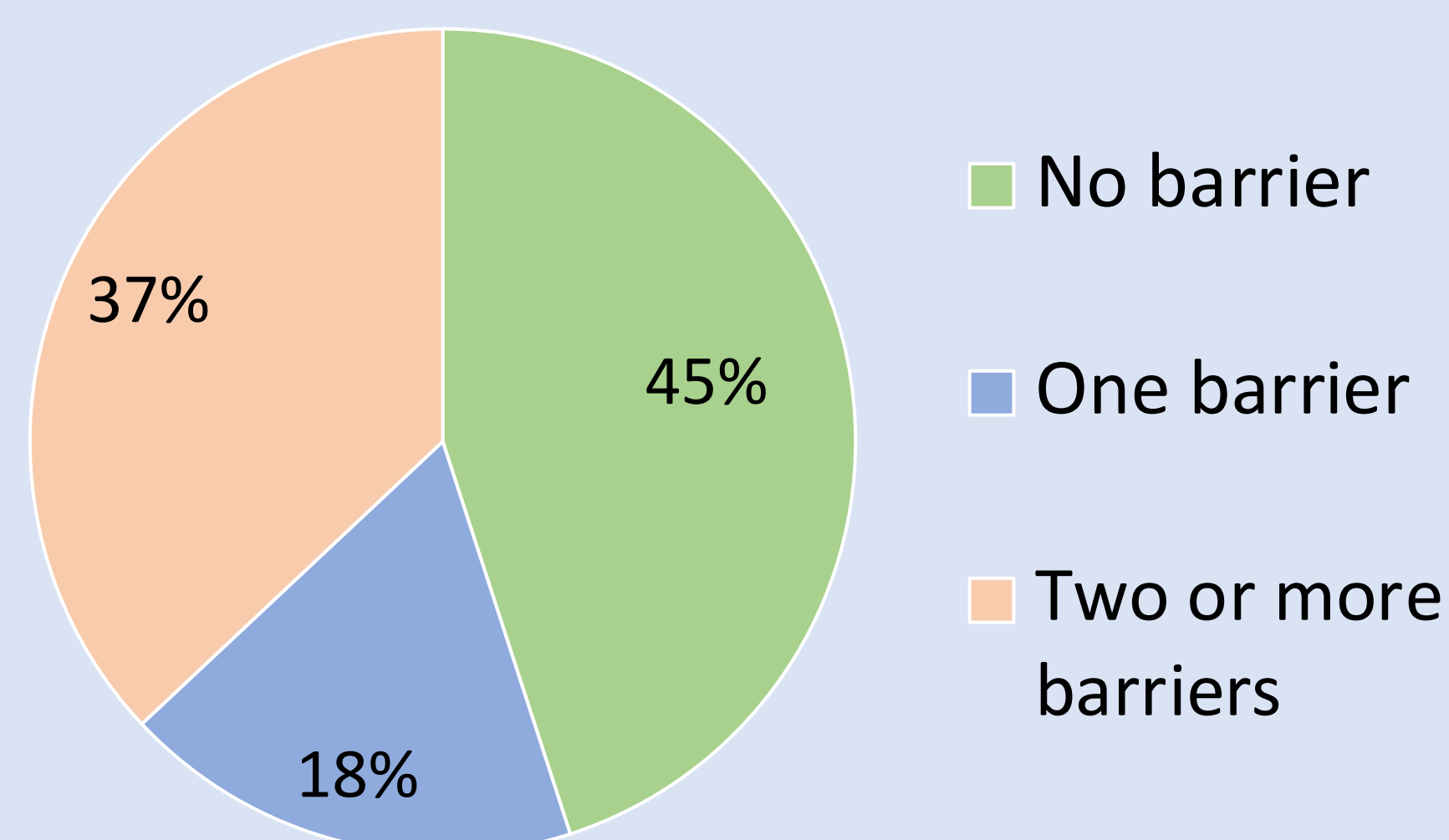


Background and Information: Lack of Research for Indigenous Women

Reproductive health care is one of the major determinants for women's health. This care encompasses a wide range of services, such as access to safe childbirth, and cervical and breast cancer screenings. Although this is a form of care that is necessary, many face barriers to these services. Recently, research has been conducted to investigate the obstacles that women of racial/ethnic minority groups in U.S. face, to accessing reproductive health services. One example that demonstrates that women face barriers, comes from a study in Texas:



Number of Barriers Faced by Women
 Source: Texas Policy Evaluation Project

A slight majority of the 799 Texas women surveyed reported facing at least one barrier – such as lack transportation or inability to pay – in accessing reproductive health services.

What About Indigenous Women?

While research towards minority women has begun, indigenous women in the U.S. have not been included in these strides. There has been a tremendous lack of data documenting the specific barriers to reproductive health care services that indigenous women face.

My research examines the *geographic barriers, lack of culturally competent providers, and financial obstacles* that other minority women experience, as well as preexisting data on indigenous women, to begin to understand/explore what perhaps indigenous women face when accessing reproductive health services.

3 Possible Barriers to Reproductive Health Services

1. Geographic Barriers

Research has demonstrated that Hispanic, Asian and African American women face geographic barriers to care. Similarly, other data indicates that Indigenous women often live in rural locations. These rural locations are typically far away from clinics and healthcare facilities.



2. Lack of Cultural Competency

Data conveys that minority (Hispanic, Asian and African American) women frequently experience disrespect and lack of sensitivity in health care settings. Because Indigenous women are also a minority group and have historically been suppressed by structural systems, it is likely that they have had similar experiences and emotions when accessing services.

3. Financial Obstacles

Minority women additionally face financial barriers to care. Similarly, other data has indicated that Indigenous women are often within low socioeconomic status.



Results:

Results indicate that indigenous women face similar barriers that other minority women do. They experience high prevalence rates of reproductive cancers, live in rural locations, have faced insensitive doctors/providers, and are largely within low socioeconomic status.

Recommendations

Conclusions.

- As has been stated, indigenous women in the U.S. are in fact in need of reproductive health care, and likely face similar obstacles to accessing services as other minority groups. These obstacles include *geographic barriers, lack of culturally competent providers and financial obstacles.*

Limitations:

- Severe gaps in the literature remain regarding indigenous women. The data that is available about minority groups are those centered around Hispanic, Asian, and African American women.
- Because the research used is data from other minority groups, what is concretely true for indigenous women is still largely unknown.
- Clearly much more future research still needs to be done.

Future Research/Goals:

- Future research must be specific for indigenous women. It should include a focus towards the exact barriers that this group is forced to endure.
- Additional goals should be made towards both learning, and understanding, indigenous cultural beliefs, practices and lifestyles. This can ensure that interventions are properly designed, and then effectively implemented.

More Possibilities

- While much more still needs to be done, there is hope for the future. Although Hispanic, Asian and African American women continue to face barriers when it comes to accessing care, many interventions towards these issues have proven to be effective.
- As progress has been made for other minority groups, this can be done for indigenous women as well. By dedicating research to this group, and studying/developing interventions specifically for indigenous women, progress that has been made amongst other minorities can/will be achieved.
- These actions are not only necessary, but vital to safeguarding women's health. Only once this is done can we begin to ensure that women's health is sustainable, and that *everyone* has equitable access to the care they rightfully deserve.

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