

# Male Hispanic Immigrants Talk about Family Planning

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*Abstract:* In order to improve delivery of family planning services by better understanding the views of people affected, researchers conducted four focus groups among Hispanic men who recently migrated to a Midwestern community. Participants expressed opinions about, attitudes towards, and knowledge of such matters as family planning, birth control information and access, the influence of religion on family planning and birth control decisions, general familial relations, the prevalence of infidelity, use of and access to the health care system, and cultural differences between the U.S. and their countries of origin. The men voiced opinions and attitudes supportive of family planning and appeared knowledgeable about various methods of birth control. Understanding the attitudes held by immigrant men is important for health care providers in designing successful service interventions for this rapidly growing segment of the population.

*Key words:* Hispanics, family planning, birth control, sterilization, condoms, Hispanic gender relations.

The recent influx of Hispanic immigrants to communities in the U.S.<sup>1,2</sup> presents challenges to health care workers who provide family planning services. In addition to language barriers, use of health care services within this population may be impeded by cultural barriers often unrecognized by a health care system that generally presupposes the dominant culture. Providing family planning services incurs the additional challenge of responding to culturally specific attitudes and beliefs about family formation, gender roles, and intimate relationships. This research was undertaken to improve family planning services to Hispanic immigrants in the U.S. by increasing understanding of the perspectives of immigrant Hispanic men and women on family planning among health care professionals. Hispanics are the fastest growing ethnic group in the United States.<sup>1,2</sup> In some

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states, the largest influx of Hispanic immigrants occurred during the last decade. In Missouri, for example, the Hispanic population grew by 92.2% between 1990 and 2000, compared with a 56.6% increase nationwide.<sup>3</sup> The Hispanic population is expected to increase to 16% of the U.S. population by 2020.<sup>3</sup>

Part of this overall increase in population results from an increase in births among Hispanics, compared with a decrease in births among non-Hispanic White and Black women during the 1990s. The rate of first births among Hispanics living in Missouri increased from 27.1 per 1,000 women of reproductive age (15 to 44 years) in 1990 to 40.4 births per 1,000 in 2002. This compares with a rate of first births among all races throughout the state of 24.1 in 2002. In comparison, the first birth rate among Hispanics nationally in 2002 was 34.6 per 1,000 women of reproductive age.<sup>4</sup>

Past research has shown that public health officials should be mindful of gender roles and other cultural norms when choosing pregnancy and disease prevention strategies for use within ethnically well-defined communities.<sup>5</sup> Evaluations of program effectiveness have concluded that programs can be ineffective because the values they espouse are incongruous with those of the ethnic community to which they are addressed. For example, pregnancy prevention programs for female adolescents tend to stress values of self-sufficiency and gender equality. These values are sometimes at odds with those within the Hispanic community, where family interdependence (*familismo*) and the primary role of the male (*machismo*) are stressed.<sup>6</sup>

Several researchers have examined the problem of values conflict in program administration within the Hispanic community. Unger and Molina reviewed reasons for the low rate of contraceptive use and the high rate of unintended pregnancies among Hispanic women and concluded that a woman's submissive role in a traditional Hispanic family may lessen her ability to insist upon using contraception.<sup>7</sup> Researchers have suggested various culturally-grounded reasons for the relatively high rates of fertility among Hispanics: the male dominated Latino culture may make it difficult for women to insist on contraceptive use when they have an unwilling partner,<sup>8</sup> traditional Hispanic culture promotes family and motherhood,<sup>9</sup> and a *machismo* (male chauvinist) viewpoint can associate many children with virility.<sup>10</sup> Furthermore, a Hispanic family that practices traditional Catholicism may refuse to utilize contraception for religious reasons.<sup>7</sup>

Although common sense suggests that males have significant influence in family planning, much of the research on Hispanic family planning derives from data collected on women.<sup>11</sup> Because this study was undertaken to identify cultural issues within the immigrant Hispanic community that might present barriers to accessing family planning services, we chose to collect information from both men and women. This article reports on the social and cultural context of family planning within a community of immigrant Hispanic men, derived from focus groups of immigrant Hispanic men in one Midwestern community.

## Methods

**Instrument development.** Prior to conducting focus groups, we established an advisory committee to assist with the development of a discussion guide. The advisory committee consisted of key stakeholders, including health care providers who serve Hispanic immigrants, leaders of the Hispanic community, and consumers of care. Among the advisory committee members were the director of the Latino Center (an organization established by a local Hispanic immigrant to provide services and guidance to Hispanics in navigating the health, education, and cultural resources of the community); physicians, nurses, and social workers from the local health department and primary care clinic; and representatives appointed by the Office of Minority Health and the Office of Women's Health from the state health department. Two Hispanic outreach workers, one female and one male, from the Hispanic community also served on the advisory committee. An initial meeting with the advisory committee members was held to elicit their perceptions of Hispanic cultural attitudes and beliefs concerning participation in health care in general and family planning in particular. Additionally, the advisory committee was queried about factors that might facilitate or inhibit access to and use of family planning among the Hispanic immigrants with whom they work.

Based on the information provided by advisory committee members and the research team's prior knowledge, the focus group discussion guide included questions in the following categories: attitudes and knowledge about family planning; birth control information and access; the influence of religion on family planning and birth control decisions; cultural differences between the United States and countries of origin with respect to access to birth control, raising children, and spousal relations; general familial relations (with both spouses and children); the prevalence of infidelity within relationships; and use of and access to the health care system.

**Procedure.** The study was conducted in a medium-sized community in Boone County, Missouri. The town is typical of many in the region where the proportion of Hispanics has grown significantly in the last decade. According to the 2000 U.S. Census, the number of Hispanic residents in the county doubled from about 1,200 to 2,413, constituting 2% of the total county population.<sup>3</sup> Because many of the newcomers are not in the country legally, they tend to be undercounted. Community workers estimate that the total number of Hispanic residents approaches 5,000.

The sample was one of convenience obtained through a variety of recruitment strategies. The director of the Latino Center and the outreach worker posted flyers in the Latino Center and the county health department, describing the proposed focus group discussions, the time involved, the participant incentive, and contact information. The Latino Center director recruited within the Center and at an adjoining grocery store. The project outreach worker canvassed neighborhoods with a high concentration of Latino immigrants and invited people to participate. Development of a personal relationship through intensive, one-on-one contacts yielded the greatest number of participants. The outreach worker transported about one-third of the participants to the focus group meetings.

**Participants.** A total of 4 focus groups were conducted among Hispanic immigrant men between October 2003 and April 2004. There were 33 participants, with each group having between 6 and 10 participants. The main requirements were that the participants were born outside of the United States and were men of Hispanic origin. They ranged in age from 18 to 58 years, with an average age of 29. Minors were excluded due to the difficulties in obtaining parental consent. The majority of participants were married (73%). The number of children ranged from 0 to 4. One-third had had 6 years or less of schooling, or had completed 12 or more years of schooling, with the remaining two-thirds having had a primary school education of 9 years. Although some of the participants had been in the U.S. for more than 10 years (1 participant had been in the U.S. for 12 years and another for 15), almost half (46%) had been in the U.S. for less than a year. Most were Mexican (82%), with the remainder of Guatemalan, Venezuelan, or Columbian nationality. Most participants reported an affiliation with Catholicism (82%), and the remainder claimed Evangelical, Baptist, or no religious affiliation. Most worked for a restaurant or in construction.

**Data analysis.** The focus groups were tape recorded and transcribed in Spanish and then translated into English by the facilitators. Before analyzing the data, in group discussions among the researchers, we noted our preconceptions of Hispanic culture and sought to consciously avoid our biases while reviewing the data.<sup>11</sup> To further reduce the likelihood of bias, we selected a research team whose members represent varied academic disciplines: sociology, social work, public health, and economics were all included.

Members of the research team reviewed transcripts. Primarily using an immersion-crystallization approach to content analysis,<sup>12</sup> multiple readings of the transcripts were carried out until consensus was achieved on salient themes and issues. To further ensure that underlying culturally-specific meanings were properly conveyed in the English translation, the Hispanic male outreach worker reviewed and participated in discussions of these themes and issues. In addition, feedback was elicited from the advisory board.

## Results

As we described in discussion of the instrument development, the focus groups touched on a variety of topics relevant to family planning, which we have organized as follows: Influences on family planning; Birth control and sterilization; Infidelity and condom use; and the Impact of life in America on family size, domestic relations, and family life.

**Influences on family planning.** In general, participants agreed about the meaning of family planning, although individual comments expressed a range of meanings. Responses often concerned the following: determining how many children to have (which often involved considerations of how many children a person could afford); offering a high quality of life for the children one chooses to have; determining which birth control methods to use; and considering the future when making choices about children. Some topics of discussion brought to the surface tensions

the participants felt between what they believe to be desirable goals with regard to family planning and family formation versus what is possible in reality.

*Influence of religion.* The majority of the participants were Catholic, but they did not necessarily express a traditionally Catholic point-of-view concerning family planning and birth control. Religion did play a role in how some viewed family planning:

When God created the world, he made a man and a woman and God said be fruitful and fill the earth with people. In this way, God gives us the freedom to have a lot of children. To plan your family for God is a sin because if a couple plans the family, they are killing other people . . . I have read the Bible, and I have information about what is bad behavior. (G4P7)

While religious doctrine affects the thinking of some participants, there was an acknowledgment that, at times, situation and time may impose considerations that interfere with following religious teachings. One participant stated: “[In the past] women were frightened that if they took pills they were sinning, something like that, that they had to go to confession. . . . It is okay to be Catholic, but not that much” (G3P5). Other responses also illustrate this point of view.

God doesn't permit having sexual relations with different women. God wants just one woman with you. But, here [you] are, far away from your family and your wife. Consequently, you need to find different ways to have sexual relations. (G4P7)

Religion is one thing and abortion is another. I have different ideas about both things. Religion, well I respect it as my religion, true, but in what we are talking about like abortion, it's another type . . . like you have a different concept about this, true? I don't put them together, I don't share them. (G2P6)

For others, religion played a minor role or no role in how they viewed family planning. One participant stated, “No, if you follow religion, ‘Whatever children God sends us.’ Imagine. It's better that we become atheists” (G3P9). Another participant stated,

Practically, religion doesn't go with birth control methods. In this world, there are thousands of religions and each one leads their people based on their own way. The religion is not related to birth control because people have freedom to decide. It is not what the religions say. I think God gives you life in order to have freedom in your decisions. God didn't impose rules that prohibit doing one thing or another. He didn't say that you will go to the inferno if you use condoms. . . . So, religion and birth control are different things. (G4P3)

*Influence of economics.* The following quotations illustrate the impact upon family size of concern for standard of living:

I don't have a lot of children and want to give them a better life. To have a lot of children is not the same. It is better to give them studies, good shoes, and a nice

house. More children imply spending more money. It is better to have fewer children, because you are able to give them more schooling and everything. (G4P1)

Family planning, I understand, is to come to agreement in the couple [for] how many children you want. To give the best education, food and to live better. Giving the best you can. Planning is being in agreement with your partner how many children you can support and give them the necessities. (G3P8)

Participants' understanding of the potential challenges posed by having more children than is financially feasible often stemmed from first-hand experiences in their countries. One participant stated, "Your children have to pay for not planning your family. Instead of going to school, they exchange a pencil for a plough" (G2P10).

Whereas the participants acknowledged the importance of considering what is affordable when making decisions about how many children to have, they acknowledged that there are still practices and beliefs that run counter to this idea:

For example, one thing that normally happens is that people have one girl, but then they want to have a boy. But then they have a girl instead, and they keep trying to have a boy over and over. After five attempts, they have all girls, until finally, they have a boy, and they end up with a lot of children. I have seen this. (G4P3)

*Influence of cultural definition of masculinity:* Participants discussed how reproduction has been linked to the masculine identity. Fathering many children traditionally was taken as indicative of a virile, heterosexual male. One participant stated, "It was normal, since if you didn't have 15 they would ask you, 'Can't you have them, are you sick or what?' To have from 10 and above was normal" (G3P10). Another participant stated:

They told my father, 'If you don't have more than two you are a queer,' or something like that. . . . Now my father, who was a 'homosexual,' gave us a good education and little sandals while my cousins walked around barefoot. I did not work in the fields at an early age, but my cousins did. And the older brother's pants passed down to the last kid, and that's how they grew up. (G2P10)

Some of the participants contended, however, that men want fewer children and that "women are crazy because they say they won't be happy until they have 12 kids" (G1P5). During the third focus group, when asked if men pressure women to have children, participants indicated that this may have been true in the past, but this is generally not the case in the present, with one participant adding, "We aren't a herd of *machistos* [male chauvinists] anymore" (G3P9).

**Birth control and sterilization.** Participants indicated that men and women discussed birth control choices:

I talked with my wife and asked her whether she uses shots or not. But, also when a woman uses a lot of medicine or shots, secondary effects can be observed in her body. We think about it. Couples would rather use communication. (G4P2)

However, the participants' overall knowledge was somewhat limited and this may be connected to how they discussed learning about sex. One participant stated, "Nobody's papa and mama sets you down and says, 'Let's talk about sex'" (G2P1). And for some participants, increasing one's awareness about birth control may be a moot point. As some acknowledged, the choice of birth control is often the woman's, mainly because more methods exist for women. One participant stated:

Anyhow, there is more birth control for women than men. The men's [methods are] more for preventing illnesses. That is what is sad for men, that the disease is more important for us than the other stuff they talk about. . . . They have targeted them [women] more than us. We are more promiscuous; women are more settled with you, the majority of them. . . . There are not too many birth control [methods] for us, except the condom and surgery. (G2P1)

Participants were specifically asked about the likelihood of their obtaining a vasectomy. In general, the participants considered vasectomy to be an undesirable option because it precludes reproduction with new partners. Several responses reflect this opinion:

The problem is that you can't have children anymore. With the vasectomy, I would not feel good because if the other woman wanted to have children, then she would go with another man to be able to have children. (G4P1)

I would not make this operation, because you are not fertile anymore, I would rather to plan other birth control methods but not this. Obviously, it is like being a *macho*—why the woman has to tie her tubes and not the man. But I am afraid to not have children. If I break with my wife, and then I find another woman, I would like to have children. (G4P2)

I have a cousin who was sorry to get a vasectomy. He is 46 or 47, but when he did it, he was with his wife but they separated. Now he's with another woman and she has a boy. But they want another but he was operated [on]. You have to think about this really seriously. And when you tell your new woman that you have been operated on, it affects the relationship a lot. (G1P5)

However, other participants questioned the belief that reproduction should be a necessary and inevitable outcome of a relationship, and suggested support for vasectomy as a family planning option. "If you go beyond a certain age, for example, if you are already 40, you want to be able to say, 'No I don't want any more!'" (G3P9). Another participant argued a similar point:

I think it is very important as far as how old you are! When you are younger, your thinking is different. When younger, if you fail at matrimony, then you are able to find another woman. But when you are older, it is almost the same. The difference is that you are almost ending your life. I have seen that both men and women spend all of their life working hard to make money when they are already old and have one or two children. They are not able to take care of them. (G4P3)

Some participants in the third group felt that men should be the ones to have vasectomies, rather than a woman having a tubal ligation, because the operation can be harder on women.

**Infidelity and condoms.** Participants described infidelity as a natural and normative practice for Hispanic men. They overwhelmingly agreed that having sexual relations outside of a committed relationship is normal when they were asked specifically. One respondent's poetic phrase (*If the eyes don't see, the heart does not feel* (G2P1)) illustrates how an unfaithful man protects his partner from the distress that knowledge about an infidelity would bring. Many also expressed the belief that extramarital relationships are something over which they have little control, especially when "provoked" by women and/or consuming alcohol:

You cannot deny it. . . . A bull has 25 cows, a rabbit has 10 females, a rooster has 20 hens, a man has only one woman and has the right to have his own corral on the side, and we are unfaithful. But it isn't a man's sin, it's because the women provoke us, you are sitting there in the bar drinking a beer, and a broad comes over with her blouse cut down to here and a miniskirt, forget it. You are going to jump up like a rooster after corn. That's the way it is or not? . . . Man is unfaithful, and look at the lion, he doesn't hunt, all he does is sleep, the lioness is the one that hunts, and there isn't a lion without three lionesses. The lioness goes out, hunts, feeds the cubs, but the lion stays asleep. . . . Humans are unfaithful, they are. Don't come and tell me that no one here hasn't cheated on his wife. Look, they are all laughing. (G2P1)

One participant raised the issue of infidelity during a discussion of family planning:

Plan well, but to know up to what limit you can plan without compromising another life, to have sexual relations with the woman you want, wife, girls, friends, girlfriends, cheap women, prostitutes whatever you want, but that you know with whom you are going to have your child. (G2P1)

Participants also discussed infidelity in the context of condom usage, with some participants assuming condoms were unnecessary for relations with their wives, but prudent to use during relations with other women: "In my personal experience, I don't use condoms with my wife. But if you do [have intercourse] with other women, then you have to use condoms" (G4P7). Another participant stated:

Yes, I think that with your wife, you don't use condoms because you won't get sick. But with other women, you never know whether she is sick or not. Because of that, it is necessary to use condoms. (G4P6)

The participants acknowledged their irrationality in not taking the prudent action of using a condom, which they attributed to the combination of alcohol consumption, nature, and "a certain type of woman."

But there are times that you are standing around calmly and there she is. Now, if you pardon the word, [expletive] is following you. The girls go there and stand in front of you. And if you are drinking . . . you become brave and off you go! You do not think



about it in that moment, but after it is over, you start to think, damn, what if she were infected? But if you think that your life is worthless, it does not matter. (G2P10)

**Impact of life in America.** Participants addressed tensions between the values and practices from their countries, and the values and practices that they saw as American.

*Family size.* This discussion evoked feelings the participants had about American practices viewed as problematic and harmful to the family. One participant stated,

What I see in Americans . . . they have one kid, some have two, but those two have one, don't want more . . . a kid is always going to be alone . . . he is going to have the love of his parents, but never going to have the love of a little brother. (G1P5)

For some, limiting family size makes sense because they feel that the family is unstable in the United States:

Also what influences it [family size] is that here marriage is not very stable. In the U.S. you get married, you get divorced, you remarry. I believe that that's the reason they avoid children. If you have a child, you have to pay child support. That is where men and women get scared. (G3P9)

Although this participant is not directly discussing Hispanic families, what is perceived as problematic about U.S. culture concerning the family may shape Hispanic practices.

*Domestic relations.* In addition, participants suggested that relations between Hispanic men and women shift once they enter the U.S. and make the decision to live here. In some ways, they view these changes in marital relations positively.

If both of us came to the USA, we both win—she wins and I win. So, I make this money and you make this money and I decide what to do with my money, and she can do whatever she wants with her money. I think that in this case, it becomes two men in the house, because they are in charge of the house 50% and 50%. The woman becomes more independent because she has her own money. Consequently, the man loses authority in the house. (G4P1)

However, as the quotation above illustrated, the changes also can threaten a cultural ethos of male authority in the family. For example, many participants held to the ideal of the male breadwinner, but acknowledged how women's earnings can contribute to the household, but might interfere with family unity:

But, if you are making enough money to support all your family, then it is not necessary for her to go to work. She can stay in the house and take care of the children and so on. . . . But, if you are not making enough money and have a lot of bills to pay, and the woman is able to work and to help support the family, then she is welcome to cooperate. Because of this, the responsibilities are 50 and 50. . . . But when people behave in the way that each one spends the money that each one makes, then they

are not equal anymore. They are dividing the family, so you have to take care that this thing doesn't happen. If this happens, then we lost the idea and the reasons of why she was working. . . . The more important point is communication and don't lose the idea of working for a common objective. (G4P3)

Feelings of frustration may provoke undesirable interactions within couples. While the participants stated that, in general, hitting their spouses, girlfriends, and/or partners is not acceptable, many expressed frustration about the laws that protect children and women:

Yeah, he [the child] already knows. Then if you want to punish them [children] again, they [the police] will arrest you. If they arrest you, you lose a little control. The kid acts like a brat because he knows that you aren't going to hit him. Also your wife, any small thing happens, she gets hurt, she can say it was you and you go to the can until they figure out what happened. Yes or no, you are stuck there, she can hurt herself and say you did it. (G3P3)

Although the participants indicated that infidelity is a practice they bring with them, something that occurs in their native countries, one participant stated that it is easier to be unfaithful in the United States due to increased anonymity:

But it's not the same thing here [United States] and there [country of origin], because there everybody knows each other and talks, and here no. Here, you can be with the woman who lives next door and nobody is going to say anything, but there if she goes out with a man from another town the whole town will know that she is going out with him . . . and here it does not happen, you can go with this or that one and nobody knows you, down there there is a lot of gossip. . . . (G1P6)

*Family life.* As was discussed above, some participants expressed opinions about familial relations that were embedded in an endorsement of patriarchal control. In addition, the discussions demonstrated that the value Hispanic immigrants place on the family is threatened in the U.S. by the amount of time spent working:

There is a big difference in having a family here and in Mexico. . . . There you work and generally the woman doesn't, there when you have a wife and family you almost never neglect them. Here you have a family and a child is born and in 30 days you put them in childcare. They love their babysitter more than their parents. In Mexico the kids grow up alongside you, here it's a liberal country. (G1P6)

One participant stated that the value placed on the family is often replaced by the value assigned to work. Sometimes, this is out of necessity, but at other times the cause is more nebulous:

They [parents] go out and leave the kid in daycare. . . . Then they call on the cellular in the car while they are driving on the highway, 'Who is going to get him?' They get him, come home, and let the kid do whatever he wants because, 'I have to do something for work and turn it in in the morning' or 'I have to go on Internet.' But

the family does not live for the child, but revolves around the economic part that sustains the home. . . . Here, you buy a TV and next year a bigger one comes out. Son of a bitch! You go out and get a bigger one and later even bigger. Then we get into their economic materialism, like 'I want more', 'It's more economical.' But if you want more, you have to work more, and that's it with the wife and husband. That's why she finds a guy, some guy in the office, and at lunchtime the guy goes out to have sex with her, or the man has sex with the secretary. Because you come home and your wife is in a rotten mood, she takes a bath and goes to bed because she is really tired, and one also comes home really tired, and there is zero sex because there is no time for it. (G2P1)

The dissatisfaction about the effect that work has on family life is particularly interesting in view of the fact that work is a principal reason that many Hispanics immigrate to the U.S. If work is the main priority, especially for Hispanic men without family in the U.S., or for single Hispanic men, connections to a larger community are not forged as easily.

## Discussion

The men participating in the focus groups expressed a wide variety of opinions regarding family planning, from those for whom religion held little sway over family planning to those who still subscribe to the Church's teachings, from those who embraced the changing role of women in this society to those who feared the laws protecting women's and children's rights. The participants expressed themselves in ways that are contrary to stereotypes of Hispanic males and demonstrate remarkable sensitivity about the gender role changes imposed by the demands of the U.S. culture.

Overall, the men in our study expressed positive attitudes towards family planning and birth control in general. It appears that some of the men discussed the issue with their partners, and had a basic knowledge of birth control methods. In considering family planning they distinguished between family planning (in the sense of family-making) and casual relations with women. The men spoke about an improved standard of living as a consideration for family size and for the use of family planning, a corollary to their motivation for immigrating to the U.S. Many Hispanic men in this study considered family planning a means of adequately providing for the financial security and quality of life of their family.

Almost half of the participants had lived in the U.S. for less than five years; it was especially important to capture their perspectives. According to one researcher, many immigrant Hispanic men experience variability in outlook and a conflict in values that lead to social isolation.<sup>13</sup> Recently immigrated Hispanic men often are excluded from the public spheres of life within the dominant culture because of language, immigration status and, for some, experiencing their new community's resistance to the foreign. They may, consequently, compensate by adopting stronger gender roles within the domestic sphere,<sup>14</sup> which, in turn, may be counterbalanced by the Hispanic immigrant women who enter the labor force. Whereas this social isolation in the U.S. inadvertently may induce certain *machismo* behaviors and

thoughts, some of the males in our focus groups seemed conscious of the *machisto* image and recognized the problematic nature of male dominance.

The participants touched upon the topic of male dominance in their discussion of infidelity, which they described as a common cultural practice that is inadvertently abetted by U.S. cultural materialism and a life less confined by community. There is research that would corroborate this perspective: married, White Hispanic men are twice as likely as married, White non-Hispanic men to have multiple partners.<sup>15</sup>

Our participants viewed condoms principally as a means to prevent sexually transmitted infections during extramarital relations, rather than as a contraceptive. Continued program support for promotion of condom use within this population is essential for continued disease prevention. The literature shows that Hispanic couples use condoms at lower rates than other groups.<sup>15</sup> Married Hispanic women constitute one of the most vulnerable groups for HIV transmission in the U.S.<sup>16</sup> and, among them, HIV is most commonly transmitted through heterosexual sex. Recently arrived Hispanic male immigrants tend to patronize commercial sex workers at higher rates than other groups in the population, even when they are married or in long-term relationships.<sup>17</sup> The marginalization of Hispanic immigrant men makes them more likely to engage in high risk sexual practices,<sup>18</sup> including anal intercourse.<sup>19</sup>

In addition to a background concern about the risk behavior practices among immigrant Hispanic men, the convergence of our participants on the normalcy of infidelity reinforces the importance of promoting condom use. It will be an uphill battle: A recent study of young Latino men found that 76% thought it was extremely unlikely that they could acquire HIV from unprotected sex with their current partner.<sup>20</sup>

The literature reports that married Hispanic women are more concerned than other women about acquiring sexually transmitted infections (STIs) from their partners; they also are more likely than others to use dual protection (condoms and a modern contraceptive).<sup>21,22</sup> One study reports that Hispanics equally attribute contraceptive and STI prevention properties to condoms.<sup>23</sup> The men in this study indicated that condom use is associated with promiscuity and thus may be viewed negatively. Immigration appears to exert continued pressure on men's adherence to *machismo*. Our study supports recommendations made by others<sup>21</sup> about promoting condom use within this population: a health care provider is advised to use a functional aspect of *machismo*—a sense of *responsibility* as father and husband—to capitalize on the man's concern for taking care of their families. By acknowledging the reality of infidelity and multiple partners within this population, providers might be able to educate the immigrant Hispanic man about becoming a consistent condom user in order to protect his wife and/or girlfriends.

The insights derived through these focus groups about the immigrant Hispanic male experience in this community have other implications for health care providers. The health care system serves as an important bridge to the larger culture, in part because of the few entry points for immigrant Hispanics. Health care workers may reinforce a well-developed sense of the role that family planning plays in the lives of immigrant Hispanic men. Furthermore, with women's permission, when

possible, health care providers could consider bringing the men into the discussion with their partners. By considering the couple, health care providers might be able to help strengthen support for family planning within the community. This would also help educate men more specifically about family planning methods, although we found that, in general, men consider the choice of modern contraceptive methods to be women's domain.

**Limitations.** Whereas the focus group methodology used in this study yielded an array of perspectives on family planning among male Hispanic immigrants in one Midwestern community, the extent to which these opinions reflect all Hispanic immigrant men in the United States, or reflect opinions among relatively recent immigrants, is unknown. The views observed here, however, do provide sufficient insight for beginning a dialogue within health care services about ways in which best to serve the family planning needs of immigrant Hispanics.

## Conclusion

The immigrant Hispanic men participating in this research voiced opinions and attitudes supportive of family planning and appeared knowledgeable about various methods of birth control. As a group, however, their attitudes and opinions about the influence of religion on this topic, as well as sterilization as a birth control method, varied widely. Immigration to the U.S. imposes shifts in the roles of husband and wife that threaten some facets of Hispanic cultural value systems. Understanding the attitudes held by immigrant men is important for health care providers. By deconstructing stereotypes about Hispanic men in relation to family planning, services can be improved. The general context in which Hispanics make decisions related to family planning must be better understood if public health workers are to design successful service interventions for this rapidly growing segment of the population.

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## Notes

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