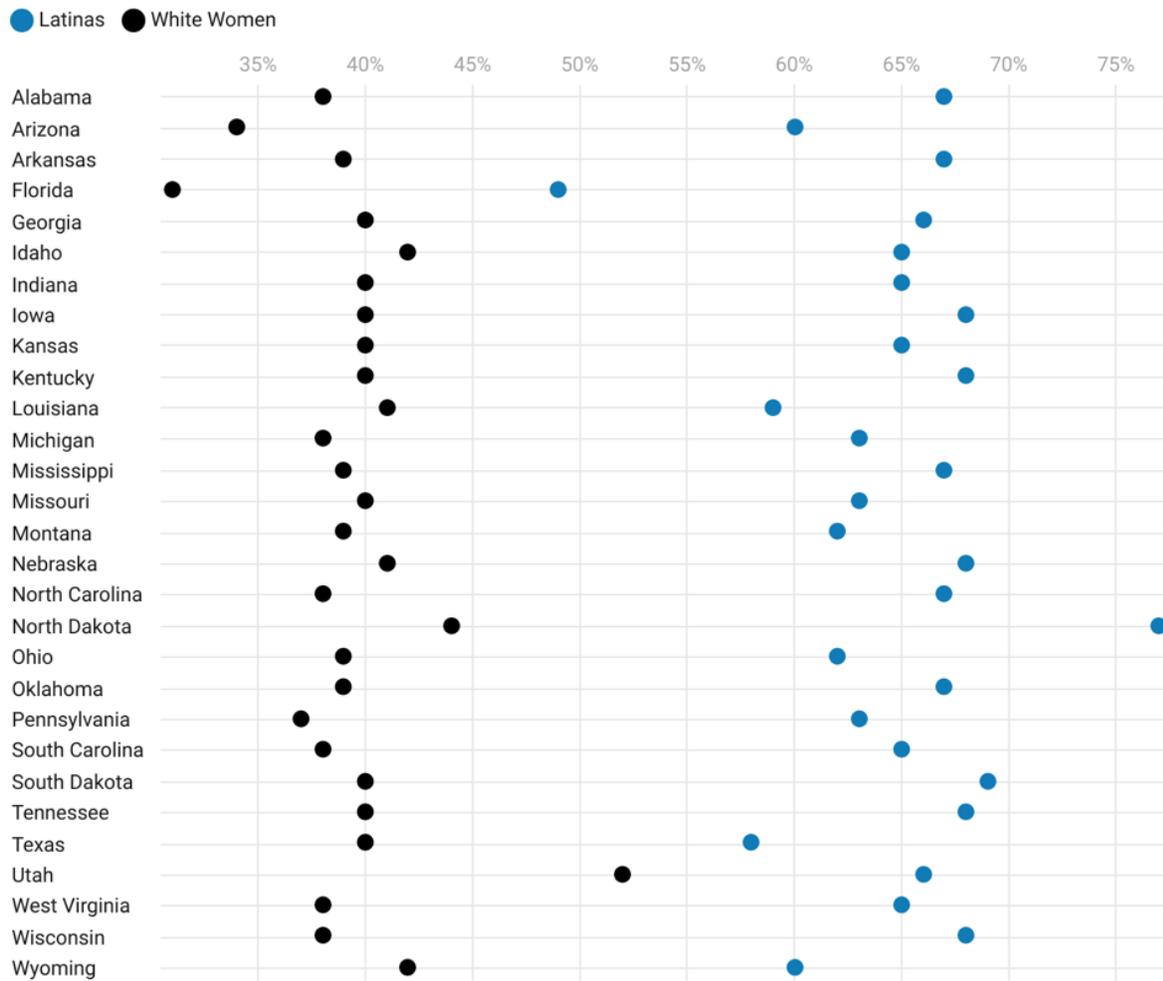


Note: We define childbearing age as ages 18 to 44.
Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

3. The population of adult Latinas in abortion-restrictive states is younger than the population of adult non-Hispanic white women in those states.

Figure 3 shows the shares of Latina and white women of childbearing age in abortion restrictive states. We find the population of adult Latinas in abortion-restrictive states is younger than the population of adult non-Hispanic white women in those states. Specifically, abortion-restrictive states have higher percentages of Latinas of childbearing age than they do non-Hispanic white women of childbearing age. For example, in Alabama, 67% of Latinas were of childbearing age compared to 38% of white women (see figure 3).

Figure 3. Shares of Latina and White Women Who Are of Childbearing Age in Abortion-Restrictive States



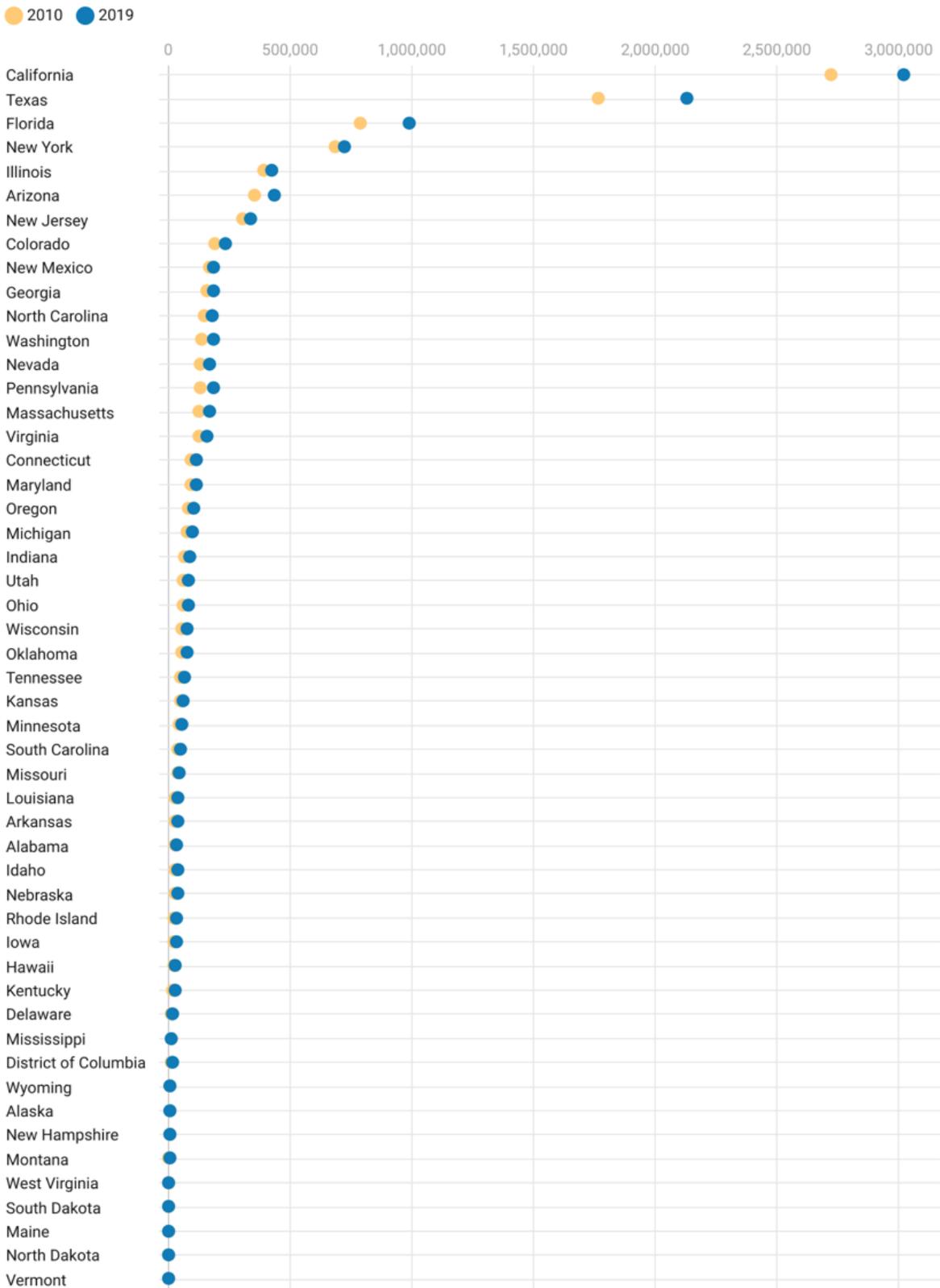
Note: We define childbearing age as ages 18 to 44. Percentages shown are the childbearing-age share out of all adult women in the state, for each group.
 Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

4. The number of Latina women in abortion-restrictive states grew substantially between 2010 and 2019.

The Latina population increased across the United States over the past decade. Figure 4 shows the total population of Latinas of childbearing age by state in 2010 and 2019. Figure 5 shows the same numbers, but only for Latinas in abortion-restrictive states. Together, these figures show that three states—California, Texas, and Florida—are home to the majority of Latinas of childbearing age. The latter two (Texas and Florida) are abortion-restrictive states.

Differential Rights: How Abortion Bans Impact Latinas in Their Childbearing Years

Figure 4. Number of Latina Women of Childbearing Age, 2010 and 2019



Note: We define childbearing age as ages 18 to 44.

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2010 and 2019.

Figure 5. Number of Latinas Ages 18-44 in Abortion-Restrictive States, 2010 to 2019



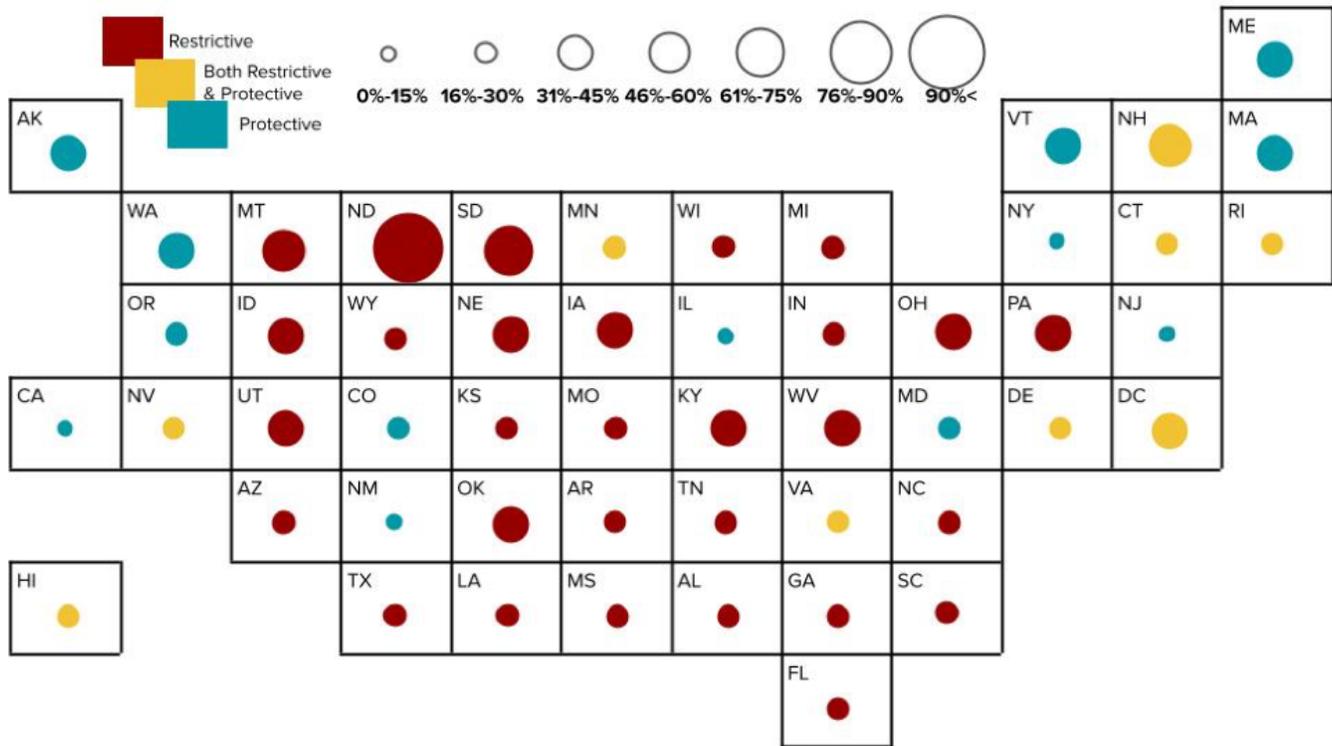
Note: We define childbearing age as ages 18 to 44.

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2010 and 2019.

Differential Rights: How Abortion Bans Impact Latinas in Their Childbearing Years

Figure 6 maps states by three abortion policy category and growth of Latinas of reproductive age between 2010 to 2019. We find that the states where the population of Latinas of childbearing age grew the fastest are also abortion-restrictive states. In Texas, the abortion-restrictive state with the most childbearing-age Latinas, the population grew by 21% from 2010 to 2019. Another abortion-restrictive state, North Dakota, saw the highest growth rate with the population of childbearing-age Latinas growing by 136%.

Figure 6. States by Abortion Policy Category and Growth of Latinas of Reproductive Age from 2010 to 2019



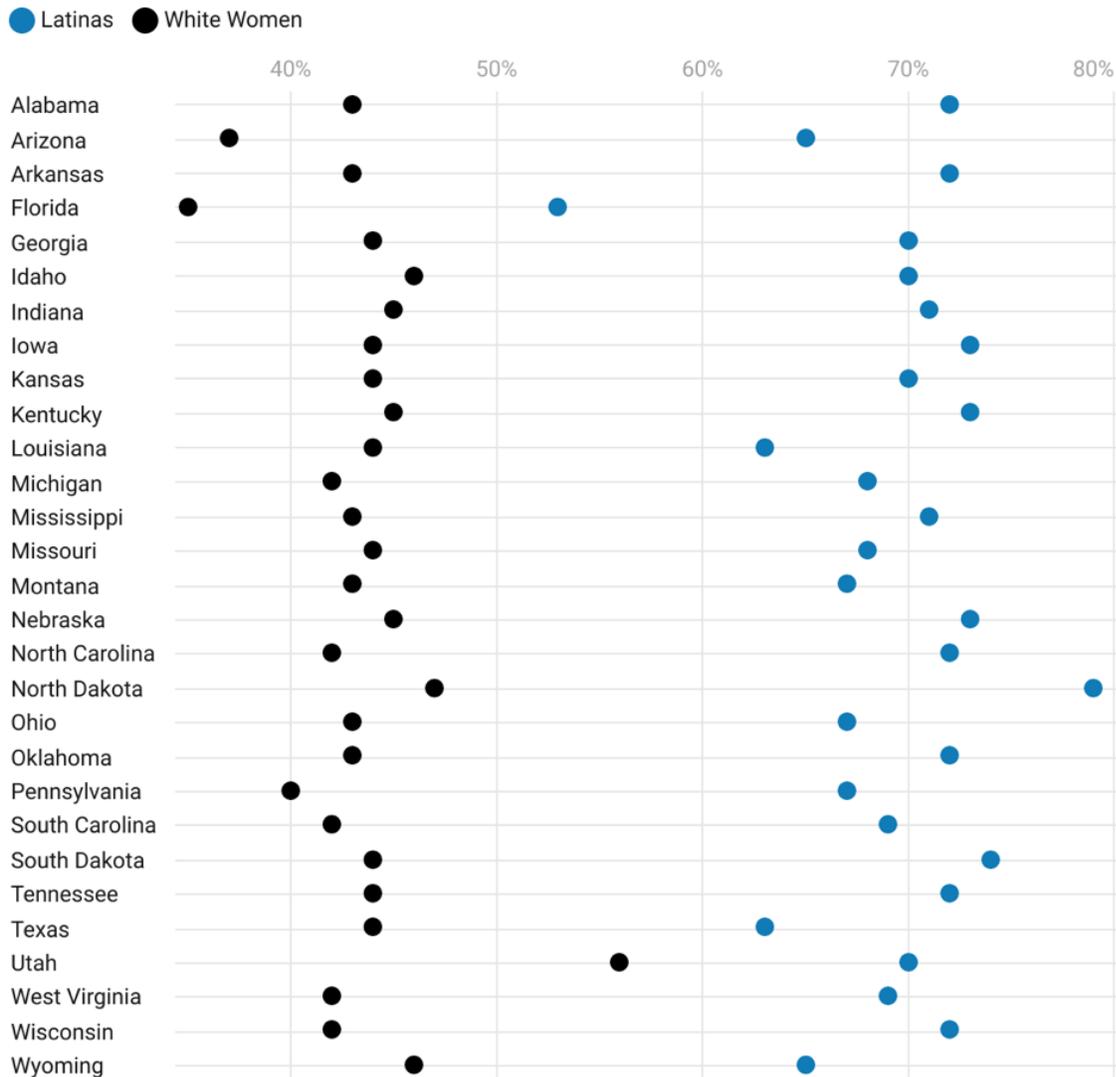
Note: We define childbearing age as ages 18 to 44.

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2010 and 2019. Abortion policy categories are based on the [Guttmacher Institute's Interactive Map](#). Restrictive includes states categorized as restrictive, very restrictive, and most restrictive; while protective includes states categorized as protective, very protective, and most protective.

5. When the childbearing-age population includes teenagers, the shares of Latinas in abortion-restrictive states who are of childbearing age are still greater than those of their white counterparts.

Expanding the age range to include teenagers (ages 13 to 17) in the definition of childbearing age does not change the results presented above. Figure 7 shows the percentage of Latinas and non-Hispanic white women of childbearing age when defined this way. Notably, in North Dakota, the percentage of Latinas of childbearing age is almost 80%.

Figure 7. Shares of Latina and White Women Who Are of Childbearing Age (ages 13 to 44) in Abortion-Restrictive States



Note: We define childbearing age as 13 to 44 (including possible teenage pregnancies). Percentages shown are the shares of women in this age range out of all women ages 13 and older in the state, for each group.

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

POLICY RECOMMENDATIONS

Our research indicates that Latinas are expected to be particularly impacted by this Supreme Court decision in *Dobbs* due to the population's size and age composition. Although we did not examine the content or magnitude of abortion policies, given the significant shares of Latinas living in abortion-restrictive states and their relative youth, it is appropriate to conclude that Latinas are likely to be disproportionately and negatively impacted by any abortion-restrictive policies enacted in the United States.

Policymakers can take several steps to safeguard Latinas in their states from the harmful effects of the decision. Our recommendations include: (1) enshrining the right to abortion in state constitutions; (2) fully adopting and implementing a federal Medicaid expansion; (3) providing increased funding for community-based clinics and state hospitals; (4) prohibiting the false and misleading advertisement of reproductive health services; and (5) promoting affirming care for transgender and non-binary individuals. These incremental steps should all be in service of a broader vision of codifying abortion rights through federal law,

1. Enshrine the Right to an Abortion in State Constitutions

State-level ballot initiatives are a promising avenue for protecting and expanding abortion rights across the country, including by enshrining the right in state constitutions. In the 2022 midterm elections, voters in several states that would have implemented an abortion ban—Kentucky, Michigan, Kansas, and Montana—chose instead to protect abortion rights.²² The number of Latinas of childbearing age in these states experienced sizable growth in the last decade. Further, states have also successfully enshrined abortion rights in their state constitutions. For example, in 2019, Kansas' state Supreme Court ruled that the state constitution protects the right to an abortion, and in 2022 voters rejected an amendment to ban the procedure.²³ These efforts can minimize the harm *Dobbs* has on Latinas and other women at large. However, other states, such as Alabama, have constitutions that directly threaten abortion rights.

2. Expand Federal Medicaid

While most states have adopted a Medicaid expansion under the Affordable Care Act, several states have not, and we highly encourage them to do so.²⁴ As of December 2022, 40 states (including D.C.) have implemented Medicaid expansions, and 11 have not. All 11 states without Medicaid expansions are also states with abortion restrictions. In addition, states can expand Medicaid for undocumented persons, as California has done, to promote equitable access to health care.²⁵ These expansions can ensure that Latinas receive access to adequate medical attention and maternal and child health care. Although some women in abortion-restrictive states may have the resources to travel to neighboring states where abortions are legal, low-income women and women with fewer resources will be unable to do so.²⁶ Access to basic health care will be critical for low-income women in states with even the most minimally restrictive abortion laws to ensure adequate care.

3. Increase Funding for Community-Based Clinics and State Hospitals

States and other institutions should prioritize providing funding for local efforts to build reproductive health care capacity. Financial resources for this can come from various existing sources. For example, states can leverage funds from the American Rescue Plan for this purpose. Notably, the Health Resources and Services Administration awarded \$225 million in training grants to train more than 13,000 community health workers across the United States.²⁷ These resources may be leveraged to train providers in reproductive equity and to increase the primary care physician workforce in medically and linguistically underserved areas. These efforts are significant for Latinas, who have lower insurance rates across the United States. Additionally, ensuring providers have culturally, and linguistically relevant training about reproductive health will be crucial to promote Latinas' reproductive healthcare access.

Public and private funding should focus on states where Latinas and other women may travel to obtain care from abortion-restrictive states. However, resources should also be increased to medical and non-medical health workers in abortion-restrictive states because they can provide women with information and other resources regarding their reproductive rights in the state.

4. Prohibit False and Misleading Advertisements for Reproductive Health Services

Policymakers should also prioritize reducing misinformation and disinformation related to reproductive health services. Misinformation and disinformation on this topic are rampant on social media platforms and search engines.²⁸ False advertisements can further harm and keep childbearing-age persons from having autonomy over their decisions and their bodies. Some members of Congress have put forward legislation on this issue, which should be amplified and supported.²⁹ Health care providers and activists need policy support in their efforts to prohibit false and misleading medical advice from crisis pregnancy service centers for women seeking care for pregnancies, including options for unwanted pregnancies. To fully promote the reproductive rights of Latinas, accurate multilingual abortion information must be available on platforms where Latinas get their news and information.³⁰

5. Protect Transgender and Non-Binary Persons' Reproductive Rights

Improving the reproductive health care experiences of LGBTQ+ and transgender persons is key to achieving Latinx reproductive justice. LGBTQ+ and transgender Latinx persons may experience barriers to care and have more negative experiences with health care providers in general compared with cisgender Latinas.³¹ Examples of progressive state legislation on this issue include California's SB 107 (Protecting Transgender Youth and Their Families) and SB 923 (TGI Inclusive Care Act), both passed and signed into law in 2022. SB 107 will protect transgender youth who are facing anti-LGBTQ+ state policies. Meanwhile, SB 923 will take several steps to improve health care access for the LGBTQ+ community, such as creating network directories of gender-affirming health providers.³²

CONCLUSION

This report describes several important trends, shedding light on the potential impacts of the *Dobbs* decision. We find that a higher proportion of Latinas are of childbearing age compared with white women. Latinas are younger overall than white women, and this relative youth is constant across states that protect the right to an abortion, as well as states that restrict abortion access. Our results are consistent with previous research about the sizable impact the *Dobbs* ruling may have on Latinas.³³ We build on this important work by comparing the shares of Latinas and non-Hispanic white women who are of childbearing age.

The findings we present in this brief are politically relevant. The 2022 U.S. midterm election results indicated a majority of voters support reproductive justice; this was even true in abortion-restrictive states such as Kentucky, Michigan, and Montana.³⁴ Importantly, polls indicate that a majority of Latinos want abortion to remain legal.³⁵ Abortion rights may be an important and emerging factor impacting the calculus of Latino voters' political decisions. State and lower federal courts will be at the frontlines of these new legal developments in the wake of the *Dobbs* decision and the 2022 midterm elections.

Latinas are not a monolith and exist as layered, intersectional individuals, thus it is important that future research consider the breadth of abortion access experiences Latinas face throughout the United States. It should examine how the *Dobbs* decision impacts different groups of Latinas, including those who are uninsured, undocumented, low-income, and/or living in rural areas. In addition, future research should explore how post-*Roe* abortion restrictions impact transgender and non-binary experiences in abortion-restrictive states. Unfortunately, information on transgender and non-binary identify is not collected in the American Community Survey's current questionnaire. In addition, future research should consider how the pandemic impacted abortion access pre- and post-*Roe*. Researchers may also wish to analyze the age composition of women in distinct racial and ethnic groups to see which groups are disproportionately impacted.

The *Dobbs* decision has the potential to disproportionately impact Latinas more than non-Hispanic white women. The decision has made it clear that abortion access is a Latina issue that activists and policymakers should bring to the forefront of national and state-level policy discussions.

APPENDIX

Table A1. Evaluating Abortion-Restrictive and Abortion-Protective States

State	State Classification via Guttmacher Institute's Interactive Map (as of November 9, 2022): 1. Most restrictive 2. Very restrictive 3. Restrictive 4. Some restrictions/protections 5. Protective 6. Very protective 7. Most protective	Is this state on the Guttmacher Institute's list of 26 states likely and/or certain to ban abortion? (Yes=1, No=0)
Alabama	Most Restrictive	1
Alaska	Protective	0
Arizona	Very Restrictive	1
Arkansas	Most Restrictive	1
California	Very Protective	0
Colorado	Protective	0
Connecticut	Some Restrictions/Protections	0
Delaware	Some Restrictions/Protections	0
District of Columbia	Protective	0
Florida	Restrictive	1
Georgia	Very Restrictive	1
Hawaii	Some Restrictions/Protections	0
Idaho	Most Restrictive	1
Illinois	Protective	0
Indiana	Restrictive	1
Iowa	Restrictive	1
Kansas	Restrictive	0
Kentucky	Most Restrictive	1
Louisiana	Most Restrictive	1
Maine	Protective	0
Maryland	Protective	0
Massachusetts	Protective	0
Michigan	Some Restrictions/Protections	1
Minnesota	Some Restrictions/Protections	0
Mississippi	Most Restrictive	1
Missouri	Most Restrictive	1

APPENDIX

Table A1. Evaluating Abortion-Restrictive and Abortion-Protective States

State	State Classification via Guttmacher Institute's Interactive Map (as of November 9, 2022): 1. Most restrictive 2. Very restrictive 3. Restrictive 4. Some restrictions/protections 5. Protective 6. Very protective 7. Most protective	Is this state on the Guttmacher Institute's list of 26 states likely and/or certain to ban abortion? (Yes=1, No=0)
Montana	Some Restrictions/Protections	1
Nebraska	Restrictive	1
Nevada	Some Restrictions/Protections	0
New Hampshire	Some Restrictions/Protections	0
New Jersey	Protective	0
New Mexico	Protective	0
New York	Protective	0
North Carolina	Restrictive	0
North Dakota	Restrictive	1
Ohio	Restrictive	1
Oklahoma	Most Restrictive	1
Oregon	Most Protective	0
Pennsylvania	Restrictive	0
Rhode Island	Some Restrictions/Protections	0
South Carolina	Restrictive	1
South Dakota	Most Restrictive	1
Tennessee	Most Restrictive	1
Texas	Most Restrictive	1
Utah	Restrictive	1
Vermont	Very Protective	0
Virginia	Some Restrictions/Protections	0
Washington	Protective	0
West Virginia	Most Restrictive	1
Wisconsin	Restrictive	1
Wyoming	Some Restrictions/Protections	1

APPENDIX

Table A2. State-Level Data on Shares of Latinas and White Women Who Are of Childbearing Age (18-44) in the United States

State	Percent (%) Latina Women of Childbearing Age (Latinas aged 18-44 / Latinas 18+)	Percent (%) White Women of Childbearing Age (White women aged 18-44 / White women 18+)
Alabama	67%	38%
Alaska	67%	44%
Arizona	60%	34%
Arkansas	67%	39%
California	58%	36%
Colorado	60%	42%
Connecticut	59%	34%
Delaware	64%	34%
District of Columbia	65%	68%
Florida	49%	31%
Georgia	66%	40%
Hawaii	64%	39%
Idaho	65%	42%
Illinois	61%	38%
Indiana	65%	40%
Iowa	68%	40%
Kansas	65%	40%
Kentucky	68%	40%
Louisiana	59%	41%
Maine	61%	35%
Maryland	62%	37%
Massachusetts	61%	38%
Michigan	63%	38%
Minnesota	69%	39%
Mississippi	67%	39%
Missouri	63%	40%

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

APPENDIX

Table A2. State-Level Data on Shares of Latinas and White Women Who Are of Childbearing Age (18-44) in the United States

State	Percent (%) Latina Women of Childbearing Age (Latinas aged 18-44 / Latinas 18+)	Percent (%) White Women of Childbearing Age (White women aged 18-44 / White women 18+)
Montana	62%	39%
Nebraska	68%	41%
Nevada	61%	36%
New Hampshire	66%	37%
New Jersey	55%	34%
New Mexico	51%	31%
New York	53%	38%
North Carolina	67%	38%
North Dakota	77%	44%
Ohio	62%	39%
Oklahoma	67%	39%
Oregon	67%	39%
Pennsylvania	63%	37%
Rhode Island	61%	36%
South Carolina	65%	38%
South Dakota	69%	40%
Tennessee	68%	40%
Texas	58%	40%
Utah	66%	52%
Vermont	63%	38%
Virginia	63%	39%
Washington	67%	39%
West Virginia	65%	38%
Wisconsin	68%	38%
Wyoming	60%	42%

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

APPENDIX

Table A3. State-Level Data on Latina Women of Childbearing Age (18-44) in the United States: 2010, 2019, and Percent Growth

State	Total women 18-44 years old 2010	Total women in 18-44 years old 2019	Percent (%) Growth of Latina women 18-44 years old from 2010-2019
Alabama	32,102	38,494	20%
Alaska	7,885	10,438	32%
Arizona	356,792	435,097	22%
Arkansas	32,544	42,402	30%
California	2,721,989	3,023,920	11%
Colorado	192,922	235,384	22%
Connecticut	94,719	116,193	23%
Delaware	14,144	17,023	20%
District of Columbia	12,539	17,171	37%
Florida	789,057	988,930	25%
Georgia	160,225	188,795	18%
Hawaii	22,525	28,549	27%
Idaho	31,049	41,237	33%
Illinois	396,375	427,305	8%
Indiana	68,654	87,758	28%
Iowa	25,886	36,528	41%
Kansas	52,895	65,176	23%
Kentucky	22,236	29,829	34%
Louisiana	32,838	42,835	30%
Maine	3,281	4,362	33%
Maryland	93,307	115,566	24%
Massachusetts	129,994	170,750	31%
Michigan	81,095	98,593	22%
Minnesota	46,806	59,735	28%
Mississippi	13,213	16,406	24%

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2010 and 2019.

APPENDIX

Table A3. State-Level Data on Latina Women of Childbearing Age (18-44) in the United States: 2010, 2019, and Percent Growth

State	Total women 18-44 years old 2010	Total women in 18-44 years old 2019	Percent (%) Growth of Latina women 18-44 years old from 2010-2019
Missouri	39,464	48,669	23%
Montana	4,970	7,849	58%
Nebraska	29,843	39,565	33%
Nevada	135,933	169,894	25%
New Hampshire	7,067	10,680	51%
New Jersey	306,408	341,134	11%
New Mexico	169,529	185,836	10%
New York	689,016	724,927	5%
North Carolina	149,120	183,823	23%
North Dakota	2,613	6,156	136%
Ohio	63,896	83,797	31%
Oklahoma	58,606	77,451	32%
Oregon	83,078	107,136	29%
Pennsylvania	133,983	187,339	40%
Rhode Island	27,426	33,414	22%
South Carolina	41,255	52,880	28%
South Dakota	3,454	5,786	68%
Tennessee	53,697	67,841	26%
Texas	1,766,636	2,131,180	21%
Utah	65,218	85,390	31%
Vermont	2,044	2,863	40%
Virginia	125,951	159,097	26%
Washington	137,913	185,363	34%
West Virginia	4,279	5,888	38%
Wisconsin	59,587	77,059	29%
Wyoming	8,648	10,415	20%

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2010 and 2019.

APPENDIX

Table A4. State-Level Data on Teenage Latinas and White Women in the United States, 2019

State	White Women Ages 13-17 / White Women Ages 13-44	Latinas Ages 13-17 / Latinas Ages 13-44	White Women Ages 13-17	Latinas Ages 13-17
Alabama	15.67%	19.39%	93,172	9,257
Alaska	13.54%	13.28%	11,279	1,599
Arizona	14.43%	18.77%	91,981	100,569
Arkansas	15.58%	22.50%	62,804	12,311
California	12.97%	17.48%	328,142	640,339
Colorado	13.33%	18.47%	98,961	53,313
Connecticut	16.16%	16.86%	66,064	23,563
Delaware	14.76%	19.46%	15,183	4,112
DC	2.71%	10.38%	2,106	1,989
Florida	14.28%	15.15%	250,984	176,586
Georgia	15.68%	19.63%	163,390	46,099
Hawaii	7.64%	17.80%	3,900	6,181
Idaho	17.54%	21.44%	47,469	11,257
Illinois	14.72%	18.87%	212,462	99,385
Indiana	15.81%	20.90%	159,760	23,192
Iowa	15.72%	20.38%	78,901	9,349
Kansas	15.80%	20.29%	65,542	16,592
Kentucky	15.39%	18.45%	110,953	6,749
Louisiana	14.95%	14.47%	78,081	7,247
Maine	14.92%	19.58%	32,170	1,062
Maryland	15.00%	16.98%	82,881	23,636
Massachusetts	13.89%	16.10%	128,388	32,770
Michigan	15.93%	19.49%	216,821	23,861
Minnesota	15.39%	19.07%	126,385	14,078
Mississippi	16.34%	20.01%	51,248	4,104
Missouri	15.54%	19.82%	142,419	12,031

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

Differential Rights: How Abortion Bans Impact Latinas in Their Childbearing Years

APPENDIX

Table A4. State-Level Data on Teenage Latinas and White Women in the United States, 2019

State	White Women Ages 13-17 / White Women Ages 13-44	Latinas Ages 13-17 / Latinas Ages 13-44	White Women Ages 13-17	Latinas Ages 13-17
Montana	15.55%	18.13%	25,535	1,738
Nebraska	15.62%	20.26%	44,895	10,054
Nevada	13.39%	18.68%	32,504	39,023
New Hampshire	15.38%	15.05%	33,874	1,892
New Jersey	16.78%	16.38%	140,375	66,814
New Mexico	13.55%	18.15%	16,226	41,210
New York	14.10%	15.09%	284,210	128,864
North Carolina	14.69%	19.58%	176,570	44,761
North Dakota	13.90%	13.37%	17,237	950
Ohio	15.91%	19.09%	273,348	19,776
Oklahoma	14.75%	20.53%	71,162	20,011
Oregon	13.45%	19.34%	77,849	25,686
Pennsylvania	15.07%	17.37%	263,420	39,385
Rhode Island	13.05%	17.42%	18,050	7,050
South Carolina	14.52%	19.38%	84,668	12,709
South Dakota	15.75%	21.17%	20,373	1,554
Tennessee	15.13%	18.94%	142,504	15,854
Texas	14.70%	18.61%	326,956	487,399
Utah	16.93%	19.69%	90,822	20,936
Vermont	14.35%	17.73%	15,059	617
Virginia	14.27%	16.44%	139,521	31,311
Washington	13.53%	19.05%	126,770	43,625
West Virginia	15.00%	17.33%	45,131	1,234
Wisconsin	15.19%	19.41%	129,422	18,565
Wyoming	15.24%	18.87%	13,875	2,423

Source: U.S. Census Bureau American Community Survey, 5-year estimates, 2019.

ENDNOTES

¹ Keon L. Gilbert, Gabriel R. Sanchez, and Camille Busette, "Dobbs, Another Frontline for Health Equity," The Brookings Institute, June 30, 2022. <https://www.brookings.edu/blog/how-we-rise/2022/06/30/dobbs-another-frontline-for-health-equity/>

² *Dobbs, State Health Officer of the Mississippi Department of Health, et al. v. Jackson Women's Health Organization, et al.* Pg 2.

³ *Ibid.* Pg 4.

⁴ Christine Dehlendorf, Lisa H. Harris, and Tracy A. Weitz, "Disparities in Abortion Rates: A Public Health Approach," *American Journal of Public Health* 103, 10 (2013): 1772–79; Gilbert et al., "Dobbs, Another Frontline for Health Equity."

⁵ Katherine Gallagher Robbins, Candace Gibson, and Shaina Goodman, "State Abortion Bans Threaten 6.5 Million Latinas," National Partnership for Women and Families, November 2022. <https://www.nationalpartnership.org/our-work/health/reports/state-abortion-bans-threaten-latinas.html>

⁶ *Ibid.*

⁷ Population Reference Bureau, "Hispanics Account for Almost One-Half of the U.S. Population Growth," Population Reference Bureau, February 1, 2006. <https://www.prb.org/resources/hispanics-account-for-almost-one-half-of-u-s-population-growth/>

⁸ I. Glenn Cohen, Rebecca B. Reingold, and Lawrence O. Gostin, "Supreme Court Ruling on the Texas Abortion Law," *JAMA* 327, 7 (2022): 621.

⁹ Daniel Grossman, Jamila Perritt, and Deborah Grady, "The Impending Crisis of Access to Safe Abortion Care in the US," *JAMA Internal Medicine* 182, 8 (2022): 793-795.

¹⁰ Anna Kheifets, Brenna Miller, and Ndidiamaka Amutah-Onukagha, "Implications for Racial Inequities in Maternal Health If Roe v Wade Is Lost," *The Lancet* 400, 10345 (2022): 9–11.

¹¹ Amanda Jean Stevenson, "The Pregnancy-Related Mortality Impact of a Total Abortion Ban in the United States: A Research Note on Increased Deaths Due to Remaining Pregnant," *Demography* 58, 6 (2021): 2019–28.

¹² Madlin Mekelburg, Yasmeen Qureshi, and Andrea Kramar, "15 Women Traveled from Texas to New Mexico Seeking Legal Abortions. These Are Their Stories," *USA Today*, June 22, 2022. <https://www.usatoday.com/story/news/nation/2022/06/22/texas-oklahoma-women-travel-new-mexico-seeking-legal-abortions/7705509001/?gnt-cfr=1>

¹³ Daniel T. Lichter and Kenneth M. Johnson, "A Demographic Lifeline? Immigration and Hispanic Population Growth in Rural America," *Population Research and Policy Review* 39, 5 (2020): 785–803.

¹⁴ J. Chapa, R. Saenz, R. I. Rochín, and E.D. McConnell, "Latinos and the Changing Demographic Fabric of the Rural Midwest," in *Apple Pie and Enchiladas*, eds. Ann V. Millard and Jorge Chapa (Austin, TX: University of Texas Press, 2004), pp. 47-73.

¹⁵ Jens Manuel Krogstad, "Hispanics Have Accounted for More than Half of Total U.S. Population Growth since 2010," Pew Research Center, July 10, 2020. <https://www.pewresearch.org/fact-tank/2020/07/10/hispanics-have-accounted-for-more-than-half-of-total-u-s-population-growth-since-2010/>

¹⁶ Manuel A. Vásquez, Chad E. Seales, and Marie Friedmann Marquardt, "New Latino Destinations." In *Latinas/os in the United States: Changing the Face of América*, eds. Havidan Rodriguez, Rogelio Saenz, and Cecilia Menjivar (Boston: Springer, 2008), pp. 19-35.

ENDNOTES

¹⁷ Population Reference Bureau, “Hispanics Account for Almost One-Half of U.S. Population Growth.”

¹⁸ LPPI’s calculations are based on the U.S. Census Bureau’s American Community Survey, 2010 and 2021 1-year estimates.

¹⁹ IPUMS USA, University of Minnesota, www.ipums.org

²⁰ Elizabeth Nash and Lauren Cross, “26 States Are Certain or Likely to Ban Abortion Without Roe: Here’s Which Ones and Why,” Guttmacher Institute, April 19, 2022. <https://www.guttmacher.org/article/2021/10/26-states-are-certain-or-likely-ban-abortion-without-roe-heres-which-ones-and-why>

²¹ Ibid.

²² Mitch Smith and Ava Sasani, “Michigan, California, Vermont Affirm Abortion Rights in State Ballot Proposals,” *New York Times*, November 9, 2022. <https://www.nytimes.com/2022/11/09/us/abortion-rights-ballot-proposals.html>

²³ Dylan Lysen, Laura Ziegler, and Blaise Mesa, “Voters in Kansas Decide to Keep Abortion Legal in the State, Rejecting an Amendment,” NPR, August 3, 2022. <https://www.npr.org/sections/2022-live-primary-election-race-results/2022/08/02/1115317596/kansas-voters-abortion-legal-reject-constitutional-amendment>

²⁴ Kaiser Family Foundation, “Status of State Medicaid Expansion Decisions: Interactive Map,” Kaiser Family Foundation, November 9, 2022. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

²⁵ Office of Governor Gavin Newsom, “Medi-Cal Expansion Provided 286,000 Undocumented Californians With Comprehensive Healthcare,” State of California, October 19, 2022. <https://www.gov.ca.gov/2022/10/19/medi-cal-expansion-provided-286000-undocumented-californians-with-comprehensive-health-care/>; Arturo Vargas Bustamante, “How to Expand Health Care Coverage to Undocumented Immigrants,” UCLA Latino Policy & Politics Institute, June 25, 2020. <https://latino.ucla.edu/research/how-to-expand-health-care-coverage-to-undocumented-immigrants/>

²⁶ Robin Rudowitz, Jennifer Tolbert, Alina Salganicoff, and Ivette Gomez, “After Roe: Options to Address Medicaid Coverage Policy Related to Maternal and Child Health,” Kaiser Family Foundation, July 15, 2022. <https://www.kff.org/policy-watch/after-roe-options-to-address-medicaid-coverage-policy-related-to-maternal-and-child-health/>

²⁷ U.S. Department of Health & Human Services (HHS), “HHS Announces \$226.5 Million to Launch Community Health Worker Training Program,” HHS, April 15, 2022. <https://www.hhs.gov/about/news/2022/04/15/hhs-announces-226-million-launch-community-health-worker-training-program.html>

²⁸ Jenna Sherman, “How Abortion Misinformation and Disinformation Spread Online,” *Scientific American*, June 24, 2022. <https://www.scientificamerican.com/article/how-abortion-misinformation-and-disinformation-spread-online/>

²⁹ Senator Catherine Cortez Masto, “Cortez Masto Cosponsors Legislation to Stop Anti-Abortion Disinformation by Crisis Pregnancy Centers,” Senator Catherine Cortez Masto, September 9, 2022. <https://www.cortezmasto.senate.gov/news/press-releases/cortez-masto-cosponsors-legislation-to-stop-anti-abortion-disinformation-by-crisis-pregnancy-centers->

³⁰ NARAL Pro-Choice America, “Translating Abortion Disinformation: The Spanish-Language Anti-Choice Landscape,” NARAL Pro-Choice America, accessed December 5, 2022. <https://www.prochoiceamerica.org/wp-content/uploads/2022/05/Translating-Abortion-Disinformation-The-Spanish-Language-Anti-Choice-Landscape.pdf>

³¹ Strong Families Network, “Reproductive Justice Media Reference Guide: Abortion and the Latinx Community,” Strong Families Network, 2017, accessed December 5, 2022. <https://forwardtogether.org/wp-content/uploads/2017/12/RJ-Media-Guide-English-FINAL.pdf>

ENDNOTES

³² California LGBTQ Health and Human Services Network, “SB 923: TGI Inclusive Care Act,” California LGBTQ Health and Human Services Network, accessed December 5, 2022. <https://californialgbtqhealth.org/tgi-inclusive-care-act/>

³³ Gallagher Robbins, Gibson, and Goodman, “State Abortion Bans Threaten 6.5 Million Latinas.” <https://www.nationalpartnership.org/our-work/health/reports/state-abortion-bans-threaten-latinas.html>

³⁴ Elizabeth Nash and Isabel Guarnieri, “In the U.S. Midterm Elections, Resounding Victories for Abortion on State Ballot Measures,” Guttmacher Institute, November 9, 2022. <https://www.guttmacher.org/2022/11/us-midterm-elections-resounding-victories-abortion-state-ballot-measures>

³⁵ Jens Manuel Krogstad, Khadijah Edwards, and Mark Hugo Lopez, “Hispanics’ Views on Key Issues Facing the Nation,” Pew Research Center, September 29, 2022. <https://www.pewresearch.org/race-ethnicity/2022/09/29/hispanics-views-on-key-issues-facing-the-nation/>

UCLA

**Latino Policy &
Politics Institute**

 **UCLAlatino**

 **UCLAlatino**

latino@luskin.ucla.edu