What Factors Contribute to the Underutilization of Reproductive Healthcare Among Immigrant Women in the U.S.

A Literature Review

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RESEARCH QUESTION:

What Factors Contribute to the Underutilization of Reproductive Healthcare Among Immigrant Women?

INTRODUTION

Reproductive health care

Reproductive health is a state of well-being based on physical, mental and social components that relate to the body's reproductive system and how it functions and processes (WHO, n.d.). Reproductive healthcare is a rather broad topic as it encompasses maternal care, sexual health, education, counseling, menstrual health, and regular screenings (University OB/GYN Associates, 2025). Services associated with reproductive health care include the provision of birth control and emergency contraceptives, pregnancy testing, pregnancy services and counseling, infertility services and counseling, abortion, cancer screening and treatments, STD testing with screening and treatments, vaccinations, and diagnosis and treatment of issues related to the menstrual cycle (Mass.gov, 2025). Access to desired reproductive health care allows people to exercise bodily autonomy and control aspects of their life such as when they are going to start a family. Control of sexual health and family planning are two of the most prominent factors that are reported to improve overall quality of life (Adler. A. et al., 2023).

Upon sexual maturity, women need to be able to access and receive gynecological services. There are many psychological and physical risks associated with a lack of access to and or utilization of reproductive services. A delay in this form of health care can result in an increased risk of complications with infertility, disease, and even morbidity. Difficulty in access to a clinic has become a barrier for reproductive healthcare services. Upon sexual maturity, women need to be able to access and receive gynecological services

Rising Immigrant Population

The United States is home to the world's largest foreign-born population (Migration Policy Institute, 2024). It is estimated that since 2023, 47 million immigrants were residing in the U.S. including 22.4 million noncitizen immigrants and 24.7 million naturalized citizens (KFF, 2025). Between 2023 and 2024 the United States immigrant population grew nearly 1.0%, making it the fastest growing population to date since 2001(Migration Policy Institute, 2024). This 1% is equivalent to 47,831,000 immigrants (KFF, 2025).

The term "Immigrant" itself refers to a person who was not born on U.S. soil. To be in the United States as someone who was born elsewhere the naturalization process would need to be completed or a visa (permit) would be needed. Otherwise without proper authorization is how immigrants are known as undocumented. (Migration Policy Institute, 2024). In 2022, 77% of the immigrant population in the United States had obtained permanent legal status.

Immigrants residing in the United States are from many different countries of origin. Mexico, being the top country for US immigrants, it is estimated that in 2022 approximately 10.6 million immigrants at the time were born from there (Pew Research, 2024). In terms of region, Asian Immigrants would account for 28% of all immigrants. Following is Latin American, Central and South American, Europe, Canada, and Africa (Pew Research, 2024).

Healthcare

Immigrants are facing deteriorating health and higher acute care expenditures than U.S. born citizens. This suggests that both the physical and mental health of immigrants decline after moving to the U.S. and are paying more money on hospital stays, sudden illnesses, etc. (Hasanali. S. H, 2015). Continued un-met medical needs influence timing and awareness of

diagnosis as well as coupled health events. Immigrants were 6.5 times more likely to experience an un-met objective health need than their U.S. born counterparts (Hasanali. S. H, 2015).

One area of healthcare where this is particularly pronounced is reproductive healthcare. In comparison to U.S. women, immigrant women are 60% less likely have access to preventive health care such as pap smears, STD screenings, and birth control. This underutilization of reproductive care leads to worse reproductive health outcomes in immigrant women. For example, Asian and Pacific Islander immigrant women have high rates or cervical cancer and more than half of all pregnancies among the Latina women population are unintended (Planned Parenthood).

Purpose

Findings have suggested that barriers to reproductive health care increased between 2017 and 2021 and will continue to rise as the immigrant population in the U.S. does too. The purpose of this literature review is to explore the factors that contribute to the underutilization of reproductive healthcare by female immigrants living in the United States. Identifying and addressing these challenges are crucial to improve the health outcomes of women, regardless of the immigrant identities.

METHODS

This literature review utilized two databases to acquire 20-peer reviewed articles. The two databases that were selected were PubMed and ScienceDirect. PubMed, a database maintained by the National Institutes of Health, was the primary database for this literature review. PubMed is known for its collection of literature on life sciences, biomedicine, and public health. ScienceDirect was selected as the secondary database to source articles. ScienceDirect

also hosts peer-reviewed journal articles related to different topics in health and wellness, and reports adding over 2500 new articles daily.

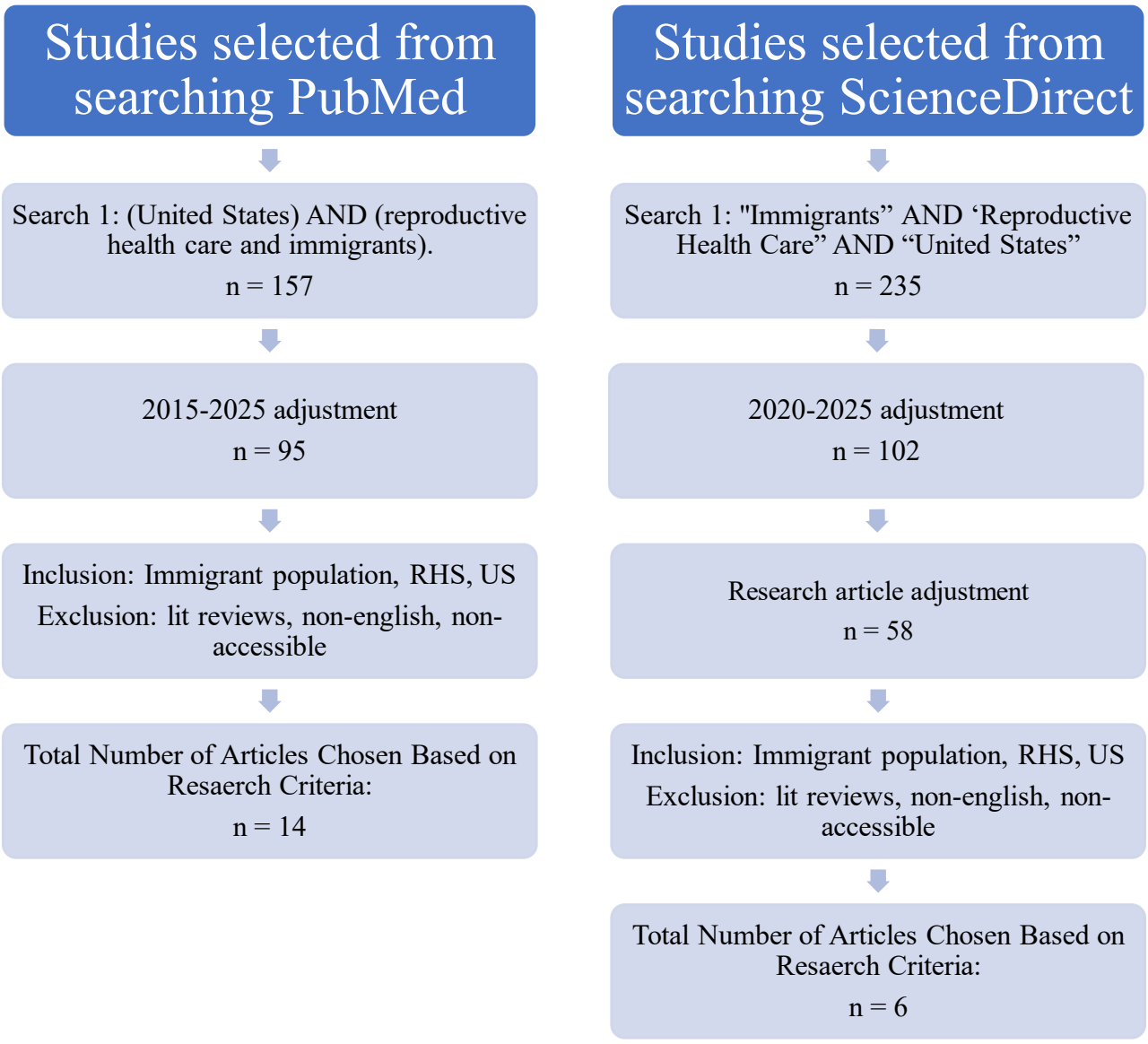
Inclusion and Exclusion

This literature review used strict inclusion and exclusion criteria to determine article inclusion. To be included in this review, articles needed to be published in peer-reviewed academic journals within the last ten years and have full-text English availability. Additionally, research needed to be conducted in immigrant populations living in the United States and focus on the utilization of reproductive healthcare resources. Articles were excluded if they were published prior to 2014, did not focus on the utilization of reproductive healthcare services, or were not available in full text through the University of Georgia's institutional access. Literature reviews, meta-analyses, and systematic reviews were not considered for inclusion in this paper.

Article Selection Process

These searches allowed for the resulting articles to be aligned with the research question at hand without having to include an abundant number of inclusions and exclusions. The search process was done by reviewing articles and abstracts, which allowed for a quick exclusion of articles that seemed irrelevant to answering the research question. Articles that were retained after title and abstract review were then read more thoroughly, with a focus on the methods and results sections of the manuscripts. Articles that included relevant findings were then read again in full to assess their relevance and selected if they contributed to answering the research question. Details of the search process can be seen in figure 1.

Figure 1: Article Selection



RESULTS

This review is meant to explore the reasoning behind why the immigrant population in the United States is underutilizing their reproductive health care resources in comparison to other groups in the population. Three overarching themes were notable after examining the 20 peer-reviewed studies. The first theme was immigration status, with nearly half of the sources explored mentioning lack of access or fear of utilizing whether being a documented citizen or not. The next theme found was that the utilization of reproductive healthcare services was negatively impacted by barriers to health care access including language barriers, transportation issues, and cost of services. The final barrier to service utilization identified in this literature review was discrimination.

Immigration Status

The findings from the studies reviewed revealed that regardless of immigrant status, just being an immigrant in the United States limited women's access to sexual and reproductive health care services.

In a study on documentation status and access among 204 Asian and Latinx undocumented immigrants 79.3% of participants reported their status (lack of naturalization) as affecting their ability to obtain reproductive health care services (such as contraceptives) (May Sudhinaraset 2022). Immigration status was found to be directly linked to an inability to obtain forms of insurance and therefore reduced utilization of reproductive healthcare. An evaluation on health data in NYC demonstrated a common lack of insurance among the population. There was a lower utilization of preconception healthcare than U.S. born women leading to higher risk outcomes (Maru, Glenn et al. 2021). This became particularly true among the undocumented population as emergency and on-going care is not offered to them through policies like Medicaid

(Fox, Howell et al. 2023). Even with the Medicaid expansion, policies were still based on local and state officials (Fox, Howell et al. 2023). In a particular study of 50 Latina immigrants, reported the Medicaid eligibility process application to be complex and delayed throughout (Camargo, Barral et al. 2023). In the same NYC health data, there was a further emphasis on how this affected prenatal care. Immigrant women were at higher risk for not having access to prenatal care visits or having delayed ones (Maru, Glenn et al. 2021). Additionally, immigrant women, were excluded from services such as postpartum care and contraceptive services. In a more comprehensive study of 31,528,602 foreign-born and U.S. born Mexican-origin women, foreign-born women reported that living in states with more inclusive immigration policies were more likely to use contraception than their U.S. born counterparts (Blair G. Darney 2025). While in a smaller study of 23,573 foreign-born women also reported that having to pay for sexual reproductive healthcare services out of pocket at visits, is what reduced the utilization of them (Tapales, Douglas-Hall et al. 2018).

Fear of deportation was reported often among why immigrants were not utilizing reproductive healthcare. Immigrant women even eligible immigrants for health insurance/ care were discouraged from seeking care to their status being jeopardized (Fox, Howell et al. 2023). This fear was so prominent, even providers were becoming discouraged in the process of providing reproductive services (Camargo, Barral et al. 2023). This fear of deportation was vastly impacted by Trump-era public charge rules (Fox, Howell et al. 2023). The uncertainty of using the benefits due to consequences and the threat was serious enough for immigrants to report avoiding seeking care, in circumstances that were even dire and life threatening (Monika Damle 2022)12.

Barriers to Care

English language proficiency was identified as a substantial barrier to the utilization of reproductive healthcare in immigrant populations. In one study of native Spanish speakers and Mandarin speaking immigrants, 71% identified language as a significant barrier to seeking care (May Sudhinaraset 2023). These provided an obstacle and created a sense of mistrust among seeking out reproductive services (Camargo, Barral et al. 2023)7. Those who didn't speak English and felt as though they were expected to reported feeling misunderstood. (May Sudhinaraset 2023). This barrier led to an overall communication and information barrier among immigrants seeking out reproductive services. In the same study addressing the difficulties that coincide with applying for Medicaid, immigrant women reported that programs consisted of requirements that were difficult to navigate due to poor English literacy (Fox, Howell et al. 2023)(5). In addition to this, lack of informed consent became a reoccurring issue, as women had a lack of understanding and therefore reported incomplete care. Among the study of Chinese and Mexican immigrants, one mother reported misinterpreting health results and therefore putting not only her but also her baby in medical risk (May Sudhinaraset 2023). Overall, many reported difficulties with any literacy and health education that was not also provided in other native languages (Camargo, Barral et al. 2023). A study consisting of 59 undocumented Mexican females wanted to examine the different healthcare experiences and perceptions in Philadelphia clinics. These women reported that the language barrier between them and clinic staff (including physicians) led to unwelcoming circumstances in these offices (Amada Armenta 2020). Even with interpreters' available, support is crucial for navigating a healthcare system for emotion, culture and to develop a trust (Samari, Wurtz et al. 2023).

Other structural barriers reported were transportation and financial strains. Transportation difficulties were consistently reported throughout the literature. Many immigrant women

reported lack of transportation, including the lack of public transits, as a barrier to accessing SRH (Barral, Brindis et al. 2023, Camargo, Barral et al. 2023). 20 immigrant women in Birmingham, Alabama were interviewed and reported that when migrating into predominantly male social networks upon arrival in the U.S. caused a dependency on family member such as spouses and brothers. They reported difficulty in confiding in male family members such as spouses and brothers about their sexual and reproductive needs and therefore leading to underutilization (White, Ocampo et al. 2017). Lastly, participants brought up the lack of affordable services, especially childcare. While this appears unrelated to utilization of reproductive services, the inaccessibility of this form of care led to appointments either not being made or missed. Women reported already struggling to pay for necessities such as rent and food, therefore found it difficult to prioritize their sexual and reproductive health (Monika Damle 2022).

Experiencing and Anticipating Discrimination, Stigma, and Cultural Differences

Lastly, different experiences with discrimination, stigma, and culture were a factor in the underutilization of reproductive healthcare. Experiences that were reported as "felt like discrimination" led to an avoidance of services. Both pre-conceived ideas and actual interactions led to psychological consequences. In a qualitative study of 63 immigrant women residing in NYC, limited access to "specialty care" was reported, among this care reproductive healthcare was included, and that mental distress was caused when denied essential care (Samari, Wurtz et al. 2023). Denial was reported as what felt like was due to immigration status, and irrelevant questions to target ethnic women. Women began avoiding services at specific clinics and facilities to avoid this (Monika Damle 2022). Inherently, being concerned about their families being discriminated against led to avoidance as well (Victoria F. Keeton 2024). A study with 26

recent Latina moms reported their poor experiences with reproductive healthcare. They noted that based on their ethnicity, race, and income that it only added to the discrimination they received. (Victoria F. Keeton 2024)8. Women who reported direct experiences with not just physicians, but also non-medical staff explain the drastic ways in which having positive experiences at these clinics effected their well-being, but on the other hand how visits with insufficient translation, doctors not addressing medical concerns, negative evaluations made it difficult to go back and receive care (Amada Armenta 2020). 25 Asian American and Pacific Islander women reported in one qualitative analysis that receptionists would go as far as asking for social security, even though at some clinics and for some care that was not necessary and took this as a motion of discrimination. In addition to this, self-discrimination and stigma was placed on immigrant women and their access to reproductive healthcare. Many felt pressures due to culture and religion, others their family and traditions (Chandrasekaran, Key et al. 2023). Faith was discussed 19 times throughout interviews with only 26 Latina women and they reported that they relied on that it was important in making their decisions (Garza, Hodges-Delgado et al. 2020). In another study conducting interviews among 141 Korean immigrant women, reports indicated that sometimes mothers-in-law and spouses dictated choices based on tradition in terms of reproductive care (Woo, Sangkwon et al., 2022). In addition to this, 30 Somali immigrant refugee women claimed that these were all influencing elements on their utilization of reproductive healthcare services and their communities used to make decisions and stigmatize them to underutilizing resources that do not align with their beliefs.(Agbemenu, Volpe et al. 2018).

DISCUSSION

The purpose of this literature review was to identify the factors contributing to the underutilization of reproductive health care services among immigrant women. The results concluded that immigration status, barriers to care, and lastly different experiences with discrimination, stigma, and culture were among three of the most prominent factors contributing.

Results indicate that regardless of legal status, being an immigrant woman contributes to the under-utilization of reproductive health services. Among the articles included in this review, some of the most reported answers were surrounded by lack of available insurance, exclusion due to insurance policies (Medicaid), the complexity of becoming a citizen and applying for insurance, coupled with the fear of deportation. The second factor contributing to underutilization of RHC were different barriers. Specifically, language barrier was among one of the most-reported factors in all the reviews. Lack of English proficiency among some immigrant populations makes it difficult to navigate the healthcare system, understand information and right to bodily autonomy, and build trust among physicians, all which lead to inadequate care. Additionally, financial constraints in accessing healthcare, including childcare services and transportation, are factors that contributed to underutilization reproductive health care. The inaccessibility due to barriers caused constraints in receiving care and ultimately lead to poorer health outcomes. Lastly, anticipating and experiencing discrimination, stigma, and cultural differences contributed to underutilizing RHC. These experiences not only affected access to services but negatively impacted the mental health of all study participants. Negative interactions began with receptionists and included doctors. These experiences, paired with stigma and cultural differences among families and peers, led to self-discrimination. Women were having to making clinical decisions based on experience all while considering their cultural traditions in-tact.

Implications

Further research is needed to address the long-term impacts and consequences that come with underutilizing reproductive health care. This is important because for understanding the impact on future generations whether that be physically or emotionally. For now, all members of clinical staff from receptionists to physicians need to take measures to reduce increase comfortability among all patients, immigrant backgrounds or not, in the workplace.

Addressing reproductive health disparities among immigrant women requires policy reform. This is specifically necessary through the immigration process and the eligibility of Medicaid whether being a documented or undocumented individual. With a system built around health inequalities, this is in the hands of government-funded programs and policy reform. Only U.S. citizens and permanent legal residents (green card holders) are eligible for Medicaid, meaning many more pay into the system than benefit from it. Non-citizen immigrants have limited access to programs like Medicaid and cannot reap the benefits under the Affordable Care Act. (The Immigrant Learning Center). Nearly ten states have yet to expand their Medicaid eligibility, leaving nearly 800,000 women uninsured (The Commonwealth Fund, 2024). In the women's health scorecard study, the states with the lowest rates of maternal mortality had more maternity care providers, fewer women with no prenatal care, fewer women with no post-partum checkup and most relevant to this study was there being fewer uninsured women (ages 19-64). These states were Vermont, Connecticut, and California, all in which have expanded their Medicaid eligibility showing smaller racial and ethnic disparities with maternal mortality (The Commonwealth Fund, 2024).

Secondly, addressing the language barrier in healthcare would lead to more intentional care for the immigrant population and therefore improve reproductive health. Medical offices

and hospitals can have better access to trained interpreters, ensure that they are hiring providers that are culturally sensitive and aware. A medical interpreter is a trained professional who facilitates communication between all forms of healthcare providers to the patient's common language, ensuring patient centered care in present time (Language Testing International, n.d.) An intervention was conducted among 323 adult inpatients. 124 Spanish speaking patients were assigned an enhanced interpreter intervention, 99 Spanish speakers had access to usual interpreter services and the last 100 only had access to an English-speaking counterpart physician. While this was not specifically targeted toward the immigrant population, there was a significant patient satisfaction increased with the physician, overall hospital experience and there were reduced emergency department visits over the period of the study (Jacobs. E.A., 2007). Minimizing reproductive health disparities requires linguistic support therefore having trained interpreters, provided translatable materials and had translators should be required of hospital and clinic staffs. This would not only benefit communication between patients and providers but also build the sense of trust that the immigrant population is reporting they lack

Lastly, community health systems could significantly improve access to reproductive health services. For many immigrant women, they reported logistical challenges rather than the care itself. These challenges, such as not having access to transportation to get to services or not being able to begin a family because having a baby and childcare is so expensive are what continue to limit utilization of reproductive healthcare options. In a study done in Dallas, Texas, among 336 female respondents, 121 (36%), reported delay or missing reproductive care visits. Among this group 54.4% reported childcare barrier being the primary reason for delay and transportation was following, being 33%. While political reform and community assessments are necessary to address the root of all the above issues, a temporary proactive solution has been

the implementation of mobile clinics. Mobile health clinics a healthcare facility that travel and provide different locations with necessary medical services, particularly or underserved populations. This communities typically comprise of individuals uninsured, or underinsured and therefore have limited access to facilities and funds for services or the services (i.e. childcare and transportation) to access health care (CVS Health, 2022). Mobile reproductive health clinics are medically equipped with clinicians offering services such as pregnancy tests, prenatal and postpartum care, gynecological exams, STI screenings, health education and referrals to social services (County Health, 2018). As of 2018 there are an estimated 2,000 mobile clinics, hosting up to 6.5 million visits per year (County Health, 2018). Regarding the immigrant population, accessible reproductive health clinics may play a key role in managing long term health needs. In a study tracking 411 patients over two years found ear 1790 revisits and highlighted a strong association among these visits being those with chronic illness diagnosis (Coaston, A., et al., 2023). These clinics can aid in the utilization of healthcare tools by addressing chronic reproductive health concerns such as PCOS, endometriosis, and infertility.

Limitations

Several limitations are noteworthy when considering these results analyzed in this review. For one, this review contained only 20 peer-reviewed articles expanding over the time frame of only the past 10 years. Therefore, results are likely subject to change and be more precise when more data is included. Another limitation of this review was that nearly all the articles used self-reported measures. While anonymity was promised to participants, this does not stop false reports in the data. Additionally, participants were subject to recall bias in several of the studies as some were conducted post-partum, while still analyzing experiences prior to birth. Lastly participation bias was common among several articles. It was assumed, that this was

because many respondents in the studies were worrisome about their legal status and the role that could play in participating. All forms of bias identified can lead to inaccurate data. In addition to theme limitations, wide variety of different specific geographical locations and small sample sizes were used therefore making results ungeneralizable. Additionally, many reviews also focused on a specific demographic, specifically, the Latino population. The scope of articles used did not fully capture the complexity of how different demographic's such as ethnicity, race, socio-economic statuses, and places of residence also impact reproductive healthcare among immigrants. Communication limitation was also a common theme among studies, this being due to language barriers and participants misunderstanding what is being asked of them. Ironically enough this is part of the reason reproductive healthcare is being underutilized as well. While the purpose of this review was to specifically address underutilization of reproductive healthcare some, but very few articles, used also generalized reproductive healthcare among all healthcare. However, themes were consistent among studies very specific about certain reproductive healthcare services. In many studies included data was not quantifiable, but rather summarized results. This was common among studies that were interviews or qualitative analyses. Lastly, majority of studies analyzed were cross-sectional and therefore have an inability to establish validity of events having a cause-and-effect relationship and the results of change over time.

Conclusion

The purpose of this literature review was to highlight the on-going complex relationship among the immigrant population and utilization of healthcare, specifically reproductive. The underutilization of this specific care among the immigrant population appears to stem from issues among immigration status and policy limitation to language barriers and insufficient healthcare experiences. It is important to note that these factors co-operate in many different

healthcare settings. The findings of this review enforce the idea that underutilization of this kind of care stems much further from being a medical issue, but rather a social, cultural and political one remaining a public health concern. With the current political agenda and state of the U.S. not only are reproductive healthcare rights at risk but so is the immigrant population, therefore making this issue more prominent than ever. Addressing these challenges will ensure equitable access to reproductive healthcare services among all immigrant populations.

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