



Original article

Religious Variations in Perceived Infertility and Inconsistent Contraceptive Use Among Unmarried Young Adults in the United States



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A B S T R A C T

Purpose: In this paper, we examine associations among personal religiosity, perceived infertility, and inconsistent contraceptive use among unmarried young adults (ages 18–29).

Methods: The data for this investigation came from the National Survey of Reproductive and Contraceptive Knowledge (n = 1,695). We used multinomial logistic regression to model perceived infertility, adjusted probabilities to model rationales for perceived infertility, and binary logistic regression to model inconsistent contraceptive use.

Results: Evangelical Protestants were more likely than non-affiliates to believe that they were infertile. Among the young women who indicated some likelihood of infertility, evangelical Protestants were also more likely than their other Protestant or non-Christian faith counterparts to believe that they were infertile because they had unprotected sex without becoming pregnant. Although evangelical Protestants were more likely to exhibit inconsistent contraception use than non-affiliates, we were unable to attribute any portion of this difference to infertility perceptions.

Conclusions: Whereas most studies of religion and health emphasize the salubrious role of personal religiosity, our results suggest that evangelical Protestants may be especially likely to hold misconceptions about their fertility. Because these misconceptions fail to explain higher rates of inconsistent contraception use among evangelical Protestants, additional research is needed to understand the principles and motives of this unique religious community.

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IMPLICATIONS AND CONTRIBUTION

Perceived infertility is associated with higher rates of contraceptive nonuse, contraceptive discontinuation, and sexually transmitted infections among adolescents and young adults. This study is among the first to examine religious variations in perceived infertility among unmarried young adults in the United States.

Because roughly half of all pregnancies in the United States (US) are unplanned, unintended pregnancy continues to be of critical importance to public health practitioners and policy makers [1]. Research suggests that most unintended pregnancies are the result of inconsistent use or nonuse of contraceptives, rather than contraceptive failure [2]. Despite decades of

scholarship, public health practitioners have a limited understanding of the factors that undermine regular contraceptive use, including among young adults. This research gap is problematic because young women between the ages of 18 and 29 years have a higher rate of unintended pregnancy than any other age group [3]. This pattern clearly emphasizes the need for research focused on the sexual and reproductive health of young adults.

One reason for inconsistent use or nonuse of contraceptives is that some women believe that they are unlikely or unable to

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conceive [4,5]. These perceptions are important because evidence among young women suggests that young adults may overestimate their actual infertility. For example, infertility estimates for married women in the US suggest that approximately 6% of those between the ages of 15 and 29 years are likely to be infertile [6]. To put this rate into perspective, a recent nationally representative study of unmarried young adults estimates that approximately 19% of unmarried women between the ages of 18 and 29 years believe that they are very likely to be infertile [7]. The significance of the discrepancy between reproductive perception and reproductive reality is compounded by studies showing that perceived infertility is associated with higher rates of contraceptive nonuse, contraceptive discontinuation, and sexually transmitted infections [8–10].

Although previous research has made significant contributions to our understanding of perceived infertility [7–9], scholars have only begun to consider the social patterning of these perceptions. Using data from the National Survey of Reproductive and Contraceptive Knowledge, a nationally representative probability sample of 1,800 unmarried men and women aged 18–29 years in the US (also known as the Fog Zone data set), Polis and Zabin [7] showed that rates of perceived infertility were higher among young adults who were Hispanic or had received public assistance in the past year (women only). Polis and Zabin also found that born-again, fundamentalist, or evangelical young men (not women) were more apt to believe that they were not likely to be infertile (compared with slightly likely) than young men with no religious affiliation. Because Polis and Zabin did not focus on religion, it is important to build on their foundational work. By concentrating on the link between religion and infertility perceptions, we may extend the growing body of literature concerning religion and reproductive health, while also augmenting public health research on the antecedents of perceived infertility.

A great deal of research has demonstrated that religion exerts a powerful impact on the social attitudes and behavior of American youth and emerging adults, including their sexual views and practices [11–13]. Research on adolescent sexual behavior consistently shows that highly religious teens (e.g., those with high levels of religious commitment, religious attendance, religious salience, and prayer) initiate sexual activity later [14–16] and report fewer sexual partners [17,18] than do their less religious peers. Religious involvement may delay or reduce sexual activity by promoting sexual morality and embedding individuals within sexually conservative contexts [13], where informal social sanctions are regularly enforced against persons suspected of non-marital sexual activity [19]. Conversely, affiliating with a conservative religious group or movement has been associated with nonuse of contraception among adolescents [14,17,20], although this association is less consistent in the literature [21,22]. In their work on virginity pledging, a movement primarily sponsored by the Southern Baptist Church, Bearman and Brückner [20] explained that pledgers were less likely to be prepared for an experience that they had promised to avoid. The authors argued that being “contraceptively prepared” may actually be psychologically distressing for teens who had publicly vowed to abstain from sexual intercourse until marriage. Far fewer studies focus on the association between religion and sexual health among young adults; however, limited data suggest that indicators of religious involvement (e.g., religious attendance and religious salience) are also associated with delayed sexual activity and fewer partners in this population [23–25].

In this article, we employ data from a nationally representative probability sample of unmarried US young adults to build on the work of Polis and Zabin [7] in three specific ways. First, to arrive at a better understanding of religious variations in perceived infertility, we focused exclusively on the role of religion and incorporated into our analyses multiple indicators of personal religiosity (i.e., religious affiliation and religious attendance). Second, to grasp more fully the principles and motives of unique religious communities, we explored religious variations in rationales for infertility perceptions. Finally, to elaborate on the association between personal religiosity and inconsistent contraceptive use, we considered the potential mediating influence of infertility perceptions.

Methods

Data

To address these issues, we employed data from the National Survey of Reproductive and Contraceptive Knowledge, which was commissioned by the National Campaign to Prevent Teen and Unplanned Pregnancy and conducted by researchers at the Guttmacher Institute from October 2008 to April 2009. This study was designed to explore understudied factors such as knowledge, attitudes, and beliefs about contraception that influence the ability of young adults to use contraception effectively. A report detailing preliminary findings, as well as a more in-depth description of the study design and methods, was made available in 2010 [26]. The sample was selected so that the weighted results were representative of the US population of unmarried 18- to 29-year-olds. Of the 1,800 total respondents, about 10% were reached through random-digit dialing of landline phone numbers, 50% through a sample of landline numbers with a high probability of containing unmarried residents in their twenties, and 40% by cell phone. African-American and Hispanic young adults were oversampled. The field-tested questionnaire, which was offered in both English and Spanish, was approved by the Guttmacher Institute's institutional review board [10]. We excluded from all analyses respondents who were currently pregnant or who were sterilized. Our final sample included 1,695 respondents.

Measures

Perceived infertility was measured via responses to the question, “Some people are unable to become pregnant, even if they want to. How likely do you think it is that you are infertile or will have difficulty getting [a woman] pregnant when you want to?” Responses included “not at all likely,” “slightly likely,” “quite likely,” and “extremely likely.” Following the work of Polis and Zabin [7], we combined the categories of “quite likely” and “extremely likely.” Preliminary analyses showed no religious differences between these two categories. Therefore, in the analyses conducted for this study, we modeled three categories: (1) not at all likely; (2) slightly likely; and (3) quite/extremely likely.

Infertility rationales were assessed exclusively among women because men who perceived themselves as infertile did not receive these follow-up questions. Female respondents who perceived some degree of infertility were asked whether they believed they were infertile or might have had trouble getting pregnant because: (1) a doctor told them that they were infertile or might have difficulty getting pregnant; (2) other women in their family were infertile; and/or (3) they had sex without birth control and had never become pregnant. Although most fertility

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