Family Planning Service Use among Hispanics in the U.S.  
Elizabeth Wildsmith, Ph.D., Kate Welti, M.P.P., Jennifer Manlove, Ph.D.

Family Planning Service Use in the Past Year among Hispanic Women

Findings

Family Planning Service Use by Country of Origin

No Services

Non-clinic

Clinic

No Services

Non-clinic

Clinic

Mexican

44.4%

42.2%

35.6%

22.4%

18.7%

14.8%

9.9%

5.5%

36.1%

28.4%

20.6%

12.5%

8.7%

6.5%

2.9%

2.6%

2.2%

2.0%

Results

Description and Bivariate Results

- 65% of the sample received family planning services in the past year (in a clinic or non-clinic setting).
- Mexican-origin women were more likely than other Hispanics to receive clinic services.
- Native-born/1.5 generation Spanish-speaking women were least likely to receive services.
- Foreign-born women were most likely to receive clinic services; native-born/1.5 generation English-speaking women were most likely to receive non-clinic services.

Additional Multivariate Results

- Odds of receiving services decreased with each year of age. Conversely, increased parent education, school enrollment, and children were linked to higher odds of service receipt.
- Younger age at interview, having children, and being enrolled in school were linked to higher odds of family planning service receipt, in a clinic or non-clinic setting.
- Among those receiving services, increased income and higher parental education were linked to more clinic services, while being outside of a married union was linked to clinic service receipt.

Discussion

- The least acculturated of the native-born/1.5 generation—the Spanish speakers—had the lowest receipt of family planning services.
- SES and life course measures were linked to the receipt of family planning services, and the location of services, in expected ways.
- Although traditional gender attitudes were linked to location of clinic services in bivariate analyses, these associations were non-significant after accounting for SES and life course measures.

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Background

• Hispanics are the largest and fastest growing minority group in the U.S.; in 2010 they made up 16% of the population.
• The rate of unintended pregnancy among Hispanics in the U.S. is high, while the rate of contraceptive use is low, particularly among the foreign-born population. This suggests a high unmet need for family planning and contraceptive services among Hispanics.
• A better understanding of factors linked to family planning service use among Hispanic women is central to efforts to promote sexual and reproductive health.

Aims

• To identify factors linked to family planning service use among Hispanics.
• To examine heterogeneity in family planning service use among Hispanics by country of origin and by level of "acculturation" (a combined measure of nativity, length of time in the U.S., and predominant language).

Data and Methods

• 2002 and 2006-2010 National Surveys of Family Growth (NSFG).
• The analytic sample was limited to Hispanic women aged 18-29 who were sexually active in past year and not pregnant or seeking pregnancy, N=1,360 women (507 from the 2002 survey and 853 from 2006-2010 survey).

Measures

• Family planning service use: dichotomous indicator of visitation to medical provider for birth control method, birth control check-up, birth control counseling, sterilization operation, or sterilization counseling in past year.
• Location of family planning service receipt: 1) no services; 2) clinic, including Title X clinics; 3) non-clinic, including private physicians offices.

Primary Independent Variables

• Acculturation: 1) native-born or foreign-born and came to U.S. before age 12 (1.5 generation); 2) native-born or foreign-born and came to U.S. before age 12, speaks primarily Spanish; 3) foreign-born and came to U.S. at age 12 or older
• Country of origin: Mexican origin vs. other Hispanic

Control Variables

• SES: poverty status, family structure at age 14, parent education
• Life course: age at interview, current school enrollment, lives with parent, age at first sex, relationship status, number of children, number of sex partners in past year
• Attitudes: attitudes about gender roles (work and parenting)

Methods

• Bivariate and multivariate analyses (logistic and multinomial regression) conducted in Stata examined whether receipt of family planning services in the past year, and where services were received, differed by generation and language status, Mexican origin, and family and individual characteristics.
• Analyses were weighted and adjusted to account for the complex sampling design of NSFG.

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