

Why do Hispanic women have more positive feelings around unintended pregnancies?: the role of partner intentions and immigrant status

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Introduction:

Data from the 2002 National Survey of Family Growth suggests there may be cultural differences in the relationship between pregnancy intentions and pregnancy desirability among Hispanic women, compared to Whites and Blacks. Hispanic women reported that 38% of recent pregnancies were unintended, which is in between the rates for White and Black women, but Hispanic women were happier about these pregnancies and reported making less effort to avoid them. 41% of Hispanic women selected the highest possible happiness score for pregnancies that were mistimed, while only 18% of White women and 15% of Black women did so.

I explore a variety of factors that might mediate between pregnancy feelings and intendedness and might differ by ethnic group, including immigrant status, partner intentions, religiosity, and labor force participation. First, there is reason to think partner intentions are especially important for Hispanic women. Male partners may have substantial control over fertility decision-making in the context of male-domination in Latin culture. For example, Ortiz and Casas found that the value Hispanic women place on male dominance is related to their contraceptive use¹. Partner intentions may play a bigger role in immigrant couples than native-born cultures. Mexican-American women born in the U.S. were more likely to have gender-egalitarian values than their foreign-born counterparts, according to a study by Leaper & Valin². The effect of male influence is likely to have a positive effect on family size because having a large family is seen as a sign of virility among Hispanic men and these men do report intending to have more children than Hispanic women³.

Immigrant status may also play a role in moderating the relationship between fertility intentions and reported happiness. Latin culture places a high value on maternal roles for women, so less US-aculturated women might derive more happiness from a pregnancy – even one that is unintended – than women in other groups⁴. A second reason is that Hispanic immigrants expect to have more children. Most immigrants from Latin America have spent part of their lives in countries with higher fertility rates than prevail in the United States or within U.S. subgroups. The social learning and social influence perspectives would predict that these women would have similar preferences for large families. In fact, a small study by Ungar and Molina revealed that unacculturated Hispanic women held more traditional preferences for large families than did Hispanic women who were somewhat acculturated⁵. Women who anticipate having large families are less likely to have concrete fertility goals, and will need to exert less control in order to achieve their desired family size. Acculturation is correlated with a greater sense of agency regarding personal health, according to one study of Mexican Americans⁶. The same could be true for fertility control.

In addition, Hispanic women are more religious than White women and religious women might be more likely to be happy about an unintended pregnancy because of the pro-family sentiment commonly espoused by religious groups⁷. Also, Hispanic women are less likely to be working

full time than white or black women. Women who are highly involved in the labor force might be less likely to be happy about an unintended pregnancy than their unemployed and part-time working counterparts because the opportunity costs lost from an unintended pregnancy are greatest for these women.

Objective:

In this paper, I test whether these ethnic differences in happiness persist once other factors are taken into account. I also test the hypotheses that immigrant status, partner intentions, religiosity, and labor force participation explain some of the difference. Finally, I discuss what these dynamics might suggest about the mechanisms leading to ethnic differences in overall fertility levels.

Methods:

The sixth wave of the National Survey of Family Growth (NSFG) was conducted between March 2002 and March 2003⁸. Information on pregnancy history, relationship history, contraception, childbearing intentions, wantedness of pregnancies, infertility, and attitudinal measures were collected from nearly 8,000 women and 5,000 men ages 15-44. The response rate for female respondents was 80% and data collection included an in-home interview and a computer-assisted portion. I analyze retrospective reports of pregnancy intentions for pregnancies that occurred in the five years before the survey, plus current pregnancies. I run OLS regressions and logistic regressions to test whether the observed relationships hold up when other factors are taken into account. The outcome variables used are happiness score (using a ten-point scale) and whether a woman reports a very high score. I control for covariates including age, education, marital status, number of previous pregnancies, and time since pregnancy.

Preliminary Results:

Table 1. Odds ratios for reporting being very happy about an unintended pregnancy (score=9 or 10)

	Model 1	Model 2	Model 3	Model 4	Model 5
Age	1.05	1.03	1.03	1.05	1.05
Education	0.97	0.95	0.96	0.95	0.96
Time since pregnancy	0.93	0.94	0.94	0.94	0.92
Pregnancy order	0.82 **	0.82 **	0.82 **	0.92	0.90
Hispanic	3.67 **	3.60 **	3.52 **	4.42 **	4.60 **
(Native)	2.42 **	2.41 **	2.36 **	3.20 **	3.36 **
(Immigrant)	5.83 **	5.64 **	5.52 **	6.39 **	6.58 **
Black	0.77	0.90	0.88	0.89	0.94
Other	1.46	1.50	1.51	1.13	1.08
Married		1.99	1.97	1.72	1.64
Cohabiting		1.28	1.28	1.14	1.14
Partner intentions			1.21	1.29	1.30
Religiosity				1.11	1.11
Labor force					0.79

**p<.05

I use OLS and logistic regression with five nested models to examine the effects of ethnicity and other factors on the odds of being happy about a mistimed pregnancy. I ran two versions of each model. One used a dummy variable for Hispanic ethnicity, and in the other, Hispanics are separated into two groups with one dummy for native-born Hispanics and one for immigrants. The results of the logistic regression show that Hispanic ethnicity and having a lower-order pregnancy are significantly associated with being very happy about a mistimed pregnancy. In the first model, which includes age, education, years since pregnancy, pregnancy order, and racial-ethnic groups (with Whites as the reference category), the only large effect was Hispanic ethnicity, with larger coefficients for immigrants than native-born Hispanics. Immigrants were nearly six times as likely as Whites to report being happy about a mistimed pregnancy, and native-born Hispanics were more than twice as likely. All of the other variables except for being of another race (age, education, being Black, and years since pregnancy) had small odds ratios, and none were significant.

The second and third models added dummy variables for being married, cohabiting, and having a partner who intended the pregnancy. None of these variables is significant, but being married and having a partner who intended the pregnancy both seem to operate in the expected direction – that is, making a woman more likely to report being very happy about the pregnancy. Adding these variables into the model also changes the odds ratios for native-born and immigrant status. The higher odds associated with being an immigrant drop slightly from about 5.8 to 5.5, both in response to the relationship variables and the “partner intended” variable. This suggests that part of the reason immigrants are more likely to be happy about a mistimed pregnancy is because they’re more likely to be married or cohabiting and are more likely to have a partner who intended the pregnancy.

In the fourth and fifth models, I included additional variables that might mediate between feelings about a pregnancy and intendedness and might differ by ethnic group. The first is religiosity – that is, how important the respondent considers religion to be in her life – with more religiosity being assigned a lower score on a three-point scale. The second is participation in the labor force. The scale here is also three points, and high engagement in the labor force is assigned a higher score. Neither of these odds ratios is significant. The odds ratio for religiosity is small and does not work in the expected direction, while the odds ratio for labor force participation does work in the expected direction and is larger.

Finally, I tested whether the effects of key variables are different for Hispanics (and particularly Hispanic immigrants) compared to other groups (not shown). The interaction between partner intentions and Hispanic ethnicity was not significant. Partner intentions, therefore, do not function differently for Hispanics, but Hispanic women are more likely to have a pregnancy intended by the partner, which might increase the odds of being happy about a pregnancy. There were also no significant effects for the interaction between Hispanic ethnicity and religiosity or Hispanic ethnicity and labor force participation. However, it is interesting to note that the odds ratio for the interaction between Hispanic ethnicity and labor force participation worked in an unexpected direction – within the study sample, being engaged in the labor force is associated with higher odds of being happy about an unintended pregnancy. However, Hispanics are less engaged in the labor force than their White and Black counterparts. Neither religiosity nor labor

force participation is likely an important factor for explaining why Hispanic women are happier about unintended pregnancies.

Conclusion:

Immigrants were more than six times as likely as Whites to report being happy about a mistimed pregnancy, and native-born Hispanics were more than three times as likely. Having a partner who intended the pregnancy seems to operate in the expected direction – that is, making a woman more likely to report being very happy about the pregnancy, although the coefficient is not significant. Furthermore, the interaction effect between Hispanic ethnicity and partner intendedness is not significant, but Hispanic women are more likely to experience pregnancies which they did not intend but their partner did. It is surprising that factors such as religiosity and labor force participation did not have much, if any, impact. Finally, important cultural differences remained, even after controlling for a variety of factors. Hispanic ethnicity (even among the US-born) continued to have a large and significant impact on the likelihood of being happy about an unintended pregnancy.

¹ Ortiz, S. and J.M. Casas. 1990. "Birth Control and Low-Income Mexican-American Women: The Impact of Three Values." Pp. 83

² Leaper, C. and D. Valin. 1996. "Predictors of Mexican American Mothers' and Fathers' Attitudes Toward Gender Equality." *Hispanic Journal of Behavioral Sciences* 18(3):343

³ Wiest, R.E. 1993. "Male migration, machismo, and conjugal roles: Implications for fertility control in a Mexican municipio." *Journal of Comparative Family Studies* 14:167-181, cited in Unger, J. and M. GB. 2000. "Acculturation and attitudes about contraceptive use among Latina women." *Health Care for Women International* 21(3):235-249; data on intentions calculated from NSFG 2002

⁴ Giachello, A.L. 1994. "Maternal/perinatal health." Pp. 135–187 in *Latino Health in the US: A Growing Challenge*, edited by M. C and A.-M. M. Washington, DC: American Public Health Association, cited in Unger, J. and M. GB. 2000. "Acculturation and attitudes about contraceptive use among Latina women." *Health Care for Women International* 21(3):235-249

⁵ Unger, J. and M. GB. 2000. "Acculturation and attitudes about contraceptive use among Latina women." *Health Care for Women International* 21(3):235-249

⁶ Castro, F.G., P. Furth, and H. Karlow. 1984. "The Health Beliefs of Mexican, Mexican American and Anglo American Women." *Hispanic Journal of Behavioral Sciences* 6(4):365

⁷ National Survey of Family Growth, 2002, author's calculations

⁸ Chandra, A., G.M. Martinez, W.D. Mosher, J.C. Abma, and J. Jones. 2005. "Fertility, family planning, and reproductive health of US women: data from the 2002 National Survey of Family Growth." in *Vital Health Statistics*