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Family Planning, Natural Family Planning, and Abortion Use among U.S. Hispanic Women: Analysis of Data from Cycle 7 of the National Survey of Family Growth

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Abstract

Hispanics are the largest minority group in the U.S. and they contribute to over 50 percent of Catholics under the age of 25. The purpose of this study was to determine the patterns of contraceptive use (current and ever), natural family planning (NFP), and abortion among U.S. Hispanic women between the ages of 15 and 44 years and to compare their patterns of use to non-Hispanic women of the same age range. A particular interest was to determine the influence of faith on the choice of family-planning methods among the sexually active U.S. Catholic Hispanic women. Data for this study came from the National Survey of Family Growth 2006–2008, which included 1,613 Hispanic and 5,743 non-Hispanic women between the ages of 15 and 44. Approximately 57

percent of the Hispanic women are Catholic. In general, U.S. Hispanic women had significantly less frequent use of the hormonal pill, male condom, withdrawal, and vasectomy (of male partner) but more frequent use of the IUD and Depo-Provera compared to non-Hispanic women. There was little use of NFP and no difference in the frequency of reported abortion. Catholic Hispanic women had significantly less frequent use of the male condom, the Pill, vasectomy, and abortion and more use of NFP compared to non-Catholic Hispanic women. Although there is some positive influence of faith among the sexually active Hispanic women of reproductive age, overall, the amount of ever use of sterilization (21 percent), condom use (80 percent), Pill use (66 percent), and Depo-Provera (30 percent) is remarkable. The more frequent use of Depo-Provera and the IUD might reflect the economic level of the participants and the use of federally funded family-planning services.

Hispanics are the largest and the fastest growing minority population in the United States.¹ According to the Pew Research Center approximately one-third of all Catholics in the U.S. are Hispanic, and they project that this proportion will continue to grow for decades to come.² Furthermore, according to the United States Conference of Catholic Bishops, currently, 50 percent of U.S. Catholics under the age of 25 are Hispanic.³ Since many Hispanics follow the Catholic faith, which only allows the use of natural family planning (NFP) for avoiding pregnancy, it would be interesting to know the family-planning patterns of Hispanics in the U.S. and to see how they differ from the U.S. population in general. The purpose of this report is to provide an analysis of the family-planning practices (i.e., common contraceptives, abortion, and natural family planning) among U.S. Hispanic women in comparison to all other U.S. women of reproductive age. Of particular interest is the use of contraception, NFP, and abortion among U.S. Hispanic Catholic women, that is, to determine the influence of faith on family-planning patterns. Before analyzing the current family-planning patterns of U.S. Hispanics, a brief overview of family planning among Hispanics as found in the literature is presented.

Hispanic Women and Family Planning

Recent research indicates that Mexican immigrant women place a high value on the welfare of their family, and the welfare of their family is the prime motivation for family-planning preferences.⁴ Migration to the U.S. increased their felt need to plan their pregnancies. The motivations behind pregnancy planning were primarily to give their children good lives and to enjoy their children.⁵ Women were more concerned with planning their pregnancies based on financial readiness rather than on following religious traditions.⁶

The research is conflicted regarding the correlation between contraception and acculturation. One study demonstrated a positive correlation between acculturation and high-risk sexual behaviors in Latina women and that unacculturated women place higher value on the cultural norms of pregnancy and motherhood than their counterparts who are moderately acculturated.⁷ Another study found that family-planning practices were similar to those reported for non-Hispanic women, indicating that retaining cultural identity and living a traditional Latino lifestyle may be related to using contraception more often, rather than less.⁸

Hispanic women (U.S. born and non-U.S. born) have higher pregnancy rates, desire more children, and have fewer lifetime sex partners and more unplanned pregnancies compared to non-Hispanic white women. When psychosocial factors were considered with level of acculturation, researchers concluded that birth control and disease-preventative practices did not improve significantly among Hispanics who were born in the United States despite improvement in contraceptive knowledge and attitude. This can be partially attributed to the barriers they cited, such as belief that birth control causes major side effects, belief that birth control was unreliable, partner pressure not to use contraceptives, a belief that it is women's responsibility to use contraception, or the belief that contraception is against one's religion. The rhythm method was included in the questionnaire resulting in the participants doubting its effectiveness. Newer methods of natural family planning, such as monitoring of cervical mucus, temperature, and/or urinary hormones, were not discussed.⁹

E.K. Wilson analyzed contraceptive use from Cycles 5 (1995) and 6 (2002) of the National Survey of Family Growth (NSFG) and explored contraceptive patterns of women of Mexican origin revealing patterns of contraceptive use among first-generation immigrants and women of generation 1.5 are similar to those of women in Mexico, with very low rates of contraceptive use among young women who have not yet had a child.¹⁰ Patterns of contraceptive use by Hispanic women can be attributed to their perceptions of side effects and concerns about long-term health effects.¹¹ Hispanic women express frustration that their healthcare providers do not discuss side effects of the contraceptive choices.

In order to evaluate the cultural and socioeconomic factors that influence family-planning decisions of a group of medically underserved Latinas, a survey of 97 Latinas was conducted.¹² Only 69.1 percent of the sexually active Latinas were using a method of birth control while 32.8 percent of the sample used hormonal methods of birth control, which is 20 percent less than the national data. The second and third most frequently used methods were condoms and withdrawal, which may reflect their fear of hormone use. Religious and cultural beliefs did not appear to be influences for this group. The data suggest that early pregnancy is accepted and desirable by Latinas and that birth control needs may not become apparent until they have reached their desired family size. Most of the cohort preferred learning about family planning through discussions and videos. Relationship duration, communication about contraception, and female involvement in decisions about contraceptive use were positively associated with effective contraceptive use.¹³

Hispanics' Attitudes regarding NFP

The meaning of “natural” methods of family planning is debated and conceptualized differently by providers and users. Providers see “natural” as a cost benefit analysis whereas users perceive it as methods of family planning that preserve their natural body.¹⁴ Many Hispanic women are interested in NFP as a family planning when presented, consider it in a positive manner. C.J. Leonard et al. performed a cross-sectional survey of 357 reproductive-aged women, mostly Hispanic (81.8 percent), about their interest in natural family planning.¹⁵ Of the sample, 61 percent stated that they were likely or very likely to use NFP to avoid pregnancy, and 50 percent would use NFP to achieve pregnancy. Factors that were independently associated with interest in using NFP to avoid pregnancy were Hispanic ethnicity, lower level of acculturation, less education, and recent use of condoms or withdrawal. Younger women were more likely to express interest in using NFP to achieve pregnancy, unrelated to parity. Regression analysis showed attendance in religious service to be an independent predictor. Finally, women indicated appealing aspects of NFP to be its naturalness (20 percent), the absence of side effects (27 percent), and the opportunity to learn more about their own body and fertility (24 percent). The unappealing aspects were the question of effectiveness (21 percent) and that it is too difficult to use (11 percent). Due to the fact that the study was a nonrandom sample and primarily Mexican origin, the results cannot be extrapolated to all Hispanic women in the U.S.

Based on the factors of family, desire for pregnancy, and attitudes on contraception and NFP, we sought to determine the current patterns of family planning and abortion among U.S. Hispanics and to determine if there are differences in the family-planning practices of Hispanic women in comparison to U.S. women. A second purpose is to determine the influence of the Catholic faith the choice of family-planning methods and use of abortion by comparing Catholic Hispanic women with non-Catholic Hispanic women in the Cycle 7 dataset of the National Survey of Family Growth.

Methods

The National Survey of Family Growth is a survey conducted by the National Center for Health Statistics, a part of the Department of Health and Human Services approximately every three to seven years since 1973. The NSFG includes factors that help explain trends and group differences in birth rates, such as contraception,

infertility, sexual activity, and marriage.¹⁶ Researchers at Department of Health and Human Services then use the dataset to plan health services and health education programs and to do statistical studies of families, fertility, and health. The NSFG is available to researchers who may use the dataset to determine trends in family health and in contraception use and choices.

The NSFG is conducted using a nationally representative, randomly selected sample of women (and since 2002 men) ages 15 to 44 in the U.S. Interviews are conducted in person and take approximately 80 minutes to complete. Sensitive questions are asked through a self-paced computer-assisted program. The response rates in these surveys range from 75 to 80 percent. In 2010, datasets were released from Cycle 7 of the NSFG.¹⁷ The interviews for Cycle 7 were conducted from January 2006 through June 1, 2010.

There are 7,356 women participants in the 2006 to 2008 Cycle 7 of the NSFG and 3,577 variables in the dataset. Of the 7,356 respondents, there were 1,613 Hispanic respondents and 5,743 non-Hispanic respondents who answered the questions about abortion and contraceptive practices and whose data were included in this analysis. Equal variances were assumed, as NSFG is a population-based study.

The dependent or outcome variables analyzed from this dataset that we selected were (1) the current use of the hormonal contraceptive pill, vasectomy, female sterilization, male condom, intrauterine device, withdrawal, rhythm, and NFP; (2) the ever use of the Pill, vasectomy, female sterilization, male condom, withdrawal, rhythm, IUD, and NFP; (3) the number of abortions the respondent reported; and 4) whether the respondent had an abortion in the past 12 months. Rhythm refers to the woman counting the days from the start of her period to know when she is fertile. The independent variables were whether or not the respondent listed his or her race as Hispanic, the Hispanic respondent listed his or her religion as Catholic, and the respondent was sexually active.

Descriptive statistics were used to determine the demographic makeup of the sample, including age, marital status, and parity in addition to number of pregnancies in lifetime, age at first sexual intercourse, and total number of induced abortions. *Chi*-square and relative risk odds ratios—that is, likelihood to use a method of contraception (based on 95 percent confident intervals and a significant probability of 0.05 or less)—were calculated with the sample dichotomized by whether participants listed themselves as Hispanic or non-Hispanic. Statistical significance was set at the 0.05 probability level. Statistical analysis was performed by use of the Statistical Package for Social Sciences (version 17).

The NSFG Cycle 7 dataset is available through the National Center for Health Statistics and is downloadable through the Internet into Statistical Package for Social Sciences files. The dataset does not contain any identifying variables and is intended for public use. Some very sensitive variables like whether the respondent had an abortion or not are handled through a computer assisted interview and not in-person. This research project was reviewed by the Office of Research Compliance at Marquette University and received exempt status.

Results

Demographics

There was no statistical difference between the mean age of the Hispanic (28.33, *SD* = 8.23) and the non-Hispanic U.S. women (28.70, *SD* = 8.58). The Hispanic women had a slightly lower mean age at first menstrual period (12.44, *SD* = 3.46 vs. 12.89, *SD* = 5.89; *t* = 2.90, *p* < 0.01), a higher mean number of pregnancies in lifetime (1.97, *SD* = 1.91 vs. 1.73, *SD* = 4.24; *t* = 2.21, *p* < 0.024), and a greater mean number of live babies (1.50, *SD* = 1.50 vs. 1.08, *SD* = 1.33; *t* = 10.76, *p* < 0.001).

Frequency (and percentage) of current use of contraceptive methods or NFP among Hispanic women by marital status in the NSFG Cycle 7 dataset is presented in [table 1](#). The major method of family planning among married,

cohabitating, and divorced couples is sterilization. The second most frequently used method for married Hispanics is the male condom while for cohabitating and divorced Hispanics it is the Pill. Single Hispanics use the Pill most frequently followed by condoms. Approximately 35 percent of the Hispanic U.S. women in the sample were currently married compared to 33.3 percent of the non-Hispanic U.S. women. Of the Hispanic women, 14.5 percent were cohabitating with the opposite sex, and 11 percent were either divorced or separated from their spouse, as compared to 10 percent of non-Hispanic women who were cohabitating and of whom 8 percent were either divorced or separated. The reproductive differences between the Hispanic and non-Hispanic women not currently using contraception are similar, except more Hispanic women (6 percent) compared to non-Hispanic women (4.1 percent) were currently pregnant. About 3.8 percent of both groups were currently seeking pregnancy, 0.9 percent was post-partum, and 12.5 percent never had intercourse. Approximately 58 percent of the Hispanic women listed themselves as Catholic compared with only 17.6 percent of non-Hispanic women.

Table 1 Frequency (and Percentage) of Current Use of Contraceptive Methods or NFP among Hispanic Women ($N = 1,613$) by Marital Status in the National Survey of Family Growth Cycle 7 Dataset.

Method	Married	Cohabit	Divorced or Separated	Single Never Married
Pill (OC)	69(4.28)	30(1.86)	20(1.24)	77(4.77)
Sterilization (female)	129(7.99)	32(1.98)	56(3.47)	32(1.98)
Sterilization (male)	32(1.98)	4(0.24)	1(0.06)	3(0.19)
Condom	77(4.77)	24(1.49)	6(0.37)	69(4.27)
IUD	43(2.66)	14(0.87)	11(0.68)	12(0.74)
Withdrawal	30(1.86)	11(0.68)	2(0.12)	15(0.93)
Depo-Provera	14(0.87)	15(0.93)	7(0.43)	14(0.87)
NFP/ rhythm	10(0.62)	2(0.12)	1(0.06)	1(0.06)

When comparing the sexually active Catholic Hispanic women ($N = 803$) with non-Catholic Hispanic women ($N = 602$), the Catholic Hispanics were on average slightly older (mean age 30.3 vs. 29.2) and had on average slightly more living children (mean number 1.83 vs. 1.57). There was no difference in the age of first menstrual period and number of pregnancies. Approximately 6.2 percent of the Catholic Hispanics were currently pregnant compared with 7.8 percent of the non-Catholic Hispanics and 4.6 percent of the Catholics were seeking pregnancy compared with 4.0 percent of the non-Catholics. Only 0.9 percent of the Catholics were post-partum, and 1.2 percent of the non-Catholics.

Current Use of Contraception and NFP

The percentages of current contraceptive methods by Hispanic and non-Hispanic women respondents in Cycle 7 of the NSFG are presented in [table 2](#). The data show that there is not much difference in the current use of contraceptive methods between the two cohorts of women. However, Hispanic women have a slightly higher percentage in use of the IUD, but less use of male sterilization and the hormonal birth control pill (slightly more or less was determined by a difference of one percent or more).

[Table 3](#) provides the percentage of current use of a contraceptive method by Catholic Hispanic women in comparison to non-Catholic Hispanic women. There is a greater (i.e., one percent or more) percentage current use of female sterilization, the Pill, and NFP but less use of withdrawal.

Table 2 Frequency (and Percentage) of Current Use of Contraceptive Methods or NFP among U.S. Hispanic ($N = 1,613$) and Non-Hispanic Women ($N = 5,743$) in the National Survey of Family Growth Cycle 7 Dataset.

Method	Hispanic Frequency/(Percentage)		Non-Hispanic Frequency/(Percentage)	
Pill (OC)	196	12.2%	1031	18.0%

Sterilization (female)	250	15.0%	815	14.2%
Condom	176	10.9%	592	10.3%
IUD	80	5.0%	160	2.8%
Withdrawal	58	3.6%	171	3.0%
Depo-Provera	50	3.1%	167	2.9%
Sterilization (male)	40	2.5%	288	5.0%
NFP/rhythm	14	0.9%	41	0.7%

Table 3 Frequency (and Percentage) of Current Use of Contraceptive Methods or NFP among U.S. Sexually Active Catholic Hispanic ($N = 803$) and Non-Catholic Hispanic Women ($N = 602$) in the National Survey of Family Growth Cycle 7 Dataset.

Method	Catholic Hispanic Frequency/(Percentage)		Non-Catholic Hispanic Frequency/(Percentage)	
Sterilization (female)	149	18.5%	101	16.7%
Pill (OC)	115	14.3%	73	12.1%
Condom	176	12.8%	73	12.1%
IUD	45	5.6%	35	5.8%
Withdrawal	29	3.6%	29	4.8%
Depo-Provera	31	3.8%	19	3.1%
Sterilization (male)	20	2.5%	20	3.3%
NFP/rhythm	11	1.3%	3	0.4%

Ever Use of Contraception, NFP, and Abortion

[Table 4](#) provides the percentages of “ever use” of contraceptive methods by Hispanic woman as compared to non-Hispanic women in Cycle 7 of the NSFG. The table also provides odds ratios, or the likelihood of Hispanic women ever using a contraceptive method compared to non-Hispanic women. As can be seen in the table, Hispanic women were (significantly) less likely to use the male condom, the hormonal pill, withdrawal, and male sterilization and more likely to ever have used Depo-Provera and the IUD. There was no significant difference in the frequency in the use of calendar rhythm, surgical sterilization, and NFP. Although there was no significant difference in the frequency of reported abortion in the past 12 months between the Hispanic and non-Hispanic women, on average there were fewer reported abortions by the Hispanic women compared to non-Hispanic women ($0.27, SD = 0.87$ vs. $0.34, SD = 0.75; t = 2.39, p < 0.017$).

Table 4 Percentages and Odds Ratio of Ever Use of Family-Planning Methods among U.S. Hispanic Women in Comparison with Non-Hispanic U.S. Women in Cycle 7 of the National Survey of Family Growth.

Method	% Hispanic	% Not Hispanic	OR	95% CI	Sig.
Male condom	83.5%	95.0%	0.265	.219–320	<0.001
Pill (OC)	60.6%	73.3%	0.561	0.500–0.630	<0.001
Withdrawal	53.1%	60.2%	0.747	0.663–0.842	<0.001
Depo-Provera	25.2%	21.0%	1.26	1.11–1.44	<0.001
Calendar rhythm	17.9%	18.5%	0.965	0.827–1.13	0.647
Surgically sterile	16.4%	14.7%	0.882	0.758–1.03	0.107
Vasectomy	6.0%	12.5%	0.448	0.354–0.568	<0.001

IUD	6.3%	3.5%	1.90	1.46–2.47	<0.001
NFP	3.5%	3.9%	0.885	0.643–1.22	0.454
Abortion*	1.5%	1.3%	1.19	0.723–1.96	0.495

* Reported abortion in past 12 months

[Table 5](#) provides the percentages of “ever use” of contraceptive methods by sexually active Catholic Hispanic woman as compared to sexually active non-Catholic Hispanic women in Cycle 7 of the NSFG. Like [table 4](#) it also provides odds ratios, or the likelihood of Catholic Hispanic women ever using a contraceptive method compared to non-Catholic Hispanic women. As can be seen in the table, sexually active Catholic Hispanic women were (significantly) less likely to use the male condom, the hormonal pill, male sterilization and abortion (in the past 12 months). They were more likely to ever have used NFP. There were significantly less mean number of abortions reported by the Catholic Hispanic women compared to non-Hispanic women (0.20, *SD* = 0.62 vs. 0.37, *SD* = 1.12; *t* = 3.20, *p* < 0.001).

Discussion

The number one current method of family planning among U.S. Hispanic women between the ages of 15 and 44 years is sterilization followed by the Pill and condom. Compared with non-Hispanic U.S. women, Hispanic women have less use of the Pill and sterilization of the male partner. There is no difference in the current use of NFP or calendar rhythm. Sterilization is also the most frequent method of family planning among Catholic Hispanic women in the U.S. In fact there is a greater current use of sterilization (female) and the Pill compared with non-Catholic Hispanic women. Although there is a greater percentage in use of NFP and calendar-rhythm among the Catholic Hispanic women, this percentage is very low—that is, 1.3 percent.

Table 5 Percentages and Odds Ratio of Ever Use of Family-Planning Methods among Sexually Active U.S. Hispanic Catholic Women in Comparison with Non-Catholic Hispanic Women in Cycle 7 of the National Survey of Family Growth.

Method	% Hispanic	% Not Hispanic	OR	95% CI	Sig.
Male condom	80.4%	87.5%	0.586	0.435–0.789	<0.001
Pill (OC)	66.0%	70.9%	0.796	0.633–1.00	<0.050
Withdrawal	51.5%	55.1%	0.866	0.700–1.07	0.182
Depo-Provera	29.8%	27.7%	1.10	0.874–1.40	0.408
Surgically sterile	20.9%	19.4%	0.901	0.685–1.19	0.457
Calendar rhythm	17.9%	17.9%	0.999	0.759–1.32	0.997
Vasectomy	4.7%	7.6%	0.601	0.386–0.937	<0.023
IUD	6.4%	7.0%	0.973	0.631–1.50	0.903
NFP	4.6%	1.9%	2.37	1.23–4.59	<0.008
Abortion*	0.4%	2.8%	0.172	0.058–.515	<0.001

* Reported abortion in past 12 months

Compared to non-Hispanic U.S. women between the ages of 15 and 44 years, U.S. Hispanic women were significantly less likely ever to have used the Pill, male condom, withdrawal and male vasectomy. However, there is significantly more likely ever use of Depo-Provera and no difference in the use of NFP. This pattern of family-planning use is not too much different when sexually active Catholic U.S. Hispanics are compared to non-Catholic Hispanic women. Among Catholic U.S. Hispanics, there is less likely ever use of the male condom, the Pill, and male sterilization. There is more likely ever use of NFP. There is also significant less likely use of abortion

in the past 12 months and significantly less ever use of abortion both by U.S. Hispanic women in general (in comparison to non-Hispanic U.S. women) and with U.S. Catholic Hispanic women in comparison with non-Catholic Hispanic women.

This is in contrast to findings from a study conducted by the Guttmacher Institute that the proportion of Hispanic women who have abortions is greater than the proportion they make up in the population because they have a higher rate of unintended pregnancy. Although we were unable to find information on specific beliefs within the Catholic faith and Latinas, R.K. Jones found the abortion rate for Catholic women ages 18 to 44 years is comparable to that of all women.¹⁸ Unfortunately, we are unable to discern whether this is due to lack of knowledge of Catholic teachings or disregard for specific tenets of the Catholic faith.

One reason for unintended pregnancy and subsequent abortion services can be partially attributed to the worry about side effects and weight gain from contraceptive use.¹⁹ Fear of side effects is a legitimate concern, as studies have shown hormonal contraceptives may cause the following adverse effects: decreased bone mass density, increased risk for breast cancer, increased risk of venous thrombosis, risk for inflammatory bowel disease, increased risk of breast cancer, negative well-being, and weight gain.²⁰

In reference to religious beliefs, we do know they are important to a majority of young adults but nearly half of them regard their religious beliefs as only somewhat or not at all important.²¹ Many young adults are skeptical of religious institutions and as a result do not want to conform totally to an institutions beliefs but rather pick and choose what beliefs and practices they will ascribe to. This popular cultural phenomenon explains why, although artificial birth control is forbidden by the Catholic Church, Catholic Hispanics and many Catholics of all ethnic backgrounds choose to use artificial contraception.

In this data analysis, although there is less likely ever use of some methods of contraception and more likely use of NFP, this is all relative. There is still a lot of ever use of contraception, whether the condom, Pill, Depo-Provera, or surgical sterilization and not a lot of ever use of NFP. Therefore, it seems that the Catholic faith has some influence on the patterns of contraceptive, NFP, and abortion compared to non-Catholics but the influence is relatively minimal. Most troubling is the use of sterilization among the U.S. Catholic Hispanic population. One possibility for Catholic Hispanics to use sterilization is that they may perceive it as a one-time confessable sin whereas other modes of contraception are used over time and would require repeated confession or continuous guilt.

Reasons for these patterns of family-planning methods among U.S. Hispanic women could be explained partially by cultural dynamics. The core of Hispanic culture revolves around family or “familismo,” a commitment to the family unit rather than the individual. Machismo is a term that dictates that men are expected to protect the honor and welfare of their families. Marianismo is the traditional role of the woman to take on the mother role caring for the children, home, and husband.²² These cultural characteristics interplay with other factors when it comes to decisions regarding contraceptive practices. The fact that Hispanic women are less likely to use many types of birth control, particularly vasectomy, may be accounted for by machismo. Low rates of sterilization among Hispanic men are usually explained by a cultural value such as the relationship between fertility and masculinity while religion does not appear to influence the decision to choose sterilization.²³ The early desire for motherhood and children might lead to completing family size sooner than the non-Hispanic population and as a result the resort to female sterilization.

Other reasons for family-planning choice among U.S. Hispanic women might be due to economic and health-care system factors. There is a lack of contraception and specifically natural family planning services for Hispanics due to health-care access issues. Overall, there is a lack of contraceptive knowledge by health-care providers in addition to a belief that the effectiveness of fertility awareness-based methods are less than

reported in the literature and as a result little promotion of NFP.²⁴ However, another source found no racial/ethnic differences in the overall use of family-planning services indicating no differences in access.²⁵

The National Health Interview Survey years 2000 to 2002 collected information for 54,763 women aged 18 years and over, 9,082 of which were Hispanic or Latina, with an overall response rate of 73.4 percent. Of the Hispanic/Latina women, 31 percent lacked health insurance at the time of the interview, 20 percent had no usual place to go for medical care in the past year, and 22 percent experienced unmet health-care needs during the past year due to cost. Overall the lack of access to health care was most prevalent among Hispanic women who were foreign born, had poor or near poor poverty status, and had less than a high school diploma.²⁶ Access to family planning by the poor is often at federally funded clinics that have a tendency to promote the use of hormonal contraception (i.e., Depo-Provera, the Pill, or the IUD). Once Hispanic women have two or more children, there is most likely pressure to have sterilization.

Limitations of Study

One limitation of the NSFG dataset that has been reported in the literature is the potential under reporting of abortion. It could be that the lower use of abortion as a family-planning method among the Hispanic population and in particular the sexually active Hispanic population is the embarrassment in admitting use of abortion, which is a grave matter in the Catholic faith. There is also some question as to whether the population sampling technique truly represents the Hispanic population in the U.S. According to the U.S. Census, about 68 percent of Hispanics in the U.S. consider themselves as Catholic, while the NSFG only indicates 57 percent.²⁷

Practice Implications

The reason for high female sterilization rates is in part due to the influence of physicians' advice. Almost all obstetricians/gynecologists are willing to help patients obtain surgical sterilization if asked.²⁸ Some will dissuade patients based on factors such as age and spousal agreement of the patient and based on the physician's beliefs. The study did not look at the prevalence of female sterilization secondary to the physician initiating the conversation; therefore, we do not know how often physicians are the ones to suggest sterilization. Physicians should be aware of a person's culture, religion, and possible regret involved with sterilization when discussing the option with patients.

A Spanish study concluded that as the use of contraceptive methods increase, the rate of elective abortion also increased. An interesting note is that availability of abortion was cited as one of the reasons for nonuse of contraception. Some characteristics associated with greater likelihood of having an abortion included being 25 and older, cohabiting, having high income, having experienced first intercourse before turning 18, the number of births, and having used no contraceptive method at first sex.²⁹ The availability of elective abortion appears to decrease the level of responsibility felt by those engaging in sexual activity.

Another theme that providers should be aware of is women's decreased compliance with contraceptive methods due to concern with side effects secondary to hormonal contraception. It would be wise for health-care providers to become familiar with natural methods such as mucus, temperature, and urinary hormone monitoring, in order to offer it as a viable option for the patients. Perhaps they could have a particular NFP method they are comfortable with and refer their patients to the institutions that teach the method. A study of nurse midwives' knowledge and use of NFP found that 92 percent of the sample felt they were minimally prepared to teach NFP.³⁰ Natural family planning should be included in the curriculum of both medical schools and nurse midwives in order for the care providers to be able to offer a natural and effective option.

Recommendations for Future Research

Recommendations for future research include comparing the findings from Cycle 6 (2002) and Cycle 7 (2006) of the NSFG datasets. Comparing the results would allow us to see trends in contraception and the relationship

with religion. Another recommendation is to look at Cycle 7, as we did in this study, but to break down the Hispanic population into the different ethnicities as well as looking at non-Hispanic compared to other races individually such as Caucasian, African American, and other races or ethnic groups. Another point of interest is to look at the ages those who were not using contraception and never had intercourse and to if they were in a relationship at the time of the interview and their reasons for abstaining. Finally, we also recommend not just investigating the influence of faith (i.e., religion) on family-planning patterns, but also the importance of religion and the frequency of Church attendance. Both of these variables are in the NSFG datasets.

Conclusion

It is troubling (from a Catholic faith perspective) that the sexually active Catholic Hispanic women have more current use of female sterilization and the hormonal pill than the non-Catholic Hispanics. It is also troubling that 21 percent of sexually active Catholic Hispanic women are sterilized. If you add the male partner sterilization, that percentage goes up to approximately 26 percent. We question whether Catholic Hispanic couples are unable to live with their fertility or whether there is pressure from the health-care system to influence them to be sterilized.

Another interesting finding is that Hispanic women have a greater likelihood to ever have used Depo-Provera, which is a hormonal method of birth control, while they have lower likelihood of using the most popular of hormonal methods of birth control, the Pill. It would be interesting to know if providers are recommending Depo-Provera more in the Hispanic population or if their decision is based on fear of hormones in the Pill versus other methods.

The fact that contraceptive and faith knowledge does not impact birth control and disease-preventative practices indicates that perhaps a more effective approach is to teach chastity and the tenets of the faith before marriage and within marriage. Fertility awareness and natural family planning methods would be valuable to this population due to the naturalness and, thus, lack of side effects and its consistency with Catholic teachings.

Notes

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