Language barriers and access are not the only obstacles Latinas face in using family planning: A qualitative examination of the role of communication

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In their own words

Communication with families
‘…my mom never talked to me about that before it happened. So I think it is harder for moms from that generation to talk to you. They’re ashamed, and my dad, I have two brothers, and my dad never talked to them, or told them this or that.’

Communication with men and husbands
‘…my husband said, I’ll take care of you. But he was using the condom because he saw that I was gaining a lot of weight with the injection and the pill would give me headaches. It’d make me hysterical (laughs),’

Culture and religion
‘Religion tells you that you are not supposed to engage in sexual relations until you are married and if you do you are a bad person. And because of that you don’t tell anyone anything because nobody wants to be a bad person. Therefore you don’t tell anyone or don’t ask for opinions on what type of methods you can use because if you do you are a bad person.’

Spontaneity
“I mean you are in the heat of the moment, I mean, okay, and the guy is like “no nothing will happen”…”

Introduction

Latinas living in the US are 3 times as likely to have an unintended pregnancy compared to non-Hispanic white women and have lower rates of contraceptive use. Research is limited regarding unintended pregnancies and contraceptive use among Latinas. The goal of this study was to identify and understand barriers Latinas face in accessing and using contraceptives.

Multiple barriers for Latinas to use contraceptives and family planning services have been identified. Brown and colleagues found that having Spanish as a primary language was associated with more negative attitudes toward condoms. Additionally, under-qualified translators and the unavailability of information in Spanish can be obstacles to receiving reproductive health care services.

Methods

Semi-structured interviews (N = 31) with 18- to 30-year-old Latinas were conducted in a rural, Midwestern state. Women were recruited through local organizations serving the Latino community and through snowball sampling.

Interviews addressed factors influencing contraceptive use and the barriers women in their community face when trying to prevent unintended pregnancies. Interviews were conducted in Spanish. Transcripts were translated into English and coded using open and closed coding schemes.

Results

Participant Characteristics
- The average age was 22.03 (SD = 5.31).
- 19% were married; over half had never been married.
- Over 40% were currently enrolled in college or had attended college. 25.8% had completed or attended high school and 12.9% had completed or attended middle school.
- 70% reported annual household income < $25,000.
- 61.1% were Catholic.
- 42% had no children at the time of the interview.
- Time spent living in the US ranged from 1 to 27 years.
- Mexico was country of origin for 61.9%.
- 61.3% reported experiencing an unintended pregnancy.

Themes

Communication in families
- Women identified a lack of communication in families early in life as a barrier to protecting themselves against unintended pregnancies later in life.

Communication with men and husbands
- Communication with men about sex or family planning was usually discussed in relation to culture and/or religion.
- Fear of a man’s reaction prevented some women from using contraceptives.
- Women said while some men did not object to using contraceptive in general, they objected to certain types of contraceptives.

Culture and religion
- The role of culture and religion in communication was pronounced in the interviews.
- Embarrassment about the topics (sex and contraceptives) was more salient than not speaking English.
- Communication about sex between partners and in the family was often discussed in relation to “culture.” Culture or nationality were important perceived barriers.
- Many women stated that while religion could be a barrier for other women, it was not a barrier for themselves.

Spontaneity
- Women reported that communication about contraceptives and sex did not happen when they were in the ‘heat-of-the-moment’ or when alcohol or drugs were involved.

Discussion

Our goal was to identify and understand contraceptive access and use barriers.

- Researchers and public health practitioners assume primary barriers to be language and cost issues.
- We found that women focused strongly on communication constraints not necessarily linked to language proficiency.
- Interventions should be designed to encourage communication at various levels: within families with children, between spouses or partners, among women, and with health care providers.
- Women in this study recognized that a lack of early communication in the family was detrimental to them. These women appear ready to be encouraged and trained to talk with their children about these issues.

Conclusion

Communication was a barrier in a variety of situations. Efforts designed to encourage contraceptive use should address communication in these varied situations along with language- and cost-related issues of access.

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References


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