

AN ABSTRACT OF THE THESIS OF

Carly Michelle Farr for the degrees of Honors Baccalaureate of Science in Biology and Honors Baccalaureate of Arts in International Studies presented on May 30, 2014.

Title: Facilitators and Barriers to Contraceptive Use among College-Age Latinas: Listening to Student Health Care Providers

Abstract approved: _____

S. Marie Harvey

This study explored factors that affect acquisition and proper use of contraception among the college-age Latina population at Oregon State University. Interviews were conducted with eleven health care providers at OSU's Student Health Services during the spring of 2014. Using content analysis we identified individual-level barriers including lack of knowledge or misunderstanding of contraceptive methods, religious beliefs, and partner involvement. We also found service delivery-level barriers including lack of a preferred provider, cost, and a fear of a lack of privacy/ confidentiality. Identified facilitators included CCare, preferred providers, translation services, contraceptive education, and outreach by health promotion. Examining the areas in which Student Health Services are doing well and areas where improvement could be made may be important as health care practitioners strive to provide culturally competent contraceptive care to the Latina population on campus.

Key Words: Student Health Services, Latinas, Contraception, Oregon State University

Corresponding e-mail address: carlyfarr@gmail.com

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Facilitators and Barriers to Contraceptive Use among College-Age Latinas: Listening
to Student Health Care Providers

by

Carly Michelle Farr

A PROJECT

submitted to

Oregon State University

University Honors College

in partial fulfillment of
the requirements for the
degrees of

Honors Baccalaureate of Science in Biology (Honors Scholar)
Honors Baccalaureate of Arts in International Studies (Honors Scholar)

Presented on May 30, 2014
Commencement June 2014

Honors Baccalaureate of Science in Biology and Honors Baccalaureate of Arts in International Studies project of Carly Michelle Farr presented on May 30, 2014.

APPROVED:

Mentor, representing Public Health and Human Sciences

Committee Member, representing Education

Committee Member, representing International Studies

Dean, University Honors College

I understand that my project will become part of the permanent collection of Oregon State University, University Honors College. My signature below authorizes release of my project to any reader upon request.

Carly Michelle Farr, Author

ACKNOWLEDGEMENTS

I would like to sincerely thank Dr. S. Marie Harvey for believing in me and supporting me throughout this entire process. She is truly the best mentor I could have asked for.

I would also like to thank Dr. SueAnn Bottoms and Nick Fleury for their encouragement and advice.

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INTRODUCTION

The goal of this study is to identify, from the health care practitioners perspective, the facilitators and barriers that Latinas enrolled in higher education experience when trying to obtain and properly use contraception. This study specifically looks at contraceptive use for the purpose of preventing unintended pregnancy. Unintended pregnancy, whether as a result of a failed contraceptive method or not, can have significant adverse and potentially life-altering effects on women, men, and their families (Brown and Eisenberg, 1995). Latinas experience unintended pregnancy at a disproportionately high rate.

BACKGROUND/LITERATURE REVIEW

About one-half of unintended pregnancies occur among contraceptive users, due to the incorrect and inconsistent use of reversible contraception (Henshaw, 1998; Brown & Eisenberg, 1995). The term reversible contraception is inclusive of birth control pills, hormone patches, hormone injections, intrauterine devices, vaginal rings, condoms, diaphragms, and several other methods that are not permanent. As defined by Healthy People 2020, it is a recognized goal of the United States to decrease the rate of unintended pregnancy among contraceptive users. Another important goal outlined in Healthy People 2010 was to decrease existing health disparities ("Healthy People 2020," 2010). These goals continue to be listed in Healthy People 2020 as the rates of unintended pregnancies remain high and significant health disparities continue to exist.

Unintended pregnancy, whether as a result of a failed contraceptive method or not, can have significant adverse and potentially life-altering effects on women, men, and their families (Brown and Eisenberg, 1995). Although, unintended pregnancy is a concern for all women of reproductive age, women ages 18-24 experience the highest risk of any age group (Finer & Kost, 2011). More specifically, Latina women in this age group experience unintended pregnancy at a disproportionately high rate. The rate of unintended pregnancy for Latinas is estimated to be over two times the rate for non-Hispanic white women (Henshaw, 1998). Latinas also exhibit lower rates of use of

contraceptive methods that are deemed highly effective in preventing pregnancy (Sangi-Haghpeykar II, 2011).

Latinas & Education

Of particular concern are the consequences of unintended pregnancies on Latinas in this age group who are trying to obtain a higher education. Because individuals in the 18-24 year old age group are more likely to be in higher education, decreasing their rates of unintended pregnancy is a priority for increasing their retention rates and helping them to achieve their education goals. Unintended pregnancy is a leading reason as to why women drop out of higher education. It is estimated that 61% of community college students who have children after enrollment in college drop out, again with Latinas experiencing drop out at a disproportionately high rate (Duncan, 2008). According to national data, Latinas attending public universities in the state of Oregon are 3.9% below the national average for graduating within 6 years. Among 2-year community colleges in the state of Oregon, their likelihood for completion is 7.3% below the national average (National Center for Education Statistics, 2010). According to the National Center for Education Statistics, 41.3% of Latina mothers have less than 12 years of education, compared with the national average of 14.8% (NCES, 2007). These data indicate that education becomes less of a priority for Latina women who become mothers. It is important to aid these women in achieving their

educational goals and, therefore, also crucial to help them prevent unintended pregnancies.

Lower Contraceptive Use among Latinas

Many factors are thought to contribute to lower rates of contraceptive use among Latinas and, thus, higher rates of unintended pregnancies. These include, but are not limited to, perceived discrimination based on race, gender and socioeconomic status; religious objections; and lack of reliable information about contraception (Kossler, 2011 & Abbott, 2011). Other possible obstacles include lack of health insurance, limited access to desired providers, and a mistrust of the health care system (Kossler, 2011). There have been a number of contraceptive studies that were inclusive of a variety of ethnic backgrounds, but, in general, included very few Latinas. In addition, more studies are needed for the Latina population aged 18 to 24.

Dr. Sangi-Haghpeykar II's research indicates that Hispanic women use contraceptive methods inconsistently and that this inconsistent use likely accounts for the disproportionate rates of unintended pregnancy in the population. Sangi-Haghpeykar II cites a lack of culturally appropriate contraceptive counseling as a potential contributing factor. He recommends that providers help improve their patients' knowledge of the efficacy of various contraceptive methods and address the high costs associated with large families (Sangi-Haghpeykar II, 2011).

According to the U.S. Census Bureau, Latinos have become the largest minority group in the nation and it is projected that Latinos will make up 25% of the U.S. population by 2050 (Census Bureau, 2012). The lack of inclusive studies coupled with high rates of unintended pregnancies and the rapidly growing U.S. Latino population justify additional research in this area to ensure that the health care system is prepared to serve this population's needs. On-campus health centers are the most likely providers of contraceptive care to Latina women in higher education because they are the most convenient and many services are covered by fees paid with tuition.

Unfortunately, few studies have examined the facilitators and barriers that exist for Latinas when trying to obtain and properly use contraceptives from these on-campus health centers. There is even less research regarding barriers and facilitators and barriers from the perspective of the health care provider in such settings.

This research took place at Oregon State University, a large public university in Oregon. Oregon State University has an on-campus health center referred to as Student Health Services that is a fully operational clinic that offers a wide variety of health services to students. Student Health Services is funded by student fees. Oregon is an ideal region for this study as the rate of Latinos in the population continues to increase in great numbers. According to 2010 US Census data, Oregon's Latino population has increased by 63% in the last ten years and is predicted to continue rising (US Census, 2011).

Specific Aims

The goal of this study was to fill a gap in knowledge and determine what health care professionals working in Oregon State University's Student Health Services perceive the facilitators and barriers are for their Latina patients who are seeking to obtain and properly use contraceptive methods. More research needs to be done to better understand the current reasons for this health disparity in order for appropriate and culturally sensitive actions to be taken to decrease the rates of unintended pregnancies and health disparities that exist for these women.

In this thesis, findings are reported from in-depth interviews with health care providers who provide services to the target population. From the provider perspective, this study explored the

- 1) facilitators and barriers to obtaining contraceptives for Latina college students;
and
- 2) facilitators and barriers to properly using contraceptives for Latina college students.

METHODS

After careful consideration of the time and resources available, I decided to conduct interviews with health care providers at Oregon State University's Student Health Services. These health care providers see large numbers of patients and were able to speak specifically about their Latina patients. Oregon State University is an ideal institution in which to conduct this research as it is one of the largest public institutions in the state and has the highest Latino non-commuter student enrollment in the state.

Participants and Eligibility Criteria

The target population included health care professionals who provided services to Latina women at Oregon State University's Student Health Services. In order to be inclusive of the many types of health care providers in these health centers, this exploratory study aimed to include interviews with physicians (MD or DO), physician assistants (PA), and nurses (RN, NP, FNP). It was also preferable that these health care providers represented diversity in age, gender, ethnicity, years of experience, and levels of Spanish language proficiency.

Providers were eligible for the study if they were 18 years or older, spoke English, and identified their profession as either: physician, nurse practitioner, registered nurse, physician assistant, health educator, counselor, social worker, or promotor. We

obtained written informed consent from each eligible participant. The institutional review board at Oregon State University approved the research protocol.

Recruitment Strategies & Screening Procedures

Initial contact with providers was made via email asking health care professionals on higher education campuses in the state of Oregon who work with Latinas to participate in a short interview. Additional contact was made by contacting the medical staff supervisors, explaining the research to them, and asking them to encourage their staff to participate. Since only one community college in Oregon has its own health center, they were asked to represent the community college population. The university with the highest proportion of Latino enrollment in the state was asked to participate to represent the smaller public institutions. Oregon State University was asked to participate in the study as it represents the large public institutions in Oregon. Due to circumstances beyond the researcher's control, only Oregon State University's Student Health Services was able to participate in the study.

Data Collection Procedures

Between April and May 2014, in-person interviews were conducted in private rooms at the Oregon State University Student Health Services clinic where providers work. First, the consent form was explained and signed by both the participant and the

interviewer. Then, a brief survey of provider characteristics was completed by the participant where they were asked to identify their age, ethnicity, professional training, years of professional experience, and Spanish language proficiency.

Afterwards, participants completed an in-person interview consisting of four open-ended questions. Interviews were 15-20 minutes in length and audio recorded. All records were locked in a safe location and are to be destroyed three years after the study completion date.

The open-ended questions asked in interviews were as follows:

1. What facilitators do you think exist for Latinas when obtaining contraceptives from on-campus health centers?
2. What barriers do you think exist for Latinas when obtaining contraceptives from on-campus health centers?
3. What facilitators do you think exist for these women when trying to properly use contraceptives?
4. What barriers do you think exist for these women when trying to properly use contraceptives?

Data Analysis

In order to analyze the data retrieved, interview recordings were independently reviewed and a preliminary coding system was constructed to identify barriers and

facilitators categorized by individual level and service delivery level factors. A secondary coding system was constructed to identify the specific categories within each of these two levels. The most frequently coded categories were identified and exemplified using paraphrased quotes.

RESULTS

Participant Characteristics

The sample for this study included eleven providers from Oregon State University's Student Health Services (Table 1). Participants ranged in age from their 20s to over 60 years with the majority of participants being over 50 years of age. The overwhelming majority of study participants identified themselves as White, with less than 10 percent identifying themselves as African-American. All study participants were female providers. Nearly two-thirds of participants reported being Nurse Practitioners and Family Nurse Practitioners, and a smaller number of participants reported being Registered Nurses or some other kind of provider. Most participants reported more than 15 years of professional experience. The majority of participants classified their Spanish language proficiency as being none to beginner level.

Table 1: Participant Characteristics. n = 11.

Characteristic	n (%)
<i>Age</i>	
20-30 years	1 (9.1)
31-40 years	1 (9.1)
41-50 years	0 (0)
51-60 years	6 (54.5)
61+ years	1 (9.1)
Declined to respond	2 (18.2)
<i>Ethnicity</i>	
Caucasian	10 (90.9)

African-American	1 (9.1)
<i>Gender</i>	
Male	0 (0)
Female	11 (100)
<i>Spanish Language Proficiency</i>	
None	3 (27.3)
Beginner	6 (54.5)
Intermediate	2 (18.2)
Advanced/Native	0 (0)
<i>Profession</i>	
Registered Nurse	2 (18.2)
Nurse Practitioner	4 (36.4)
Family Nurse Practitioner	3 (27.3)
Other	2 (18.2)
<i>Years of Experience</i>	
1-5 years	2 (18.2)
6-10 years	1 (9.1)
11-15 years	2 (18.2)
16-20 years	1 (9.1)
20+ years	5 (45.5)

Perceived Barriers and Facilitators

In this study, we identified numerous themes from providers' descriptions of factors they perceived to influence the acquisition and proper use of contraception among the Latina student population at Oregon State University. We organized themes into two categories: perceived individual level factors and perceived service delivery level factors. Individual level factors are defined as being related to the patient and service delivery level factors are defined as being related to the clinic and its providers.

Individual Level Barriers

Lack of Knowledge/Misinformation. Several providers explained some of their Latina patients incorrectly believed that methods such as ejaculating outside of the vagina are as effective as other methods. One participant mentioned that some of her Latina patients have expressed concerns about certain contraceptive methods such as not having a monthly menstrual cycle as being unhealthy. These are examples of the myths and misunderstandings that exist surrounding contraception. Several providers mentioned the internet, friends and family are the most likely places where misinformation is obtained.

Religious Beliefs. Participants mentioned religious beliefs as a barrier because the Catholic Church frowns upon contraceptive use, making patients who identify as Catholic feel guilty when seeking out and using contraceptive methods. This guilt can contribute to the use of less effective methods that do not require a prescription that others might find out about.

Partner Involvement. Partner involvement was a theme identified for Latina women trying to prevent unintended pregnancy through proper contraceptive use. Nearly half of the participants explained that they have seen several Latina patients whose partners do not want to use condoms or other barrier methods. This concern leaves women with only a few options for pregnancy prevention. One option is to use the “pull out” method where the man does not ejaculate inside the woman’s vagina. This

method is not very effective at preventing unintended pregnancy because sperm is often released prior to ejaculation and men may not “pull out” in time. Another option is to see a health care provider and receive a prescription for a more effective, reversible contraceptive method. There are several other options, but with any choice, the partner will likely have an opinion.

Individual Level Facilitators

There were no individual level facilitators identified in this study.

Service Delivery Level Barriers

Lack of a Preferred Provider. As mentioned in several interviews, a barrier is the unavailability of what Latina patients would consider their preferred provider. Some participants suggested that this preferred provider might be Latina or have a higher level of Spanish language proficiency. At the very least, they suggested that preferred providers might be women who are aware of, and sensitive to, the issues that are unique to the Latina community.

Cost & Awareness. Although CCare provides free contraceptive services, many students are unaware of the program. For those who do not know they might be eligible for the CCare program, the perceived cost of contraception may be a barrier. The out of pocket cost of contraceptives is very high and may prevent women from inquiring about their contraceptive options.

Privacy/Confidentiality. Although every provider who mentioned privacy and confidentiality as a possible barrier said they make every effort to prevent breaches, this was still a common concern mentioned about the Latina population at Oregon State University. The most mentioned concern was that their family would find out about their contraceptive use and disapprove for religious reasons. Another concern was that their friends or classmates might see them at Student Health Services and make assumptions about them that make them uncomfortable.

Service Delivery Level Facilitators

CCare. The overwhelming majority mentioned the CCare program as being a major facilitator. This program offers United States citizens free contraceptive services, birth control methods, and reproductive health care. The CCare office is housed within the Student Health Services building and works with the medical providers. With or without insurance, students can enroll in the CCare program and never need to bill to their insurance provider or receive a bill to a home address. This effectively removes the possibility of someone other than the patient receiving documentation of their enrollment in the CCare program. Another benefit of the CCare program is that providers can prescribe and deliver a full year's supply of birth control at once, eliminating the need to visit a pharmacy on a monthly basis.

Preferred Provider. Another facilitator on the service delivery level mentioned by nearly half of participants was the availability of a preferred provider. A preferred

provider was described as almost always being a female who provided culturally sensitive care. Although all providers at Student Health Services can prescribe contraception, there is a designated team of female nurses who primarily handle women's health issues. However, if a patient preferred to meet with a male provider for these services, there is staff available to do so if a request is made.

Translation Services. The availability of translation services was mentioned as a facilitator in a few interviews. Participants explained this service is easy to use and helps to ensure that everyone understands one another. The provider simply dials the service's phone number, selects a language and puts the phone on speaker so that everyone can hear.

Contraceptive Education. Another facilitator noted in many interviews was contraceptive education. At every initial contraceptive appointment, providers explain the various contraceptive options available. They then explain the chosen method in more detail and show the patient how to properly use it, often making use of visual aids. During this time patients are encouraged to ask questions and schedule follow-up appointments to make sure they are "happily contracepted", which is Student Health Services' goal of providing the most effective method that is the best fit for the individual. Take home materials are available in both English and Spanish and additional questions can be answered at any time via the 24 hr nursing hotline.

Outreach by Health Promotion. The last facilitator mentioned by providers was the outreach done by Student Health Services' health promotion team. The health promotion team participates in numerous campus events year-round to raise awareness of health-related issues and services offered at Student Health. Their promotional posters can be found on nearly every bulletin board on campus and the condom "hot spots" they built and maintain can be accessed at many convenient locations.

DISCUSSION

In this study, we explored providers' perceptions of factors affecting the acquisition and proper use of contraception among the Latina student population at Oregon State University. Our findings were in line with those found in previous studies of the broader Latina population. However, it was determined that, from the perspective of Student Health Services providers, college-age Latinas do not experience as many barriers as their counterparts who are not enrolled in higher education.

In order to help college-age Latinas prevent unintended pregnancies, it would be helpful for providers at student health centers to be aware of, and sensitive to, the individual level barriers that impact their contraceptive use. With this knowledge, providers can provide culturally competent contraceptive care. In addition, Student Health Services would perhaps benefit from identifying the areas in which they can facilitate contraceptive use for Latinas as well as the areas that they could improve upon. The identified facilitators will hopefully be shared with other university health centers to demonstrate what seems to be working on Oregon State's campus. This study also identified several areas in which Student Health Services could improve including; hiring a more diverse nursing staff, increasing privacy prior to visits, and developing more effective outreach and health promotion programs.

Limitations

This study has several limitations. First, our findings may not represent the opinions and experiences of all providers serving the Latina student population on university campuses in Oregon. We were able to recruit participants only from Oregon State University's Student Health Services and, thus, likely did not capture the viewpoints of all student health clinic providers. Our relatively small sample size and narrow geographic focus means that findings cannot be generalized to all student health clinic providers serving college-age Latinas. Another limitation of this study was not taking into account the various reasons a woman might choose to use contraceptives other than, or in addition to, preventing unintended pregnancy. Reasons include, but are not limited to, protection against sexually transmitted infections, menstrual cycle regulation, and acne treatment. Another possible limitation was not specifically addressing Latinas who identify as also being part of the LGBTQ community and whether or not this impacted their contraceptive choices.

Recommendations for Future Research

In the future, the insights gained by this research will be released to the medical staff at Oregon State University's Student Health Services for use as they see appropriate. Many participants inquired about whether they would receive the results or not as they thought it would be useful information to identify areas where they are doing well as well as those where they can improve. It is the goal of this study that the

knowledge gained be shared with providers to help them be more aware of, and sensitive to, the barriers that college-aged Latinas experience when trying to obtain and properly use contraception.

A possible continuation of this study would be to interview the Latinas on campus to better understand their perspective. These women would be asked similar questions about what they think the facilitators and barriers are for obtaining and properly using contraception. I think that these interviews would be particularly helpful in identifying the individual level factors experienced by this population of women. With this information, a comparison between what health care providers perceive and what the Latinas themselves perceive the facilitators and barriers to contraceptive use are can be made.

Implications for Contraceptive Services

One of the main service delivery level barriers identified was the possible lack of a preferred provider. Increasing the diversity of the nursing staff may not be practical, but perhaps educating the existing staff on the barriers that Latinas experience would make them more aware of, and sensitive to, the unique needs of this population of women. This might help to make Latinas feel more comfortable and confident that their provider understands them.

Another areas in which there might have room for improvement is increasing awareness of Student Health Services' presence and the services they can offer

students. One suggestion made in an interview to address this concern was for Student Health Services' Health Promotion team to have more of a presence at the START sessions held for incoming Freshman and transfer students. These sessions are held prior to the beginning of the school year and are designed to familiarize new students with Oregon State. This would help to educate students early on about the services Student Health offers. Another suggestion made was to increase outreach to specific groups and cultural centers on campus to increase awareness of the services offered.

Another potential area for improvement is increasing pre-appointment privacy. Currently, students must check-in and wait for their appointments out in the hall alongside all of the other students there to see providers. The fear of being seen by friends or classmates and the assumptions they might make about them are particular concerns for the Latina population. To minimize this concern and alleviate the fear of being seen, Student Health Services could introduce more private waiting areas and work to decrease wait times out in the hallways.

There are several small steps Oregon State University's Student Health Services can take to help eliminate the barriers that Latinas on campus experience when trying to obtain and properly use contraceptive methods for the purpose of preventing unintended pregnancy. Hopefully, making some of these adjustments will increase

awareness and use of the contraceptive services the OSU Student Health Services has to offer.

CONCLUSION

Our findings provide important insights into providers' perceptions of college-age Latinas' experience in obtaining and properly using contraception for the purpose of preventing unintended pregnancy. With an increasing Latino population on college campuses and the potential for increasing health disparities, understanding the factors that influence Latinas' use of contraceptive methods will become even more important. Several of the facilitators and barriers cited by providers have been identified by Latinas in other studies. Including the health care providers' perspectives, however, allows for a richer picture of the health care factors impacting Latina women's use of contraceptive services available on campus. Administrators, providers and health promotion team members need to recognize the individual level and service delivery level barriers and facilitators and address the service delivery level barriers to better serve the contraceptive needs of college-age Latinas.

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