Multiple barriers created conditions which hampered the accessibility and attainment of reproductive health services. These factors included:
  - Physical barriers: like streets or courtesies and community clinics, and  
  - Cultural norms, beliefs and practices.

Necessity is the Mother of All Invention:
Bypassing the Medical Establishment

- Providers and women reported that some barriers bypassed the traditional medical community health services by birth control.
- Purchasing birth control and obtaining reproductive health services from “bodegones,” “botanicas,” “baca markets,” and “swap meets.”
- Using birth control prescriptions whose prescriptions were covered by health insurance.
- Seeking sanitary controls from their home country (“exvivado”).
- Women in San Antonio and Los Angeles crossed the U.S./Mexico border to obtain reproductive health care services.

Policy (at the clinic, local, state and federal level

- Specifics of barriers and motivators to service use are needed to help improve outreach efforts

- Six groups were conducted in English and five were conducted in Spanish.
- Three focus groups were conducted with service providers, one in each city.

- Characteristics of Providers

  - Half of providers had 5 or more years of experience in a clinic or program setting.
  - Half of the clinic service providers were Hispanic.
  - Participants consisted of administrators, program managers, education nurses, and nurses.
  - Programs/clinics represented provided a variety of services including birth control methods (46%), and counseling (54%), pregnancy tests (50%), abortions (13%) and exams (50%).

- Characteristics of Hispanic Women

  - 21 focus groups with young adult Hispanic women were conducted in cities with high concentrations of Hispanics—Washington, DC, Los Angeles, CA, San Antonio, TX. Six groups were conducted in English and five were conducted in Spanish.
  - These focus groups were conducted with service providers, one in each city. Using purpose sampling techniques, the young women sample was segmented by three important characteristics: nativity status, education, and language.

- Data and Methods

  - 12 focus groups with ypuget adult Hispanic women were conducted in cities with high concentrations of Hispanics—Washington, DC, Los Angeles, CA, San Antonio, TX.
  - Six groups were conducted in English and five were conducted in Spanish.
  - These focus groups were conducted with service providers, one in each city. Using purpose sampling techniques, the young women sample was segmented by three important characteristics: nativity status, education, and language.

- Analysis

  - Summaries and transcriptions of the focus groups were conducted an inductive approach was used to identify themes and develop a coding scheme. NVivo and SPSS were used for analysis.

- Findings

  - Not Enough Time to Build Rapport: Cultural Norms Clash with Reality

    - Where we went before, I didn’t feel like I was being, you know, partyed to. They’d just consider it a paid, considered it a paid service, but we need to go back to the reason that they are on our, you know, the other city, and we can’t be here.

  - Participants in English-speaking group in Los Angeles

  - Marismas also emphasizes the cultural value that women should sacrifice personal needs (including health care) and put family needs first.

- Summary and Implications

  - Results reveal that Hispanic women’s access to reproductive health care is a complex issue.
  - Hispanic women bypass the medical establishment because of cost, convenience, fear of deportation, and cultural norms.
  - Women expressed frustration with long wait and short visits because they did not provide a space to discuss concerns and were not conducive to building rapport- a cultural norm for social interactions.
  - Service providers echoed this frustration, but reported that short visits were dictated by funding.
  - Marismas, a set of cultural values that define gender roles determined from women’s reproductive health services.
  - In conclusion, our findings suggest that there is an interplay between funding policies, clinic services, cultural norms and women’s reproductive health services.
  - Policy influences clinic practices, which in turn interact with women’s cultural beliefs, customs, and norms. 
  - Program providers and service providers should consider the cultural implications of their policies and programs to improve access of care to Hispanic women.
  - Our finding that underground markets have developed in many communities to serve the reproductive health needs of Hispanics is troubling, but may also provide outreach opportunities.

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