



Does Religion Influence Contraceptive Choice among Hispanic Women in Texas?

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INTRODUCTION

Politicians continue to debate the federal mandate that employers provide free birth control coverage. The most common argument made is that the regulation infringes on the religious liberty of employers who object to the use of contraception or specific birth control methods.^{1,2} Less attention is paid to the role religion plays in women’s own contraceptive decisions.

We examined the role of religion in women’s contraceptive choices in a sample of low-income postpartum women in Texas who were part of a larger prospective study of postpartum contraception. This brief focuses on the experiences of 1,117 Hispanic women, who comprised more than 80% of the sample.

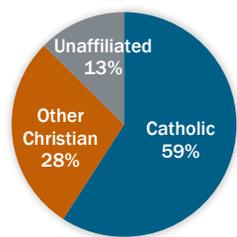
KEY FINDINGS

- > In a sample of low-income Hispanic women in Texas, 87% were religiously affiliated, and yet only 6% reported that religion influenced their contraceptive choices.
- > Of this 6%, the majority reported that other considerations ultimately outweighed religion in their contraceptive decision-making.
- > Among the minority of women who were not interested in using the IUD, less than 1% said religion influenced their decision.
- > Religious women’s reliance on rhythm and withdrawal largely reflected their difficulties accessing contraception rather than religious observance.



RESULTS

Religious Affiliation
Among 1,117 Hispanic women



Over half of the Hispanic women in the sample identified as Catholic. One quarter identified as mainline Protestant, Evangelical Protestant, Mormon, Jehovah’s Witness, or an unspecified denomination. No Hispanic women identified with non-Christian faiths. The remaining 13% of Hispanic women in the study were not affiliated with any religion, identifying as atheist, agnostic, or as belonging to no religion.

Among women with a religious affiliation, 68% attended religious services at least monthly and 61% said that religion was very important in their lives.

Despite high levels of religious observance, only 6% of women said that their faith affected their contraceptive choices. Religion’s effect on women’s contraceptive choices was similarly low across all faiths.

The majority of religiously-affiliated women attend services regularly and say religion is important, yet religion does not influence their contraceptive choices.

Religious affiliation	Attend services at least monthly	Say religion is very important	Say religion influences their contraceptive choices
Catholic 660 women	64%	54%	7%
Other Christian 316 women	75%	75%	5%
All affiliated women 976 women	68%	61%	6%



How does religion influence women's contraceptive choices?

Among the 64 Hispanic women who answered that religion does influence their contraceptive choices, 20 women described their desire to follow their religion's teachings:

"God created me. He did not create methods for women to avoid pregnancy, He gave us natural methods to use and if you follow things the way he wants you to, everything is okay."

– Catholic using withdrawal

"I went to a marriage workshop before we got married and part of why I don't take birth control is because it is against the Church. Like you are supposed to let things happen, and if it happens then it is meant to be."

– Catholic using withdrawal

However, the majority of women described that even though religion weighed in their decision-making, ultimately, they made contraceptive choices based on other factors.

Many women reported making contraceptive choices based on the health of themselves and their families.

"[The Church] says that you should have the babies that you are meant to have, but you can't. It would be a greater sin to bring three children into the world that I can't take care of."

– Protestant using condoms

"The Church is against all that, but I am too old to have children. I had a high-risk pregnancy, and, with the permission of God, we decided to do the surgery."

– Catholic using female sterilization

Other women described their decision to deliberately set aside the teachings of their religion.

"Because in my religion, it's not acceptable to get your tubes tied. The Church still does not allow it. I spoke with the priest [and he] says it's fine. I've known many people who have done it."

– Catholic using female sterilization

"We are not really allowed to be on birth control... As much as I love my religion and follow up with it, I think that it is up to me to decide my birth control. [Birth control] is probably the only thing that I don't listen to the Church [about]."

– Catholic using condoms

Some women mentioned using contraception as a way to help them follow their religious beliefs and avoid unplanned pregnancies and abortion.

"If I become pregnant, I can't get an abortion. It would be a big sin. I became pregnant taking the pill, but I couldn't [have an abortion]... But, I can try to avoid pregnancy."

– Catholic using the pill



Contraceptive practice is not reflective of contraceptive preference

It would be a mistake to assume that the women in this sample are using the method they would prefer to be using. Indeed, a far larger proportion would like to be using the intrauterine device (IUD), implant or female sterilization than are actually using these highly effective methods.³

Among all Hispanic women, 78% had a preference for the most effective methods of contraception, while only 41% were using these methods six months after delivery. In analyses that controlled for sociodemographic characteristics such as age, nativity, education, and number of children, we found that neither religious affiliation, frequency of attendance at religious services, nor importance of religion were associated with women’s preference for these methods.

Although the majority of women preferred to be using the most effective methods, many could not access them due to cost, method availability at their healthcare provider, and other barriers.

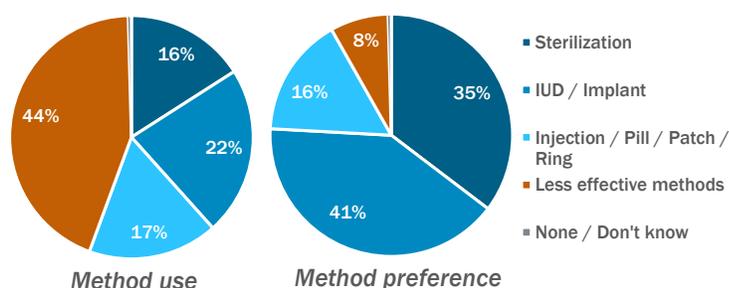
Here we compare contraceptive use and preference among two subsets of religious women.

> Married Hispanic Catholics

Among married Catholic women, 92% said they would like to be using the most effective methods of contraception. However, nearly half of women in this group were using less effective methods, including condoms, withdrawal, rhythm and abstinence, six months after delivery.

Notably, at six months postpartum, only 11 women (<5%) were using rhythm or abstinence, the only contraceptive methods approved for regular use by the Catholic Church. However, 10 out of the 11 women wanted to use a more effective method.

Contraceptive use and preference at 6 months postpartum*

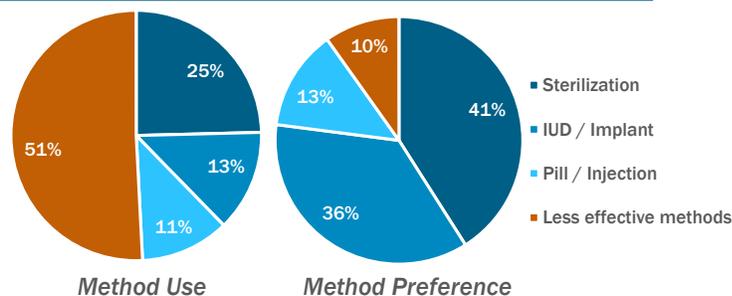


*Among married Hispanic Catholic women who were not currently pregnant and completed all interviews through 12 months (n=232).

> Hispanic women who report that religion affects their contraceptive decision-making

Similarly, among the small group of women who reported that religion influenced their contraceptive choices, half were using less effective methods six months after delivery, but 90% had a preference for more effective methods.

Contraceptive use and preference at 6 months postpartum*



*Among Hispanic women who said that religion influenced their contraceptive choices, were not currently pregnant, and completed all interviews through 12 months (n=61).

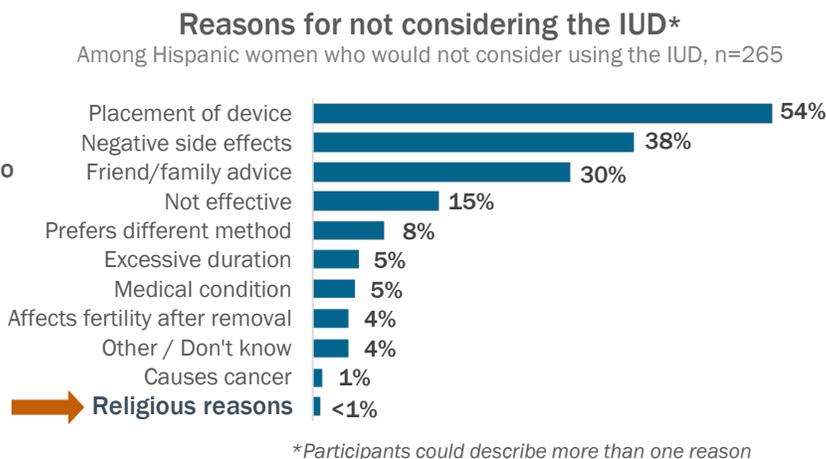


Religion does not factor into most women’s decisions about the IUD

Of the three highly effective methods of contraception, the IUD has generated the most controversy. Contrary to medical and scientific consensus,^{4, 5} some religious leaders and employers have contended that IUDs can cause abortion; therefore, they oppose this method of contraception.⁶ However, we found scant evidence that religion played a role in women’s decisions about using the IUD.

Approximately half of Hispanic women (47%) wanted to use an IUD or would consider using it if it were free. Of the 34% of women who were not interested in an IUD, very few gave religious reasons for their disinterest in this method.

As shown at right, the most frequently stated reasons had to do with the placement of the device and side effects, and only two women (<1%) said they would not consider the IUD for religious reasons.



CONCLUSION

Despite high rates of religious affiliation and observance, Hispanic women in this study reported that religion had little influence over their contraceptive decisions. Even among the small number of women who reported that religion affected their contraceptive choices, other factors such as their own health and the well-being of their families often outweighed religious considerations.

Our findings show that regardless of religious affiliation, the majority of Hispanic women desire long-acting or permanent methods of contraception. These methods are prohibitively expensive without insurance. Women’s reliance on less effective methods is not reflective of religious observance but rather of limited access to highly effective contraception. The religious exemption allowing employers to opt out of covering birth control methods in their health plans—which recent polling data found that a majority of Americans oppose⁷—limits access to the effective birth control that women desire.

METHODS

We conducted a prospective study of contraceptive use among 1,700 women recruited after delivery from eight hospitals across six cities. The hospitals were chosen to reflect the experiences of women delivering with public insurance at larger hospitals in Texas’ urban centers, including Austin, El Paso, Dallas, Houston, Odessa and Edinburg. Women in the study were between the ages of 18 and 44, had deliveries covered by public insurance (e.g., Medicaid for pregnant women), and planned to delay childbearing for at least two years. The six interviews in our ongoing study span the two years following delivery. Women were asked about their contraceptive use and preferences and reproductive and medical history, among other topics.



METHODS, CONTINUED

To capture actual contraceptive use at each interview, we asked women what method of contraception they were currently using. To capture methods that women may have not considered as birth control, we also asked women if they were using less effective methods such as condoms and withdrawal, whether they were abstinent, or whether their partners were using any methods. To assess contraceptive preferences, we asked women a series of questions about the method they would like to be using six months following delivery and their interest in using IUDs, implants and sterilization. We chose method preference at six months postpartum because by that time most women have resumed sexual relations and do not rely on exclusive breastfeeding as contraception.

At the interview one year following delivery, we successfully contacted 82% of women (1,385) and asked them a series of questions about religion, including their religious affiliation, frequency of religious service attendance, and importance of religion, using questions adapted from Pew Research Center surveys. The analysis presented in this brief is based on the reports of the 1,117 Hispanic women who answered the religion questions.

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SUGGESTED CITATION

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