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Latinas and Abortion: The Role of Acculturation, Religion, Reproductive History and Familism

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UNIVERSITY OF MIAMI

LATINAS AND ABORTION: THE ROLE OF ACCULTURATION,
RELIGION, REPRODUCTIVE HISTORY AND FAMILISM

By

Lorena Beatriz Kaelber

A DISSERTATION

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Doctor of Philosophy

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LATINAS AND ABORTION: THE ROLE OF ACCULTURATION, RELIGION,
REPRODUCTIVE HISTORY AND FAMILISM

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Latinas and Abortion: The Role of Acculturation, Religion,
Reproductive History and Familism

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Women of all races and color are affected by abortion, including Latinas. In 2004, 22% of all reported U.S. abortions were obtained by Latina women, in 2008, non-Latina white women accounted for 36% of abortions, 30% of abortions were obtained by non-Latina Black women, 25% of abortions were obtained by Latina women and 9% by women of other races. From 1997-2006, the rate of abortion in non-Latinas decreased by 4.8%; however, the rate of abortion for Latinas increased by 23.6%. The Latina population represents the fastest growing segment of the population in the United States. As the number of Latinas increase, the number of abortions may also increase as a result of the increase in the Latina population.

Past research on abortion has abundantly produced a large number of statistical and descriptive analyses of women who experience abortion, but researchers have failed to put into perspective multiple factors in abortion. The literature about abortion shows a shortage of studies related to cultural values, religion, family and number of pregnancies. In addition, there is limited literature about the multi-dimensional factors related to abortion and Latina women. The purpose of this study was to investigate if Latina women who report a history of abortion differ from those Latinas who do not report a history of abortion, based on levels of acculturation, religiosity, degree of familism, and on number of pregnancies (reproductive history).

This study is a secondary data analysis of SEPA II, an HIV prevention intervention specifically designed for Latina women. SEPA II is a randomized controlled trial with Hispanic women between the ages of 18-50, sexually active in the last six months, and that identify themselves as Latina. The data from 548 women were analyzed. One hundred forty three (143) women reported a history of abortion and 405 reported no history. Descriptive statistics, t- tests, Chi square and Logistic regression were used in order to determine whether there were significant differences in each of the outcome variables. In this study, the researcher found that Latinas with a history of abortion scored lower on the acculturation scale in comparison with those who did not have a history of abortion. Latinas attending religious services regularly were less likely to report a history of abortion than those Latinas who did not go to religious service regularly. Women with a history of abortion had higher score on the familism scale particularly in the support from family sub-scale. The number of pregnancies was also significant; women who had been pregnant before are more likely to report a history of abortion. The results from this study will add to the knowledge base about abortion and Latina women. An emerging model to represent factors associated with abortion in Latinas was developed using results from this study. This model needs addition refinement based on future study to guide health care providers caring for Latina women. Further investigations are needed in this growing segment of the population to develop and test recommendations for pre-abortion counseling and post abortion follow up care that are culturally tailored.

Dedication

I dedicate this dissertation to my family, friends and committee members who have been there for me throughout this ordeal. To my husband, Jack, and my children, Daniela, Isabella, and Sean: Thank you for always being there when I could not and understanding when I was unable to provide home cooked meals, help with homework and the multiple times that the tooth fairy forgot to show up; also to my mother for being an inspiration and always pushing me to reach for the stars. To my friends Lisa, Karen, Idania, Liz, Naomi, and Diego for being there during my multiple meltdowns and crying spells, and to my horse, Casual and my dog, Zoe for keeping my sanity throughout this process. Thank you all for your help!

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Chapter 1

Introduction

Abortion Worldwide

Abortion is a sensitive topic which affects a large number of women; induced abortions occur in every culture whether abortion is legal or illegal. Abortions can be either spontaneous or induced. Spontaneous abortion or miscarriage is not an elected occurrence and many times beyond a woman's control. Induced abortion is a chosen event. Understanding the influences on elective event in a woman's life is critical, as health care providers need to understand the factors which impact this experience in order to provide a supportive environment that meets the needs of these women. This study will focus on induced abortion.

The Guttmacher Institute (2011) reports that although the number of induced abortions declined worldwide between 1995 and 2003, from 46 million to approximately 42 million, one in five pregnancies worldwide end in abortion. Furthermore, 29 of 1,000 women age 15 to 44 worldwide were estimated to have had an induced abortion in 2003, compared with 35 in 1995. Approximately 35 million abortions occur annually in developing countries, (e.g. abortion rates per 1,000 women ages 15 to 44: Africa 29, Asia 29, Europe 28, and Latin America 31; Compare this rate with 7 million in developed countries (e.g. 26 per 1,000 women ages 15 to 44 in 2003). On the other hand, a woman's likelihood of having an induced abortion is similar whether she lives in a developed or developing region.

Abortion in the US

In 2008 there were 19.6 abortions per 1,000 women ages 15 to 44 performed in the United States (Guttmacher, 2011). In the U.S., nearly half of pregnancies among American women are unintended, and approximately 4 of 10 pregnancies are terminated by abortion. Twenty-two percent of all pregnancies (excluding miscarriages) end in abortion. In 2008, 1.21 million induced abortions were performed. This has decreased from 1.31 million in 2000, however, between 2005 and 2008, the long-term decline in abortions stalled and from 1973 through 2008, nearly 50 million legal abortions occurred. Each year, two percent of women aged 15 to 44 have an abortion and half of these women have had at least one previous abortion (Guttmacher Institute, 2011).

Abortion and Latinas

Abortion affects women of all races and color, including that of Latinas. The Latina population represents the fastest growing segment of the population in the United States. Forty percent of pregnancies among white women, 67% among blacks and 53% among Hispanics are unintended (Guttmacher Institute, 2011). In 2004, 22% of all reported U.S. abortions were obtained by Hispanic women (Jones, Kost, Singh, Henshaw and Finer, 2009). Current statistics by Guttmacher Institute (2011) reports that non-Hispanic white women accounted for 36% of abortions, 30% of abortions were obtained by non-Hispanic Black women, 25% of abortions were obtained by Hispanic women and 9% by women of other races. Hispanic women represent the third highest of all ethnicity groups obtaining abortions nationally as compared to non-Hispanic Black women and Whites. The CDC (2010) reported that induced abortion rates in 2006 were higher among Hispanic than

non-Hispanic women with 21.1 abortions per 1,000 Hispanic women compared with 14.1 abortions per 1,000 non-Hispanic women ages 15 to 44, and the number of reported abortions among Hispanic women during 1997-2006 increased by 23.6%; whereas the percentage of abortions among non-Hispanic women decreased by 4.8%. According to Jones, Darroch and Henshaw (2002), abortion rates among Latinas are higher than those among non-Latina white women. Minnis and Padian (2001) found that 80% of US-born Latinas with a history of pregnancy also reported a history of abortion.

The Latino population has increased significantly within the past ten years. By the year 2050, one of every four women in the U.S. will be Latina (Henriquez, 2005). The percentage of the population that is Hispanic and the dramatic increase in the number of Hispanic women choosing abortion demonstrates the importance of investigating the factors that may influence Hispanic women's abortion choice.

Given the continued numbers of abortions, increasing numbers of Latina women will face an abortion. Cultural values such as religion, family and reproductive beliefs of Latinas traditionally play a strong role in influencing life decisions and may affect abortion choices. Understanding factors of abortion in Latina women is critical knowledge for health care providers to provide culturally sensitive health care to this growing segment of the American population.

Background and Significance

Abortion is a life event that is not decreasing in incidence. As the population of Latina women increases in the U.S., more Latinas will make an abortion decision. As with other women, Latina women do not make their abortion decision in a vacuum.

Factors such as: family and religion may have influences on this important experience for Latinas.

Influences on women's abortion decisions. Ekstrand, Tyden, Darj and Larsson (2009) conducted a qualitative study on abortion decision-making among 25 teenage women in Sweden. Their decision to abort was largely influenced by negative attitudes toward the pregnancy especially those expressed by parents, peers, and societal expectations. In this study, deciding to have an abortion resulted from many facets such as the influence of a woman's own personal upbringing, closeness to family members, religiosity and her own personal relationship with her partner.

Adler (1975) and Shusterman (1979) both agree that the abortion decision process has been identified as one of the most important factors differentiating those women who have post abortion psychological problems and those who do not; family relationships, specifically, coercion from their partner have been demonstrated to influence a woman's abortion choice (Ashton, 1980; Friedman et. Al 1974; Lazarus, 1985; Lemkau, 1991; Lyndon et. al, 1996; Major et. al, 1985; Miller, 1992; Remenick & Segal, 2001).

Coleman, Reardon, Strahan and Cogle (2005) conducted a literature review of the "psychology" of abortion. The researchers identified multiple factors affecting the abortion experience. These factors include: age, religion, acculturation, socioeconomic status, self-efficacy, attributions of blame and subsequent reproductive events.

Furthermore, they state that abortion research is difficult in that there is a need for more diversified research strategies, longitudinal studies, and adequate control/comparison groups, and we must take into account prior psychological health.

All women at some point in their lives must make decisions regarding their reproductive life and reproductive practices may sometimes involve abortion decisions. There is a growing body of literature on the phenomena that influence Latina women's reproductive decisions. While one cannot stereotype a group of individuals, there are important themes in Latina women's reproductive experiences. Some of the most prominent themes in the Latina life experience are: acculturation, religion, familism, and reproductive behaviors.

Acculturation and Latinas. Studies examining the role of acculturation among adult Latinas have found that sexual risk taking increases with greater acculturation (Afafe-Munsuz & Brindis, 2006). Minnis and Padian (2001) conducted a study of 361 females comparing high-risk sexual behaviors and reproductive health among foreign-born Latinas. They found that a low level of acculturation did not appear to be protective against unintended pregnancy. As mentioned previously, Kaplan et al. (2001) did not find an association between acculturation and abortion. However, they do mention that this may have been a significant limitation to their study because only 7.5% of the respondents reported having an abortion.

Angulo and Guendelman (2002) found that contraceptive use among Mexican-Americans increased with acculturation, thereby decreasing the number of unintended pregnancies and abortions. Some studies have investigated the role of acculturation on reproductive health behavior (i.e. contraceptive use, risky sexual behaviors, and incidence of unintended pregnancies), among Latinas, however, none of these studies investigated the role of acculturation in Latina's abortion decision

Religion and abortion. Religion and abortion have been united since before abortion became legal in the United States. Religious affiliation and religious practices appear to impact a woman's abortion decision. Thirty-seven percent of women obtaining abortions identify as Protestant and 28% as Catholic (Guttmacher Institute, 2011). Several studies investigating the role of religiosity and abortion have been conducted (Foulkes et al. 2005; Rosenhouse-Persson et al. 1983, Brown et al. 2000, and Henshaw et al., 1988). Rosenhouse-Persson and Sabagh (1983) found that religiosity emerges as the most important predictor of approval for abortion among Native Mexican American, and as a least important predictor for Mexican Nationals, when studying a group of Catholic Mexican-American women living in Los Angeles, additionally, Brown, Jewell and Rous (2001) found that an increase in the percentage of households belonging to either the Catholic or Baptist Church, lowers abortion rates. In contrast, Foulkes et al. (2005) revealed that it is a common myth that Latinas do not utilize abortion secondary to the influence of Catholicism. Furthermore, Henshaw and Silverman (1988) found that women who profess no religion have a higher abortion rate than those who report some kind of religious affiliation when conducting a survey on characteristics of prior contraceptive use of abortion patients. Additionally, they found that Catholics are as likely to obtain an abortion nationally, while Protestant and Jews are less likely to obtain an abortion. Many Latino cultures embrace the Catholic faith. Exploring any relationship between religion and abortion will be important to understanding predictors for Latinas abortion decisions.

Familism, Latino culture and abortion. Family values and close family ties have been a hallmark of the Latino culture for centuries. Despite the fact that Latinos

have a higher rate of abortion than non-Latinos, only one study, Casper (1990) has examined the relationship between familism and abortion. This is ironic because of the importance of a woman's role within the family and the importance of family ties in Latino culture. Any exploration of predictors for Latina abortion decisions must include an examination of the role of familism as a predictor.

Reproductive behavior and Latinas. Reproductive behavior involves a variety of factors such as: sexual practices, method of contraception, number and characteristics of sexual partners, history of sexually transmitted diseases, and presence of sexual risk behaviors. Accordingly, reproductive behaviors can not only expose a woman to unwanted pregnancy, but also abortion. Some studies have found that women who experience a greater number of births may be more likely to have an abortion (Henshaw and Silverman, 1988). It is a common belief, that, traditionally, Latina women hold motherhood in high regard. Potentially, this poses a problem, because typically Latinas have greater number of children and theoretically may have higher number of abortions.

Various studies have looked at contraceptive use, and patient characteristics among Latinas who choose abortion (Henshaw & Silverman, 1988; Bernabe-Ortiz, White, and Carcamo, 2009), however, few studies exist within the literature regarding reproductive behaviors and abortion decisions among Latinas. Reproductive behaviors among Latinas are influenced by a variety of factors including socio-economic, religious, family influences, and the effect of machismo and marianismo (Burgental & Goodnow, 1998; Park & Buriel, 1998; Rafaelli and Ontai, 2001; Foulkes et al. 2005). There is a paucity of research on religion, familism, acculturation, and reproductive behaviors as

predictors for Latina abortion decisions. Studying these factors in the Latina population may be beneficial to health providers working with Latinas.

Purpose of Study

The intent of the dissertation is to examine predictors of abortion in Latina women. This knowledge is essential for health care providers to provide culturally sensitive health care to this growing segment of the American Population.

Research Questions and Study Hypotheses

Research question #1. What are the general characteristics of Latina women who have had abortion according to level of acculturation, level of religiosity and degree of familism?

Research questions #2. Do Latina women who have had an abortion differ from those women who have not, based on levels of acculturation, religiosity, degree of familism, and on reproductive history?

In addition the following four hypotheses were tested:

Hypothesis #1: Latinas who have higher levels of religiosity will be less likely to have a history of abortion.

Hypothesis #2: Latinas women who have higher levels of acculturation will be more likely to have a history of abortion.

Hypothesis #3: Latinas who have higher familism scores will be less likely to have a history of abortion.

Hypothesis #4: Latinas who have greater number of pregnancies will be more likely to have a history of abortion.

Definition of Terms

Abortion. Abortion is the premature exit of the products of conception (the fetus, fetal membranes, and placenta) from the uterus. It is the loss of a pregnancy and does not refer to why that pregnancy was lost (Webster's New World Medical Dictionary, 2011). Abortions can be either medical or surgical. A medical abortion is a procedure that uses various medications to end an established pregnancy (Mayo Foundation for Medical Education and Research, 2012). According to the National Institutes of Health (2010) a surgical abortion is a procedure that ends a pregnancy by removing the fetus and placenta from the mother's womb (uterus).

Acculturation. Acculturation is an adaptation and transition from one's native culture to one's adopted culture exemplified by adoption of a new language and acceptance and adherence to the morals and values of the adopted culture. A lesser transition or adoption from the native culture would be considered low acculturation and successful adoption of the values from the new culture would be considered high acculturation (Watson, 2010).

Religion. According to Random House Dictionary (2012), religion is defined as a set of beliefs concerning the cause, nature, and purpose of the universe, especially when considered as the creation of a super human agency or agencies, usually involving

devotional and ritual observances, and often containing a moral code governing the conduct of human affairs.

Reproductive history. Reproductive history is defined as the total number of pregnancies, total number of live births, total number of stillbirths, total number of miscarriages, and total number of induced abortions.

Latina vs. Hispanic . For the purpose of this dissertation, the word Latino and/or Latina will be used to describe those women who participated in this study and to describe the participants of Latin/Hispanic background used within the studies described below. While most researchers may use the terms Hispanic/Latino/Latina interchangeably, there are similar definitions for these terms according to various agencies. For instance, the U.S. Census Bureau (1993) identified those persons of Hispanic origin by asking for self-identification of the person's origin or descent. Respondents were asked to select their origin. Persons of Hispanic origin indicated whether they were Mexican, Puerto Rican, Cuban, Central, South American or other Hispanic origin. Of importance, it is stressed that a person of Hispanic origin may be of any race. Furthermore, the U.S. Census Bureau (2000) defines Hispanics or Latinos as: people who classified themselves according to a specific Spanish, Hispanic, or Latino category listed on the Census 2000 questionnaire. Wolfe (2010) states that the difference between Latino and Hispanic is that Latino refers to countries and cultures that were once under Roman rule such as Italy, France, Spain, and Brazil. Hispanic describes cultures or countries that were once under Spanish rule (Mexico, Central America, and most of South America) where Spanish is the primary language. This dissertation will use the

term Latina, as this term is more inclusive of the populations found in South Florida where the study will be conducted.

Familism or *Familismo*. *Familismo* refers to the Latino way of interacting and associating with family as well as extended family members. Family is considered of high importance within the Latino culture, and respect or *respeto* for elders is paramount within family units. Peterson-Iyer (2010) refers to *familismo* as more of a family centered decision model rather than an individualistic or autonomy-based model.

Theory Overview

In building the theoretical framework for this study, various theories were considered. The Theory of Reasoned Action (Fishbein, Bandura, Triandis, Kanfer, Becker & Middlestadt 1992), Social Cognitive Learning Theory (Bandura, 1977), Health Belief Model (Rosenstock, 1974), and Health Promotion Model (Pender, 1970) were all considered for possible frameworks for this study. Each of these has constructs that relate to potential factors influencing Latinas abortion choices. None of these theories are comprehensive enough to provide a theoretical framework for the study.

Theory of reasoned action. In the Theory of Reasoned Action, a person's subjective norm is determined by the approval or disapproval of a behavior by individuals important to that person (Albarracin, Fishbein, Johnson & Muellerleile, 2001). For instance, a woman may perceive social pressure to have an abortion if she believes that her partner thinks that she should have an abortion and therefore she will be motivated to comply.

Social cognitive learning theory. From a Social Cognitive learning model perspective, social norms and perspective may affect behaviors (Bandura, 1977). Latinas actions may be influenced by their social norms and perspectives inherent in their culture.

Health belief model. The Health Belief Model (HBM) was used as a framework to understand why women did not engage in preventive behaviors. This model has been used extensively in HIV research (Institute of Medicine, 2001; Rosenstock, 1974). Rosenstock (1966), the developer of HBM, stated that those individuals who do not have symptoms will take action to prevent or screen for illnesses only when they are ready to take action. An individual's readiness to take action is determined by their feelings of susceptibility to the illness, the extent to which they perceive the occurrence as possible, and an individual's perception of the consequences or severity of that illness. This involves a subjective evaluation of risk (Institute of Medicine, 2001; Rosenstock, 1974) and serves as a stimulus or cue for behavioral change (Rosenstock, 1966; Rosenstock, Strecher, & Becker, 1988). Although susceptibility is hypothesized to provide the energy force for action, diminishing the barriers for behavioral change are thought to provide an accessible path for action (Finfgeld, Wongvatunyu, Conn, Grando, & Riussell, 2003). The relationship of the HBM model to induced abortion lies in a women's belief that not having the abortion places her at greater risk for psychological, physical, and socio economic consequences.

The health promotion model. Nola Pender(1996) in her Health Promotion Model, presents the idea that interpersonal, socialcultural, and personal factors engage in health promotion behaviors. These factors can be operationalized as familism, religiosity, and acculturation. This model is an attempt to depict the multifaceted nature

of Latina women interacting with the environment as they pursue health promoting behaviors. Health promotion is motivated by Latina women's desire to enhance well-being.

The Search for a Theoretical Framework

An extensive research of the literature using Cinahl Plus was conducted. Terms abortion theory, theory of abortion and the combination of abortion and theory yielded 140 articles. Many of these were qualitative in nature and none yielded a discrete theory of abortion.

There exists writings that can form a foundation for this study. The writings of Miller and Stiver (1997), Gilligan (1982), and Didion (1972) present important theoretical foundations for understanding women's abortion factors.

Women, Relationships and Abortion

Unintended pregnancies and choosing abortion as a solution occurs most frequently in the context of a relationship. Forming connection and relationships may sometimes be complex. Connections or relationships are formed between two or more individuals. For simplicity, we will discuss how a connection results in a relationship between two people. Miller and Stiver in their book "*The Healing Connection*," describe that under optimal conditions, relationships are composed of connections and disconnections. Furthermore, in relationships with power differentials, the presence of a powerful and less powerful person can also lead to conflict as well as growth within the relationship. This is an important factor when studying women and abortion. In order to

have an abortion, a woman must first get pregnant, and in order to get pregnant, a woman must first establish some form of connection or relationship with a male partner regardless of the length and level of commitment of the relationship.

By definition, relationships are moving dynamic processes, not static entities (Miller and Stiver, 1997). The authors state: “In years of doing therapy, we have found that what matters in people’s lives is whether they can feel that they are moving, that they can make something happen- not that everything is resolved but that they can see a way to act instead of feeling stuck in a condition of immobility and stagnation, with its usual accompaniments, hopelessness and despair (p. 53)”. In referring to women and abortion, this reasoning may be applicable. Women faced with an unplanned pregnancy are forced to reconsider their relationships with their partner, with their mother, and with other family members, and themselves. Decisions may be forced and relationships may be strained because every connection is put to the test within a small frame of time.

Women’s Moral Decision Making

In their book “The Healing Connection,” the authors recount that as they listened to women in their study, they recall how often the responses of women when making choices, were informed or counseled by a relational perspective, however, “their voices” were heard as deficient. Carol Gilligan’s book “In a Different Voice,” brings up an interesting point regarding women and their decision to have an abortion. She states: “However, while society may affirm publicly the woman’s right to choose for herself, the exercise of such choice brings her privately into conflict with the conventions of femininity, particularly the moral equation of goodness with self-sacrifice, p. 70”. A

woman's decision to have an abortion is such a private matter surrounded by ambivalence, fear, and guilt. It encompasses the mere core of the soul and a woman's body whether or not it is violated by a fetus or the person performing the abortion. As Gilligan states, it engages the critical moral issue of hurting (Gilligan, 1982). Hurting, in the sense, that a woman faces a wretched decision of contradicting Mother Nature and going against the innate sway toward motherhood, and ending the pregnancy. Gilligan conducted a study of 29 women ages 15 to 33 that had presented themselves to a clinic for abortion and pregnancy counseling. She found that pregnancies occurred for a variety of reasons ranging from failure to use birth control, birth control failure or deliberate testing of a relationship commitment. Of the 29 women, 4 women decided to continue the pregnancy, 2 miscarried, and 21 women chose abortion. As demonstrated by the study, women choosing abortion are often faced with several moral dilemmas. Choosing right from wrong, or the better wrong and the lesser wrong. Feeling of selfishness and desperation also arise, as well as guilt, and relief. Gilligan's work raises the potential for a religious belief system to be a factor in Latina women's abortions.

Joan Didion (1972) states that the abortion decision is similar to that of irreconcilable differences, in that, it involves the sense of living one's deepest life underwater, that dark involvement with blood, birth, and death. Abortion represents an extreme moral decision for many women. It is such a critical time in a woman's life, and it is essential that health care providers are prepared to provide support. It is crucial that patient centered health care is adequately prepared to offer assistance to the women during such a vulnerable period of time.

Abortion Factors in Non-Latino Women

Abortion factors has been studied slightly in the non-Latino population, although, most of these studies have been conducted within the European and Asian communities. Few U.S. based studies and even fewer studies involving the Latino populations have been conducted. Finer, Frohwirth, Dauphinee, Singh, and Moore (2005) conducted a mixed method study on why U.S. women have abortions. A structured survey was completed by 1,209 abortion patients. Thirty-eight of these women also conducted in-depth interviews. Seventy-four percent of the participants cited that having a child would interfere with work, education or ability to care for other dependents, 73% cited lack of financial stability as a reason for the abortion, and 48% of these women cited relationship problems or single motherhood as a deterrent to carrying on the pregnancy. Less than 1% of these women cited their partners' or parent's desire for them to have an abortion as the most important reason for their decision.

Scharwachter (2008) conducted a study on abortion decision-making among 28,738 Dutch women. The researcher described that 10% of these women were in doubt on whether or not to terminate the pregnancy. He describes a decision-making process known as "the focusing method," which involves "paying receptive attention to the continuously changing emotional qualities of bodily sensed awareness with regard to problems, the environment, other and the self (p. 193)." Several steps are involved in the focusing plan: 1) preparing- involves paying extra attention to the body in order to sense the problem, 2) clearing space- space or distance is placed between the person and the problem, 3) forming a felt sense- involves feeling a whole body sense of the problem which involves using the entire body, 4) getting a handle- a symbol of the felt sense is

created, 5) resonating- fitting of the handle with the felt sense, 6) asking- questioning of the felt sense, and lastly 7) receiving- receiving with the whole body the felt meanings and perspectives aiding in the decision process.

In contrast, to the study conducted by Finer et. al (2005), Ekstrand, Tyden, Darj and Larsson (2009) demonstrated the importance of family and partner support in the abortion decision. They conducted in-depth interviews of 25 women who were 3-4 weeks post abortion. The main reasons for abortion were cited as unplanned pregnancy as a result of underestimation of pregnancy risk and inconsistent contraceptive use. The abortion decision was viewed as difficult, however, much of the support came from family and partners.

Whittaker (2002) conducted a study on abortion decision-making in rural Thailand, a country that does not have legalized abortions. Focus groups were conducted to reveal the abortion decision-making process among these women. Various abortion techniques are used including induced massage, uterine injection, and the use of “emmenagogue,” an agent that promotes menstrual discharge (Merriam-Webster, 2011). Results of the focus groups demonstrated that while abortion is highly stigmatized and illegal, many of the participants, however, consider abortion to be a necessary and ethical act especially when the pregnancy is incompatible with the woman’s current and pending life goals.

Pope, Adler and Tschann (2001) conducted a study of 96 women ages 14-21 to assess whether adolescents experience greater adverse psychological outcomes after abortion than those between 18-21 years of age, whether abortion places adolescents at

risk for negative sequelae and what factors predict negative outcomes. They found that psychological functioning before abortion and four weeks post abortion demonstrated decreased depression, decreased internally based negative emotions, and increased positive emotions post abortion. Furthermore, the researchers found that partners, rather than parents were the most important source of outside pressure in the abortion decision-making. Furthermore, an Australian study found that a strong partner influence in an adolescent's decision to abort and those who had a mother or sister with a history of abortion, were more inclined to abort than those adolescents without a family history of abortion. Additionally, those women who feel a "bond" or connection to the pregnancy are more likely to have difficulty with the abortion decision-making (Ashton, 1980; Friedman et. al, 1974; Lazarus, 1985; Major et. al, 1985; Miller, 1992; Remmenick & Segal, 2001; Zimmerman, 1977).

Despite the great social and political controversy surrounding the topic of abortion, the literature has tended to suggest that the termination of an unplanned pregnancy is an emotionally benign experience for women (Coleman et al., 2004). Women's abortion decision may be deeply rooted in their cultural context. Vastly different attitudes regarding the morality of abortion exists across cultures, but belief systems regarding the acceptability of abortion within the same nation may vary considerably based on ethnic and socioeconomic group affiliations (Coleman, et. al, 2004).

While there is some literature that examines the abortion decision-making process among women of various ethnic groups, there is few or none regarding Latino women. The problem arises, that research on abortion whether it be among Latino or non-Latino

populations, is in need of new methodological innovations. For instance, more diversified research strategies to identify women who are hesitant to participate, more longitudinal research, and the need for adequate control/comparison groups would help with the methodological issues involved in this type of research.

Abortion Decision-Making Among Latino Women

An extensive review of the literature was conducted, employing CINAHL searches for the following keywords: abortion, decision-making and abortion, abortion decision-making in Latinas. This extensive review only retrieved one study regarding Latino women and abortion decision. Brown, Jewell and Rous (2000), used an empirical model to compare abortion decision of border Hispanics to both Anglo and Hispanic women residing in non-border regions of Texas. The researchers found that abortion decisions of non-border Latinos more closely resemble those of Anglo women rather than Latinas living in the border region. Abortion was associated with a previous history of abortion, urbanization, age, higher race-specific poverty levels, and greater access to family planning clinic. For non-border Latinas, a 10% increase in high school graduation, decreases the predicted abortion rate by 1.40 for non-border Latinas. In contrast, they found that for border counties, a 10% increase in high school graduation rate raises the predicted abortion rate 22.52% for Latinas. For non-border Latinos, a combined effect of a 10% increase in membership to both Baptist and Catholic churches, lowers the predicted abortion rate by 2.66%, and for border Hispanics, the reduction is 17.60 percent. This study is important, in that, geographical location as well as religiosity, socioeconomic status have a significant impact on the predictive abortion rate.

Miami-Dade and Broward Counties are Unique

The Miami-Dade and Broward county areas are uniquely important to the study of Hispanic/Latina behavior. Miami is an immigration door for people coming from South American and Caribbean countries. Miami Dade and Broward counties are in close proximity to many Latino countries including: Mexico, South America, Central America, and Caribbean Islands, providing access to a diverse population of Latina women. The majority of the women that reside in Miami and Broward Counties are immigrants coming from Spanish speaking countries and many of them do not speak English. Even though there is a mixture of Latino people, they tend to socialize and share the same cultural values related to family, religion and relationships. In addition, Spanish is a language spoken on a daily basis throughout Miami-Dade and Broward. Also Latina women sustain connections to their countries of origin. These characteristics may support retention of Latino cultural attitudes, practices and behaviors.

Summary

With the growing number of Latinos living in the U.S. and Florida it is important to investigate Latinas and their choice for abortion. Latina women are twice as likely to have an abortion than white women, furthermore, Latina women also have a higher incidence of unintended pregnancy. Health disparities among Latinas are much higher than their non-Latino counterparts. It is important that health care providers address Latinas' abortion needs in a culturally sensitive manner.

Chapter Two

Review of the Literature

Each woman who is faced with an abortion may be surrounded by a variety of influences, thoughts, and decisions. Although, research on abortion exists, many studies have been performed outside of the United States. Past research on abortion has abundantly produced a large amount of statistical and descriptive analysis of women who experience abortion, but have failed to really put into perspective multiple factors in abortion. Few studies have examined the role of acculturation in regards to abortion, or the role the family may take, or even the role of religious views. Furthermore, studies examining the influences on abortion in discrete populations, specifically the Latina population is lacking.

Most abortions occur as a result of an unintended pregnancy and unintended pregnancies result in increased numbers of abortions. An unintended pregnancy is defined as a pregnancy that is either mistimed or unwanted (CDC, 2010). Ventura, Abma, Mosher and Henshaw (2008) conducted a survey and concluded that unintended pregnancies underlie nearly all abortions, and that one-fifth of all pregnancies in the United States end in abortion.

According to the 2002 National Survey for Family Growth, 48% of all pregnancies in the United States are unintended (Finer and Henshaw, 2006). Unintended pregnancies can occur among women of any race, religion, or socio-economic background. In 2006, there were 52 unintended pregnancies for every 1,000 women ages

15-44 and by the age of 45, more than half of all American women will have experienced an unintended pregnancy and three in ten will have had an abortion. (Guttmacher Institute, 2012). Unintended pregnancies are particularly problematic for women in the state of Florida because in 2008, 27.2 per 1,000 women ages 15-44 had an abortion in Florida as compared to the national average of 19.6 per 1,000 women (Guttmacher Institute, 2011). Not all unintended pregnancies result in abortion. However, every woman dealing with an unintended pregnancy faces the decision to continue or abort the pregnancy. For women in the State of Florida, unintended pregnancies are particularly problematic as abortions planned in Florida represent 7.8% of all abortions performed yearly in the United States.

The rate of abortion for the state of Florida is higher than the national rates. In 2004, the abortion rate for the state of Florida was 26.4 abortions per 1,000 women aged 15-44, much higher than the 19.6 abortions per 1,000 women in the entire U.S. (Guttmacher Institute, 2011).

Abortion Demographics for Latinas

According to the Guttmacher Institute (2011), 22% of unintended pregnancies excluding miscarriage end in abortion. The rate of abortion in the U.S. is at its lowest rate since 1974, however disparities in abortion and unintended pregnancy rate vary across demographic subgroups (Guttmacher Institute, 2008). According to the Guttmacher Institute (2011), 30% of abortions occur in non-Hispanic black women, 36% occur in non-Hispanic white women, 25% to Hispanic women, and 9% to women of other races. Latinas and Blacks are obtaining abortions at a rate three to five times higher than non-

Hispanic white women. Furthermore, a study by Prager, Steinauer, Foster, Darney, and Drey (2006) found that of 234 women obtaining repeat abortions most were young (mean age of 25 ± 6.5 years), primarily African American (41%) or Latina (25%). Seventy percent of these participants had at least a high school education, were single, had at least one child, and were using some form of birth control.

Adverse family planning outcomes such as unintended pregnancies, unintended births, abortions and teen pregnancies occur more commonly among minority and low socioeconomic status women (Dehlendorf, Rodriguez, Levy, Borrero, and Steinauer, 2010). According to Foulkes, Donoso, Fredrick, Frost, and Singh (2005) Latinas are more likely to be low income, and therefore more likely to be eligible for publicly funded prenatal, family planning, abortion and STD services than the general population.

Outside the U.S., the Pan American Health Organization (PAHO) estimates that 4 million abortions take place each year in Latin America despite the restrictive laws governing abortions (Replogle, 2007). This is an alarming number because all Latin American countries restrict abortions in one way or another except for Cuba and Guyana. Furthermore, abortion is completely prohibited in Chile, Honduras, El Salvador, and Nicaragua, even if the mother's health is in danger.

Acculturation and Reproductive Issues

Redfield, Linton and Herkovits (1936) defined acculturation as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original cultural patterns of either or both groups (p. 149).” Lara, Gamboa, Kahramanian, Morales, and Bautista (2005) state

that more recent acculturation theories support a more symbiotic relationship whereby the individual does not completely adapt to a new culture, but rather incorporates portions of the new culture into their existing belief system. Furthermore, as Espin (1984, 1997) noted, immigrant and ethnic minorities tend to preserve aspects of their traditional culture as it relates to sexuality long after adopting aspects of the host culture. Many immigrants may continue to follow their own cultural norms regardless of having lived in the U.S. for long periods of time. This can be especially noted when immigrants live within close proximity of family and extended family members. On the contrary, when immigrants come to the U.S. and find themselves alone, they tend to adopt more cultural norms of the host cultures. Cuellar, Arnold and Gonzalez (1995) found acculturation to be associated with decreased Hispanic cultural constructs of familism, *fatalismo*, *machismo*, and folk beliefs.

Acculturation and Contraceptive Use

Several studies have addressed the relationship that acculturation has with unintended pregnancies in the Latin culture with conflicting results. Acculturated Latina women may feel more empowered to negotiate the health care system, accessing contraceptive services and preventing unintended pregnancies (Castro, Furth & Karlow, 1984). Minnis and Padian (2001) conducted a study of 361 foreign-born Latina females. They found that a low level of acculturation was not protective against unintended pregnancy. Unger and Molina (2000) conducted a study of 291 low to moderately acculturated Latinas to assess acculturation, contraceptive use and attitudes. They found that moderately acculturated women showed lower intentions for contraceptive use, were less certain of continuing contraceptive use within the next 6 months, and

reported lower social support for contraceptive use than their unacculturated counterparts. In contrast, unacculturated women expressed more traditional and cultural values favoring large families than their moderately acculturated counterparts.

Romo, Berenson, and Segars (2003) conducted a study of 234 pregnant Latino women and found that Spanish speaking women were more consistent contraceptive users than their English speaking counterparts suggesting that acculturation has a negative effect on contraceptive use, however, Spanish speaking women with longer U.S. residency were more likely to use contraception more consistently than other Spanish speaking women suggesting a positive effect of acculturation.

Acculturation and Abortion

There is a paucity of evidence in the area of acculturation as a factor in abortion. A study of 1,207 Latina women between the ages of 14 and 24 by Kaplan, Erickson, Stewart, and Crane (2001) found that underreporting may be a limitation in abortion research. In their study, they did not find an association between acculturation and abortion and attribute these findings to under reporting because only 7.5% of the respondents reported having had an abortion. The Guttmacher institute (2011) reports that the abortion rate among Latino women is double the rate of whites, as a result, Latino women have a higher rate of unintended pregnancy as compared to whites. Underreporting is common especially among Latino participants, because many of these women may be ashamed or afraid of the ramifications associated with abortion, which may be illegal in their country of origin. Angulo and Guendelman (2002) conducted a study on the socio demographic and reproductive history of 1,558 women living on both

sides of the U.S.-Mexico border seeking an abortion in San Diego. They found that contraceptive use among Mexican-Americans increased with acculturation, therefore decreasing the number of unintended pregnancies and abortions. Prager et al. (2007) conducted a cross-sectional study of 398 women (41% African American and 25% Latina) to ascertain risk factors for repeat abortion. They found that having lived outside the country was found to be strongly associated with decreased odds of repeat abortion. This may be a result of lower levels of acculturation or limited access to abortion services secondary to the legal restrictions associated with the country of residence.

Minnis and Padian (2001) conducted a study to look at reproductive health differences between Latin American and U.S. born young women. Three hundred ninety-eight women ages 15-24 were recruited from 3 San Francisco Bay area clinics to complete an in-depth interview. Researchers found that 28.1% of foreign-born Latinas had a history of abortion, 80% of U.S. born Latinas had a history of abortion, and 71.4% of U.S. born non-Latinas had a history of abortion. The researchers concluded that low levels of acculturation which was hypothesized to signal stronger family ties and religiosity thereby encouraging lower risk behaviors, was not protective.

Some studies have investigated the role of acculturation on reproductive health behavior (i.e. contraceptive use, risky sexual behaviors, and incidence of unintended pregnancies), among Latinas, however, the large proportion of these studies have been conducted using young Latina population or in areas highly populated with Mexican-Americans, Mexicans, and Puerto Ricans. No studies could be readily retrieved that have investigated the association between acculturation and abortion among Latina women living in South Florida.

Religiosity and Abortion

Whenever the subject of abortion is linked with religion, most Americans quickly think of the Roman Catholic church and its longstanding, vehement, and public opposition to legal abortion. There is good reason for making this connection. No other religious institution has so consistently and continuously invested- some would say squandered- as much moral authority, political capital, financial resources, or good will in an effort to make abortion illegal again (Kissling, 1993, p. 132).

Other religions have also held unfavorable thoughts on abortions but have allowed abortion within reason especially when the mother's life is at risk. The great majority of Latin American countries are predominately Catholic, making religiosity an important factor when a Latina woman is faced with abortion. Furthermore, religiosity is, not only, an important factor in abortion but also in contraceptive use. Many of these women are destined to undergo multiple unintended pregnancies with the potential of some or many pregnancies ending in abortion because Catholicism prohibits artificial contraception.

While Foulkes et al. (2005) found that it is a fallacy to believe that Latinas do not exercise their right to abortion secondary to the influence of Catholicism (Foulkes et al., 2005), other studies have established the opposite of this. For instance, Brown, Jewell and Rous (2000) found that a greater percentage of households belonging to either the Catholic or Baptist church lowers abortion rates. In their study, they found that for non-border Anglos the combined effect of a 10 percent increase in membership to both Baptist and Catholic churches lowers the predicted abortion rate by 1.39%; for non-

border Latinos the change would be 2.66%. This difference in lower predicted rates between Latinos and Whites may be due to Latinos greater affiliation to the Catholic Church.

Religiosity also emerged as one of the most important factors in abortion among Native Mexican American, and as a least important factor for Mexican Nationals in a study of attitudes toward abortion among Catholic Mexican-American women living in Los Angeles County. This may be a consequence of the non-political connotation that both abortion and religion have in Mexico. This is the opposite in the United States where both abortion and religion are viewed more as political issues rather than personal issues (Rosenhouse-Persson & Sabagh, 1983).

A study by Prager et al. (2006) evaluated the level of religiosity in 234 women having repeat abortions. They found that 63% of these women considered themselves to be moderately to very religious. These researchers, however, emphasize that most religious women that have already experienced an abortion, may feel more comfortable with abortion, and find it easier to make the decision to abort again. Henshaw and Silverman (1988) found the opposite to be true. They conducted a survey on characteristics and prior contraceptive use of U.S. abortion patients and found that women who acknowledge no religion have a higher abortion rate than those who take part in some form of religious affiliation.

Many Latino cultures embrace the Catholic faith and Miami Dade and Broward counties have been known to be a melting pot of Latinos from different countries. Miami-Dade County is made up of 61.8% Hispanic and 38.2% non-Hispanic. Furthermore,

almost 20% of the entire population of the state of Florida is Hispanic. With such large numbers of Latinos, establishing if religiosity is a factor in abortion has important implications for health care providers.

Familism and the Latina Culture

As primary elements of socialization, family plays a significant role in shaping developmental experiences during childhood and adolescence, thereby having a powerful influence on all subsequent life decisions (Burgental & Goodnow, 1998; Park & Buriel, 1998). Rafaelli and Ontai (2001) conducted an exploratory study of sexual socialization within Latino families. Twenty-two Latinas participated in in-depth interviews, which explored themes such as: parental concerns regarding dating, family communication regarding sexual issues, family rules concerning dating, and actual dating and sexual experiences. They found that the Latinas interviewed have limited romantic and sexual experience which may be problematic in today's society because over one half of the participants did not use birth control the first time they had sex, and nearly one third had unintended pregnancies.

In particular, Latina women are portrayed as having strong family values. These values, along with the traditional values innate in the Latino culture have portrayed this population as having an aversion towards abortion. Studies have demonstrated the strong propensity for traditional gender roles within the Latino culture, however, few studies have examined the relationship between familism and abortion. Despite the importance of a woman's role within the family context of the Latino culture, Latinos have a higher rate of abortion than non-Latinos.

Pregnancy History and Abortion

Reproductive behavior may increase a woman's exposure to unintended pregnancy. Some studies have found that women who experience a greater number of births may be more likely to have an abortion (Henshaw & Silverman, 1988).

Additionally, being under the influence of drugs or alcohol, low socio-economic status, and multiple partners may increase the chances of having an unintended pregnancy and or abortion (Henshaw & Silverman, 1988).

Bernabe-Ortiz, White, & Carcamo (2009) studied the prevalence of clandestine abortions and risk factors among women in Peru. The researchers conducted a large population survey of 7,992 Peruvian women and found that women with a history of induced abortion had a lower age of first coitus, was more likely to already have children, and had a history of more than one sexual partner.

Summary

While the literature presents a fair amount of information of acculturation, associated with abortion, however fewer studies exist on the topic of religion and familism. Abortion and issues surrounding abortion have largely been studied within the white population. Little is known how these factors associated with abortion affect the Latina population. As more and more Latinos immigrate to the United States, it will be beneficial to all health care providers and the patients they care for to be more knowledgeable about this commonly occurring reproductive experience to deliver culturally sensitive care to Latina families.

Chapter Three

Research Design and Methods

This study is a secondary data analysis of SEPA II, a derivative of SEPA I. SEPA I (*Salud, Educacion, Prevencion y Autocuidado*; Health, Education, Prevention and Self-Care); was a randomized clinical trial of an HIV risk reduction intervention among low-income Latina women. It was originally designed for low-income Mexican and Puerto Rican women living in Chicago (Peragallo, DeForge, Lee, Kim, Cianelli & Ferrer, 2005). The purpose of the original study was to evaluate a randomized culturally tailored intervention to prevent high-HIV risky sexual behaviors in Latina women. SEPA I recruited 657 Mexican and Puerto Rican women between the ages of 18-44 who had been sexually active within the last three months during February 1999 to October 2000 from a predominately low income community of Chicago. Participants were randomized to either a control or intervention group. Intervention groups were facilitated by trained bilingual and bicultural Latinas who used a variety of learning vehicles such as role playing, quizzes, focus groups sessions to teach about HIV prevention and condom use. SEPA II was then adapted to be used among Hispanic Women in South Florida (Peragallo, Gonzalez-Guarda, McCabe, Cianelli, 2011). As part of this study, 548 women answered questions related to their social beliefs, sexual practices and reproductive experiences. SEPA II differs from SEPA I in the population that it was tested in. SEPA I (Peragallo et al., 2005) was devised as a study to test an intervention to reduce HIV risk in women from Mexico and Puerto Rico, while, SEPA II was adapted to

study multinational women residing in Southern Florida. For this study, we used baseline data from SEPA II (a cross-sectional study).

Design and Procedures of SEPA II

SEPA II is a randomized controlled experimental study with Hispanic women between the ages of 18-50 compared SEPA to a delayed intervention control group. Participants are assessed on multiple factors at baseline, at 3, 6, and 12 months post baseline between January 2008 and April 2009.

Study personnel posted flyers and made presentations at this CBO and other community-based settings (e.g., libraries, community clinics, churches) to inform potential study candidates about the study. Study participants were also encouraged to tell their families and friends about the study (i.e., snowball sampling). A large percentage of the initial sample was recruited from a community-based organization (CBO) that provides social services (e.g., English classes, childcare, job development and placement, health education) to Hispanics and immigrants.

Assessments were conducted at the aforementioned CBO and a nearby study office that was rented once study enrollment increased and the demands of the study began to drain the resources of this CBO. Assessments were collected using a secure web-based research management software (Velos). This allowed assessors to ask the participants questions and immediately document their responses within the secure computer program. Participants were compensated \$50.00 per interview and \$20.00 per SEPA intervention session.

To protect human subjects, SEPA II study was reviewed by the University of Miami International Review Board. IRB permission to conduct a secondary was also obtained through the University of Miami IRB.

SEPA II Procedures

Participants were interviewed 4 times over a period of 1 year. Standardized health and behavior measures were administered to participants using face-to-face interviews by bilingual, female study personnel in the participant's language of preference (i.e., English or Spanish). Assessors were trained by study personnel prior to interviewing participants. Baseline data were collected between January 2008 and April 2009. Institutional review board approval was obtained prior to beginning recruitment. Candidates interested in participating in SEPA II either (a) gave their names and phone numbers to study personnel and were called by the centralized scheduler eligibility screening or (b) were given a flyer or business card containing the study phone number for participants to call at their convenience. If eligible, candidates were scheduled for the assessment. Upon meeting with the candidates, assessors described study procedures, answered any questions the participants had, obtained informed consent and completed the baseline assessment. Assessments were collected with the assistance of a research management software system (Velos) that allowed assessors to ask participants questions and document their responses on the computer. Baseline assessments took approximately 3 hours to complete. Participants received a monetary incentive upon the completion of the assessment to compensate them for their time, travel, and childcare cost.

Sample and Setting

A total of 872 women were screened, however, only 548 met eligibility criteria: (a)

between the ages of 18 to 50 years old, (b) being sexually active in the past 3 months upon initial eligibility screening, and (c) self-identify as Latina.

Determination of Sample Size

The effect sizes from the SEPA I was in the medium to large range. Intervention effects for condom use were smaller ($d=0.17$). Assuming a 70% retention rate over the course of the study, N-548 yielded sufficient power ($>.80$) to detect an effect size ($d=0.17$) (Peragallo et al., 2011) in the t-test analyses comparing the women in the sample who have and have not had an abortion. Power analyses were not conducted for the logistic regression because it is considered exploratory.

Variables and Instruments Used in the SEPA Studies

Variables of the study for both SEPA and SEPA II include demographics, biological and behavioral type variables which have been used in previous research with Latino samples (Peragallo et al., 2005). Instruments used in the study include: biological assessment of Chlamydia infection, assessment of religiosity, acculturation scale (Marin & Gamba, 1996), assessment of reproductive history, Hispanic stress inventory (Cervantes, Padilla & Salgado de Snyder, 1991), Self esteem (Rosenburg, 1965), Depression (Radloff, 1977), Health and sexual history, violence assessment, Familism (Sabogal, 1987), and Perceived HIV risk.

Variables Examined in the Study

Demographics. Demographic information was collected at the beginning of the assessments through the administration of a standardized form specifically designed for studies at the research center in which this study was housed. The demographic form

collected information about the participant's country of origin, the number of years that they had lived in the United States, age, and their religion. In terms of analysis, the variable religion was not dichotomized. The variable *age* was listed as continuous.

Acculturation. Acculturation was measured using the acculturation scale developed by Marin and Gamba (1996). The scale provides an acculturation score for both Hispanic and non-Hispanic cultural domains. The scale consists of 24 items: 6 items within a language use subscale, 9 items related to linguistic proficiency, and 6 items related to electronic media. . According to the manual, a score of 2.5 can be used as a cutoff, where scores less than 2.5 indicate a lower level of acculturation than scores greater than 2.5. Based on the normative sample, Cronbach's alpha for the combined three language related subscales was .90 for the Hispanic domain, and .96 for the non-Hispanic (Americanized) domain. For the purpose of this study, only the non Hispanic domain was analyzed; participants that were high on the non-Hispanic domain were coded as 1 and if not, participants were coded as zero. This variable distinguishes between participants with high levels of acculturation and low levels of acculturation to the United States.

Religiosity. Religiosity was previously measured in SEPA I. In this study religiosity was measured by the question, "How often do you attend religious services?" This variable was coded as: more than once a week= 1, weekly= 2, monthly= 3, less than once a month= 4, only on special days= 5, and not at all= 6.

Familism scale. Familism was measured using the Familism scale developed by Sabogal (1987). The items assess "perceived support from the family," or how much support whether emotional or financial does the participant receive from her family,

“perceived obligation to provide support to the family,” how much support whether emotional or financial does the participant give to her family, and “family as referents,” where questions are asked regarding certain “appropriate” or inappropriate behaviors” allowed within the family. The scale asks about feelings toward their families and response options include (strongly disagree, disagree, neither disagree nor agree, agree, and strongly agree). The items are answered in a 5 point Likert scale ranging from 5 (strongly agree) to 1 (strongly disagree). Cronbach’s alpha are .76, .70, .64. This scale has been previously used in research studies involving Latinos especially Mexican-Americans (Edwards (2004), Romero et al. (2004) & Updegraff et al. (2005). For the purpose of this study, support from family and family as referents were used.

Reproductive history. Reproductive history was measured by the following question: How many times have you been pregnant?

Data Analysis

This secondary analysis of data answered the following questions:

Research question #1. What are the general characteristics of Latina women having abortions according to level of acculturation, level of religiosity and degree of familism? Descriptive statistics was used to answer this question.

Research questions #2. Do Latina women who have had an abortion differ from those women who have not, based on levels of acculturation, religiosity, degree of familism, and number of pregnancies?

In addition the following four hypotheses were tested:

Hypothesis #1: Latinas who have higher levels of religiosity will be less likely to have a history of abortion.

Hypothesis #2: Latinas who have higher levels of acculturation will be more likely to have a history of abortion.

Hypothesis #3: Latinas who have higher familism scores will be less likely to have a history of abortion.

Hypothesis #4: Latinas who have greater number of pregnancies will be more likely to have a history of abortion.

Data were analyzed using PASW Statistics 18.0. Descriptive statistics and logistic regression was used to answer research question two. Only subjects with complete data in the acculturation, familism and religiosity scales will be included in this analysis. All data were collected using *velos*, a software system that precluded progression in the questionnaire until a response was entered. As a result there were few missing data points.

General demographic characteristics of the sample were analyzed. The demographic characteristics such as age, country of origin, level of education, and religious affiliation are reported below using descriptive statistics, including frequency distribution and histograms.

Logistic regression was used to determine the relative risk of having had an abortion based on level of acculturation, religiosity, degree of familism and number of pregnancies. This method was selected to describe the relationship between the dichotomous variable (probability of having had an abortion) the set independent continuous variables: age, and number of pregnancies, and a set of independent categorical variables: religion, familism, and acculturation. These variables were chosen

as they are represented in the non Latina literature to have an effect on women's abortion decisions.

For this study, logistic regression was used because we are analyzing a categorical dependent variable (history of having had an abortion), where our participants answered yes or no. Having a yes or no dependent variable is best-analyzed using logistic regression. Furthermore, regression coefficients have a useful interpretation with a dummy variable because they show an increase or decrease in a predicted probability of experiencing a specific action or event (Pampel, 2000). In this study the probability of having experienced abortion based on factors such as, religiosity, acculturation, and familism behaviors was investigated. This researcher employed the aid of maximum likelihood by transforming this study's dependent variable (abortion) into a logit variable to calculate the probability of this event occurring.

Protection of Human Subjects

The data used in this secondary analysis is from the SEPA II study. The SEPA II study received IRB approval from the University of Miami IRB. In the SEPA II study, participants completed a written informed consent document. Each participant was assigned a numerical ID. Confidentiality of the participants is assured for this study as the database contains data identified by numbers and not names. The master list linking the names and numbers is kept in a locked file with the data collection forms. Only the original investigators have access to the locked file. Additional IRB approval for this secondary study involving only de-identified data were obtained.

Chapter 4

Results

Descriptives From the Sample

The following section will report descriptive and comparative statistics regarding the demographics of the sample analyzed in this study. Table 1 presents mean and standard deviation for the continuous variables age, years in the U.S. and number of pregnancies.

Table 1

Descriptives from Sample

Measure	Women who didn't have abortion	Women who did have an abortion	t(test)
	M(SD)	M(SD)	<i>p</i>
Age	36.46 (8.61)	38.77 (8.08)	.005
Years in U.S.	10.49 (9.06)	13.95 (12.95)	.003
# of pregnancies	2.00 (1.63)	3.97 (2.06)	>.001

Summary for Table 1. Women who had a history of abortion were slightly older [$t(546) = 2.82, p = .005$], had more years living in the U.S. [$t(196.96) = 2.97, p = .003$], and almost double the average amount of pregnancies [$t(212.66) = 10.36, p < .001$].

Table 2 presents the country of origin for women with and without a history or abortion.

Table 2

Country of Origin

Measure abortion	Women who did not have an abortion	Women who did have an
	N(%)	N(%)
Cuba	27 (6.7)	43 (29.7)
Dominican Rep.	23 (5.7)	10 (6.9)
Puerto Rico	23 (5.7)	5 (3.4)
Honduras	24 (6.0)	3 (2.1)
Nicaragua	26 (6.5)	3 (2.1)
Colombia	146 (36.2)	40 (27.6)
Peru	35 (8.7)	10 (6.9)
U.S.	30 (7.4)	11 (7.6)

Summary for Table 2. An examination of the country of origin revealed that for women who did not have an abortion, the greater percentage originated from Colombia. For women who had a history of abortion, the greatest percentage originated from Cuba followed closely by women originating from Colombia.

Table 3 reports the religious affiliation for the sample specifically between: Roman Catholic, Christian non-Catholic, non-Christian, and No religious affiliation.

Table 3

Religion

Measure abortion	Women who did not have an abortion	Women who did have an
	N(%)	N(%)
Roman Catholic	249 (61.8)	83 (57.2)
Christian non-catholic	126 (31.3)	42 (29.0)
Non-Christian	4 (1.0)	5 (3.4)
None	24 (6.0)	15 (10.3)

$X^2(3) = 7.35, p = .062$.

The χ^2 test approaches significance.

Summary for Table 3. A Chi square test examining differences in the proportions across the two groups approached significance, $\chi^2(3) = 7.35, p = .062$. This indicates that type of religion may be important but not significant factor in this study.

Research Question 1: Characteristics of Latinas with a History of Abortion

This section of the results answers Research Question 1: What are the general characteristics of Latina women having abortions according to level of acculturation, level of religiosity, degree of familism, and number of pregnancies. This section will focus on Latinas with a history of abortion and examines level of acculturation, familism, religiosity and number of pregnancies.

Table 4 describes the mean and standard deviation for level of familism and number of pregnancies.

Table 4

Descriptives

Mean and standard deviation for level of familism and number of pregnancies

	(+) abortion	(-) abortion	Total
Measure	M (SD)	M(SD)	M(SD)
Familism			
Support from Family	3.94 (0.81)	4.03 (0.71)	4.01 (0.74)
Family as Referents	2.96 (0.76)	2.93 (0.74)	2.94 (0.74)
Number of pregnancies	3.97 (2.06)	2.01 (1.64)	2.53 (1.96)

Summary for Table 4. In general, the women with a history of abortion demonstrated a high degree of familism particularly in the support from family scale and they had an average of approximately four pregnancies.

Table 5 reports the frequency and percent for high versus low acculturation and level of religiosity, or how often they reported attending religious services.

Table 5

Frequency of acculturation and religiosity categories for women with a history of abortion

	(+) abortion	(-) abortion	Total
Measure	N (%)	N(%)	N(%)
Acculturation			
Low acculturation	89 (61.4)	261 (64.8)	350 (63.9)
High acculturation	56 (38.6)	142 (35.2)	198 (36.1)
Religiosity			
More than once a week	12 (8.3)	52 (12.9)	64 (11.7)
Weekly	32 (22.1)	131 (32.5)	163 (29.7)
Monthly	17 (11.7)	61 (15.1)	78 (14.2)
Less than once a month	9 (6.2)	30 (7.4)	39 (7.1)
Only on special days	56 (38.6)	93 (23.1)	149 (27.2)
Not at all	19 (13.1)	36 (8.9)	55 (10.0)

Summary for Table 5. The greatest number of women who had a history of abortion reported attending religious services only on special days, followed by those who attended services weekly. The greater proportion of women with a history of abortion were less acculturated than those women without a history of abortion.

Table 6 reports the frequency and percentage of the number of pregnancies for women with a history of abortion.

Table 6

Frequency for number of pregnancies

	(+) abortion	(-) abortion	Total
Number of pregnancies	N (%)	N(%)	N(%)
1	10(6.9)	87 (21.6)	97 (17.7)
2	26(17.9)	103 (25.6)	129 (23.5)
3	34(23.4)	72 (17.9)	106 (19.3)
4	26(17.9)	32 (7.9)	58 (10.6)
5	21(14.5)	20 (5.0)	41 (7.5)
6	13(9.0)	3 (0.7)	16 (2.9)
7 or more	15(10.4)	7 (1.7)	22 (4.0)

Summary for Table 6. Women who had abortions in the sample reported from 1 to 7+ pregnancies. The mode was 3 pregnancies which occurred in 23.7% of the sample. More women (n=75) reported more than 3 pregnancies, while only 36 women reported less than 3 pregnancies.

Research Question 2: Predicting Differences Between Latinas with and without a History of Abortion.

The analysis reported in this section examines research question 2: Do Latina women who have had an abortion differ from those women who have not, based on levels of acculturation, religiosity, degree of familism, and number of pregnancies? A logistic regression was used to determine whether each of the following predictors: level of acculturation, degree of familism, religiosity, and number of pregnancies differentiated those women with and without a history of abortion.

In the analysis, the dummy coded acculturation variable, the dummy coded religiosity variables specifying level of attendance, the two familism scales and number of pregnancies were included in a logistic regression equation. The overall model was statistically significant $-22LL = 497.94, \chi^2(9) = 135.34, p < .001$.

Table 7 reports the odds ratios and p values for each variable.

Table 7

Odds Ratio

Variable	Odds Ratio	P-
Acculturation	1.25	.348
Religiosity		
More than one time per week	0.27	.007*
Weekly	0.34	.008*
Monthly	0.38	.033*
Less than one time per week	0.41	.117
On special days	1.02	.958
Familism		
Family support	1.07	.677
Family as referents	0.91	.575
Number of pregnancies	1.87	.000*

* $p < .05$

Summary for Table 7: Level of acculturation, attending religious events less than one time per month, attending religious events on special days only, support from

family and family as referents were not associated with having had an abortion. Women who reported attending religious services more than one time per week were 75% less likely to have had an abortion than those who did not attend religious services. Women who attended religious events weekly were 66% less likely to have had an abortion, and women who attended religious services monthly were 62% less likely to have had an abortion than those women who did not attend religious services. Women with higher number of pregnancies were more likely to have had an abortion. In this study, a Latina attending religious services at least once a month was less likely to have had an abortion. The more times a Latina was pregnant, the more likely she was to have had an abortion, after controlling for religiosity.

Hypothesis #1: Latinas who have higher levels of religiosity will be less likely to have had an abortion. The results supported hypothesis #1. Women who reported attending church more frequently (higher level of religiosity) were less likely to have a history of abortion.

Hypothesis #2: Latinas who have higher levels of acculturation will be more likely to have a history of abortion. The results did not support this hypothesis.

Hypothesis #3: Latinas who have higher familism scores will be less likely to have history of abortion. This hypothesis was not supported by the findings.

Hypothesis #4: Latinas who have greater number of pregnancies will be more likely to have a history of abortion. In this sample, women who had a history of abortion reported a history of approximately four pregnancies, while women without a history of abortion reported half this number.

Chapter 5

Discussion

Overall Summary

This dissertation study was designed to investigate the potential association between abortion and acculturation, religiosity, familism and number of pregnancies. In addition, data analysis was performed to test the hypothesis that Latinas who have higher levels of religiosity will have lower odds of having had a history of abortion, Latinas who have higher levels of acculturation will have higher odds of having had a history of abortion, and Latina women who have higher familism scores will have lower odds of having had an abortion. Latinas with more pregnancies will be more likely to have a history of abortion. Study findings support two of the four hypotheses: hypothesis 1 and hypothesis 4.

Discussion and interpretation of research findings are organized around the major variables studied: religiosity, acculturation, familism, and number of pregnancies. A proposal of a model of abortion in Latinas will also be discussed. Study strengths and limitations, as well as implications for nursing practice, policy and future nursing research are presented.

Acculturation

Generally, the women in this sample who had a history of abortion scored lower on the acculturation measure than those who did not have a history of abortion however there were no significant differences. These findings are similar to those found by

Kaplan, Erickson, Stewart, and Crane (2001) where they did not find an association between acculturation and abortion in a young population of Latinas.

Prager et al. (2007) studied a general population of women for risk factors in repeat abortion found that having lived outside the U.S. was found to be strongly associated with decreased odds of repeat abortion, indicating that acculturation may play a role in abortion. The findings from the Prager et al. (2007) study could be explained by either lower levels of acculturation or limited access to abortion services secondary to the legal restrictions associated with the country of prior residency.

Furthermore, the results from this dissertation study conflict with the results found by Minnis and Padian (2001). The findings from Minnis and Padian revealed that a lower percentage of foreign born Latinas had a history of abortion than those born in the U.S. In the dissertation sample only 7.6% of the participants born in the U.S. had a history of abortion, contrasting with 27.6% of participants who were from Colombia and 29.7% of participants who were born in Cuba. Participants from other countries of birth reported lower percentages for a history of abortion than those participants born in the U.S. It is not unexpected that a greater percentage of women born in Cuba might report a history of abortion. In Communist countries (e.g., Cuba), abortion is used as a form of contraception paid for by the government. The findings from Colombia stand in stark contrast to the findings of this study as Colombia is considered a predominately Catholic country where abortion is illegal unless the pregnancy is a result of rape, endangerment of the woman's life or health and/or conditions that would result in fetal death (Guttmacher Institute, 2012).

Implications. While acculturation as it was defined in this study did not have an association with a history of abortion, other cultural factors such as *Machismo*, *Marianismo*, and *Fatalismo* are important characteristics of the Latin population and may play a role in a history of abortion. *Machismo* refers to a standard of behavior exhibited by Men in the Latino culture (Arciniega, Anderson, Tovar-Blank and Tracey, 2008). Although *Machismo* may imply a type of behavior among Latino men, derivations of *Machismo* can be observed in the majority of the Latin American countries. For some, the word *machismo* has somewhat of a negative connotation, since it denotes, hyper-masculinity, and may be associated with aggression, domestic violence, alcohol use, and legal problems. In addition, others may view *machismo* as solely that men are superior to women, and that men are to be the primary breadwinners, while women are to stay at home and care for the family. Latino culture typically places a strong emphasis on motherhood, and close family ties. In addition, it is common that Latinas are exposed to multiple pregnancies as a result of their Latino partners viewing multiparity as an expression of their virility. Latino partners may prevent Latinas from using contraceptives, increasing the likelihood of an unintended pregnancy. Whether *machismo* is viewed in a violent or non-violent way, it affects women regardless, especially when dealing with sensitive issues such as: fertility, contraception, pregnancy and abortion. Marianismo is the counter opposite of *Machismo* and is described in circumstances where the ideal woman is subservient, self-sacrificial, obedient and devoted to her family and children (Cauce & Domenech-Rodriguez, 2002). Reproductive behaviors among Latinas were found to be influenced by a variety of factors including socio-economic, religious, family influences and the effects of *machismo and*

marianismo (Burgental & Goodnow, 1998; Park & Buriel, 1998; Rafaelli & Ontai, 2001; Foulkes et al., 2005).

Fatalismo refers to the idea that individuals cannot do much to alter their fate (Peterson-Iyer, 2010). Many Latinos believe in destiny or fate, and whatever occurs or happens is due to fate or God's will. Therefore, Latinas may not exercise their right to abortion based on their belief that the pregnancy "is meant to be." Further investigations involving these factors (*Machismo*, *Marianismo* and *Fatalismo*) may be beneficial to an understanding of abortion for Latinas.

Religiosity

In this dissertation study, the majority of the Latinas were from predominantly Catholic countries; it is not surprising that more Catholic women reported a history of abortion. In this study, religiosity is related to the frequency of religious practices. Women who reported attending religious services more than one time per week were 75% less likely to have had an abortion than women who did not attend religious services. Women who attended religious events weekly were 66% less likely to report a history of an abortion than those who did not attend religious services, and women who attended religious services monthly were 62% less likely to report a history of an abortion as compared to those women who did not attend religious services. Attending religious services less than monthly was not different than those not attending religious services. These findings are in contrast to Prager et al. (2006). The results of this dissertation study indicate that Latina women who engage regularly in religious services are less likely to have a history of abortion. This finding has not been reported widely in the literature.

Since most religions have strong views towards abortion especially that of the Roman Catholic religion, it is not surprising that women who have a high level of religiosity or a higher frequency of attendance of religious services also have a lower rate of abortion report.

Implications. The association between frequent religious service attendance and lower risk for a history of abortion is not surprising. It is also not surprising that the greater proportion of women in this sample were of Catholic affiliation since the majority of Latin American countries are predominately Catholic. Contraceptive practices, however, can also be influenced by religious beliefs and warrant future investigation. Most abortions result from unintended pregnancies, and most unintended pregnancies result from failure to use contraceptives or contraceptive method failures. These failures can be categorized as method failures secondary to correct use or failures due to incorrect use of the method. Various methods are categorized according to “perfect” and “typical use.” Perfect use implies that the method is used completely in accordance with packaging instructions with each coital act and typical use denotes the efficacy of the method with the assumption that incorrect use may occur (Todd, 2002). While most contraceptive methods are fairly reliable at preventing pregnancy, the only fool proof method is abstinence. Furthermore, 12-month failure rates for poor women (19.9%) and Hispanic women(15%) are higher than those of their more affluent counterparts(10.1%) (Kost, Singh, Vaughn, Trussell and Bankole, 2008). Trussell and Vaughan (1999) analyzed data from the 1995 National Survey of Family Growth and computed life-table probabilities of contraceptive failure for reversible methods of contraception’s, discontinuation of use for method related reasons, and resumption of contraceptive use.

They found that Hispanics have a higher risk of contraceptive failure for all reversible methods of contraception combined and for the male condom. Results from an analysis of the 2002 National Survey of Family Growth conclude that there was an increase in first year failure rate from 5.4%-6.7% and the increase in the proportion of women using injectable contraception was greatest among Hispanic and non-Hispanic black women (Kost, Singh, Vaughn, Trussell and Bankole, 2008). Further investigation in the area of the effect of both religiosity and cultural characteristics such as machismo on the consistent use of reliable contraceptive methods in Latinas may lend further insight about the role of religiosity in abortion.

Implications for nursing practice with Latina who have high levels of religiosity include providing effective methods of contraception that can be concealed from a partner such as injected methods or intrauterine devices. In addition, nurses should be educated and able to provide instruction in natural family methods acceptable by the Roman Catholic faith and other religious traditions and health care insurers should cover the cost for instruction involved with these methods such as ovulation predictor kits.

Familism

In general, the findings of this study demonstrated that the women with a history of abortion demonstrated a high degree of familism particularly in the support from family scale; the familism scale category of family as referents was moderately associated with a history of abortion. Perhaps this is due to Latinas having closer relationships with their families and disrespecting or dishonoring them would be more detrimental than having an abortion. Rafaelli and Ontai (2001) conducted an exploratory

study of sexual socialization within Latino families. Twenty-two Latinas participated in in-depth interviews, which explored themes such as: parental concerns regarding dating, family communication regarding sexual issues, family rules concerning dating, and actual dating and sexual experiences. They found that the Latinas interviewed have limited romantic and sexual experience which may be problematic in today's society since over one half of the participants did not use birth control the first time they had sex, and nearly one third had unintended pregnancies.

In particular, Latina women are portrayed as having strong family values. These values, along with the traditional values innate in the Latino culture have portrayed this population as having an aversion towards abortion. Despite the importance of a woman's role within the family context of the Latino culture, Latinos have a significant rate of abortion.

Implications. Studies have demonstrated the strong propensity for importance of family and traditional gender roles within the Latino culture. Given these findings and the findings of this dissertation study additional research is warranted in this area of study, considering that few studies exist examining the role of familism and abortion within the Latino culture. Historically, family is very important within the Latino culture. A large recent U.S. study of 1,200 women which included Latinas failed to address cultural component of abortion in reporting the results (Finer et al., 2005). Additional investigation is warranted in the area of familism and its precise role in abortion within the Latino culture.

Number of Pregnancies

The study findings demonstrated that women with a history of abortion had an average of approximately four pregnancies. This is similar to the findings of Henshaw and Silverman (1988) and Finer et al.(2005) concluding that women who experience a greater number of births may be more likely to have an abortion.

Implications. Nurses should inquire about and counsel all women about family planning issues. Cultural sensitivity to the Latina culture which may value large families is warranted by all health care providers. Any methods that decrease unintended pregnancies will decrease the number of abortions. Providing education on culturally and or religiously acceptable, reliable family planning methods in conjunction with encouraging consistent practice of family planning methods is imperative to reduce the numbers of all women having abortions. As addressed previously, the characteristic of *machismo* may impact the effectiveness of consistent practice of family planning methods and be a factor in coercing women to have unintended pregnancies resulting in abortion.

Limitations of the Findings

One of the greatest limitations in conducting research on sensitive topics such as abortion is the issue of underreporting; research studies also citing this same limitation (Kaplan, Erickson, Stewart, and Crane (2001). Although the participants may have given a true account of their pregnancy and number of past abortions, still there may be some that did not do to the legality of the procedure in their country of origin. The majority of the women not having abortions were from Colombia where abortion is illegal, while the

majority of abortions occurred in women from Cuba where abortion is legal.

Furthermore, it is impossible to be able to obtain specific abortion information such as: when the abortion occurred, where, as well as, other contributing factors like partner status, birth control methods use and religious affiliation at the time of the abortion. Since we do not know when the abortion occurred; we cannot assure that the same levels of the variables measured in this study were present at the time of the abortion. This situation must be acknowledged as a limitation.

The geographic location of this study may have also influenced the findings regarding higher scores found on the Hispanic domain as compared to the non-Hispanic domain on the acculturation scale for women in this sample. Miami-Dade and Broward counties have a large population of Latinos from various countries including Caribbean and non-Caribbean countries. In Miami-Dade, 62.5% of the population speaks Spanish as their primary language (Miami-Dade, 2008). Furthermore, the proximity of these Latin American countries to Florida provides a unique support system to Latino immigrants currently living in the area as well as newly arriving immigrants.

Study Strengths

Performing a secondary data analysis from an existing data set that was readily available was an efficient methodology. The large sample size and availability of multiple data allowed for a non-harmful acquisition of sensitive information, which might have been otherwise compromised by other data collection methods.

Further limitations of the study include incomplete, inconclusive or inaccurate data. The data collections were conducted by trained bilingual assessors, ensuring

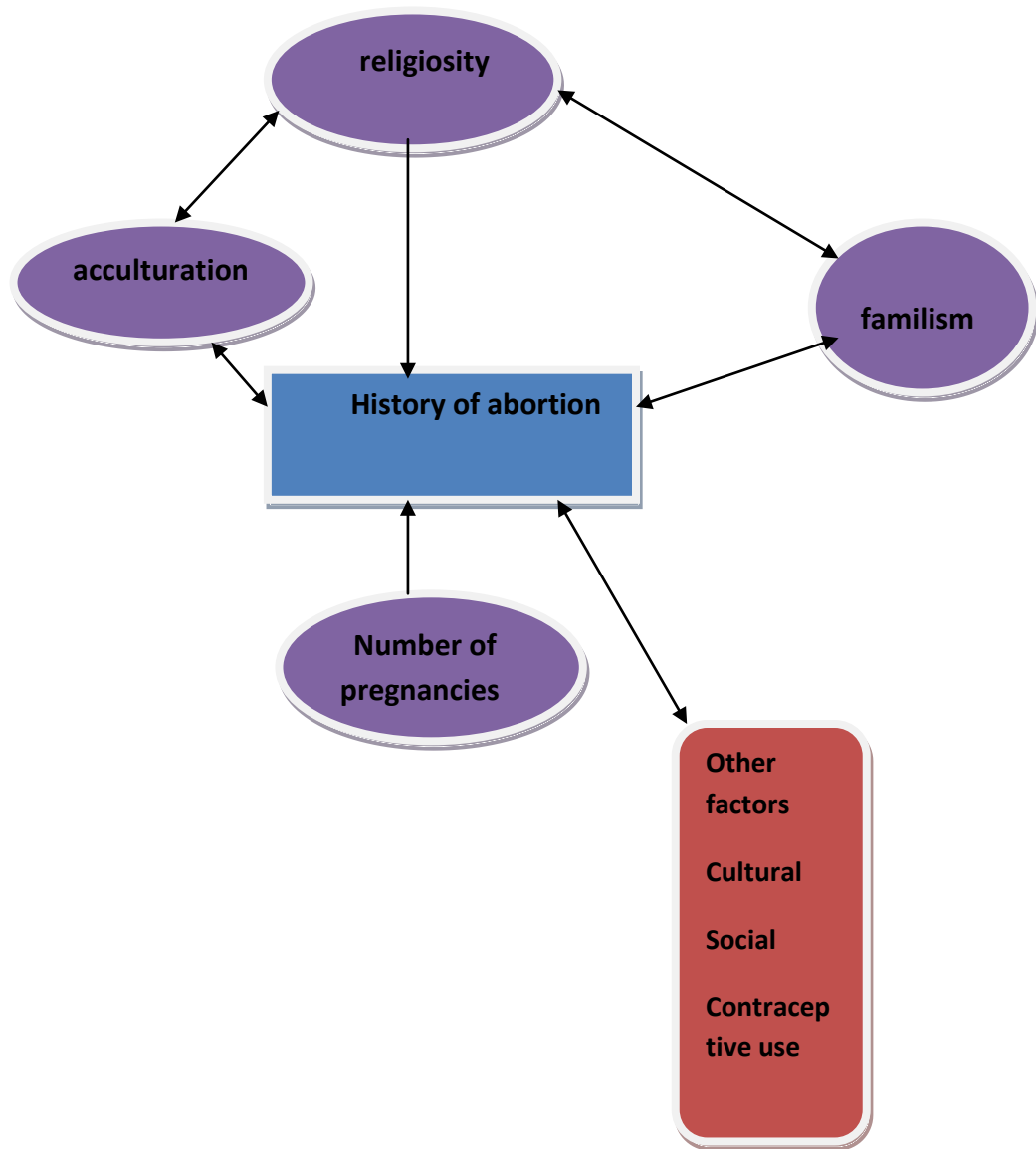
culturally sensitivity in the collection of the data. One on one interviews were conducted. A critical strength of conducting a secondary analysis of the SEPA II dataset was the absence of missing data points. Velos software was used to collect the data. As the both the study researcher and data collector, this researcher can attest that using the Velos software was both an efficient and accurate method to ensure data integrity. With the Velos software, all questions had to be answered before going forward to a new question. This provided for a very complete data set. Furthermore, the data collection was carried out in a very private, one on one interview, face to face with the participant. This safe environment may have allowed participants to open up and reveal accurate information. Additionally, the interviews were carried out in the participant's language of preference, a practice not specifically addressed in many reports of research in the Latina population. Furthermore, the published, peer reviewed journal articles from both the SEPA I & SEPA II studies reported results consistent with other literature in same sensitive areas that analyzed in this investigation.

Emerging Model of Abortion in Latinas

The understanding of abortion in Latinas is evolving. This study was unique in investigation of the multiple factors of acculturation, religiosity, familism and number of pregnancies in a diverse population of only Latinas. From this study, one can begin to explore the development of a model for abortion in the Latina population. In the emerging model below, factors associated with a history of abortion are acculturation, religiosity, familism, and number of pregnancies. These factors are depicted in purple circles and have a solid arrow to the dependent variable, history of abortion (blue rectangle). In some of these, the exact nature of the relationship is not entirely clear and

is worthy of further study. From the literature, factors mentioned with abortion in Latinas include cultural factors such as *Machismo*, *Marianismo*, and *Fatalismo*. In addition, other factors such as: level of education, socio-economic status, marital status, history of drug use, history of sexually transmitted infections, and contraceptive use have been mentioned and are worthwhile future implications for research. The additional factors: cultural factors, contraceptive use, social factors, and other factors are found in a circular square (red) and are also connected to the dependent variable, although this relationship is unclear and further studies are needed.

Proposed Model for Testing Relationships



Research Implications

Abortion is a sensitive topic in all cultures as well as all over the world. With increasing numbers of Latinas in the U.S. and increasing numbers of Latinas having abortions, it is imperative that factors associated with this very important experience be

examined through further research perhaps through a qualitative study to discern the factors associated with the abortion experience among Latinas. Past literature on abortion research demonstrates conflicting results factors associated with the abortion experience. Various studies demonstrated contradictory results as to the influence of acculturation on abortion. This dissertation study demonstrated that although the majority of the women who had a history of abortion were generally less acculturated, this was not significant. Future studies perhaps qualitative in nature, would allow deeper probing into the factors and circumstance involved at the timing of the abortion (e.g. if the participant was living in the country of origin when the abortion occurred, and was the abortion legal or clandestine).

The majority of the participants in this study identified themselves as Roman-Catholic, this may also have been a result of the majority of Latina women are Catholic in general. It is impossible to assess their religious affiliation when the abortion occurred. Perhaps, it may be worthwhile to conduct a study of women who are seeking abortion to identify their current religious affiliation in order to evaluate if this is an important factor in their abortion decision.

Family support has been identified as an important factor in the literature especially in the abortion decision. If the partner or family is unsupportive of the pregnancy, a woman may be more apt to undergo an abortion. Conversely, if a partner or family member is unsupportive of abortion, she may be more inclined not to undergo the abortion process. Understanding these factors within the Latina population is imperative not only to understand these factors associated with abortion care but also for providers to adequately understand the implications involved in a Latina's decision to abort.

The results from this study will add to the knowledge base about abortion and Latina women. An emerging model to represent factors associated with abortion in Latinas was developed using results from this study. This model needs addition refinement based on future study to guide health care providers caring for Latina women. Further investigations are needed in this growing segment of the population to develop and test recommendations for pre abortion counseling and post abortion follow up care that is culturally tailored.

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