

Desired Family Size and Son Preference Among Hispanic Women of Low Socioeconomic Status

By Jennifer B. Unger and Gregory B. Molina

Among 432 Hispanic women aged 18–50 interviewed at a Los Angeles obstetrics and gynecology clinic, respondents reported wanting an average of 2.8 sons but only 0.1 daughters. Being older than 30, having no more than an eighth grade education, being separated, divorced or widowed, being Spanish-speaking or having been born outside the United States, and having a large family of origin were all positively associated with a desire for a greater number of sons. A multivariate analysis indicated that women who preferred to speak Spanish were 10.9 times as likely as those who preferred English to desire a greater number of sons, and those with more children were 2.5 times as likely as those with fewer children to have a strong desire for sons. Family planning programs for Hispanics may be more effective if they acknowledge this important motive for childbearing.

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The Hispanic population in the United States is approximately 22.3 million.¹ They are the fastest-growing minority group in the country, and by the year 2000, they will be its largest ethnic minority.² One factor contributing to the rapid increase in the U.S. Hispanic population is the high birthrate among Hispanics relative to rates among other ethnic groups: In 1990, Hispanics had 1077 live births per 1,000 women aged 15–44, compared with 671 births per 1,000 among non-Hispanics.³ Although Hispanics comprise only 9% of the population of women aged 15–44 in the United States, they account for 12.5% of all births.⁴ Moreover, Hispanic mothers are twice as likely as white mothers to give birth to a fourth (or higher order) child.⁵

The high birthrate and large family size among Hispanics are usually attributed to lack of knowledge about and access to contraceptives.⁶ Hispanics are less likely than whites to use contraceptives or family plan-

ning services,⁷ and research has suggested that language barriers, poverty and a male-dominated culture are obstacles to the effective practice of contraception.⁸ These findings imply that Hispanic women would choose to limit their fertility if they had the required knowledge and resources.

However, a woman's intention to have additional children is one of the most important predictors of childbearing,⁹ and evidence suggests that Hispanics traditionally desire large families¹⁰ and place great cultural importance on motherhood.¹¹ Many Hispanic women believe that bearing large numbers of children will fulfill their expected female role and will ensure that they have someone to care for them and support them financially in their old age.¹² The expected social prestige and security associated with motherhood may outweigh the potential financial difficulties entailed in raising a large family. Thus, women who desire large families may be unwilling to practice contraception even if they are provided with contraceptives and educated about their proper use.¹³ However, evidence in support of this notion is mixed.¹⁴

Son preference, which has been documented in various traditional cultures around the world,¹⁵ may also influence contraceptive use among Hispanics. In cultures where women desire large numbers of sons, those who have not yet had a son typically do not practice contraception until they have had at least one.¹⁶ For example, in Taiwan, women who already had sons were more likely to use reliable methods of birth control and to consider the use of abortion than were women who had no sons.¹⁷

If son preference is present among His-

panic women in the United States, then family size among Hispanic couples may be large because couples continue to bear children until they have had a son. Programs that simply provide information about and access to contraceptives may not be effective in convincing such women to limit childbearing.

Although several studies have assessed reproductive attitudes and choices among Hispanic Americans,¹⁸ little is known about their desired family size or about the extent to which son preference influences their reproductive choices. Research is particularly limited among those Hispanics who are Spanish-speaking or of low socioeconomic status.¹⁹

This study investigates desired family size and son preference among low-income Hispanic women in Los Angeles. We hypothesize that many Hispanic women desire large numbers of children, especially large numbers of sons. In addition, we expect that women who are less acculturated (as indicated by Spanish language preference) desire more children, and in particular more sons, than do more acculturated women.

Methods

From December 1995 through January, 1996, female patients were recruited from the waiting room of the obstetrics and gynecology clinic of a large public hospital in southern California. The majority of the patients seen at this hospital are Hispanic and of low socioeconomic status. All women sitting in the waiting room who appeared to be adults of childbearing age were invited to participate. Of 568 women invited to participate, 84% (N=477) completed the interview; 91% (N=432) of these women self-identified as Hispanic and were included in the analyses.

The survey used in this study was a 27-item questionnaire assessing demographic (age, ethnicity, education, place of birth) and family (marital status, size of family of origin, number of children, pregnancy status) characteristics, and desired family size (desired number of sons and desired number of daughters). The survey was developed from focus groups with Hispanic women of childbearing age, and ques-

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Table 1. Percentage distribution of female Hispanic clinic patients aged 18–50, by selected characteristics, Los Angeles, Dec. 1995–Jan. 1996 (N=432)

Characteristic	%
Age	
15–20	12.0
21–30	47.2
>30	39.6
Data missing	1.2
Education	
≤8th grade	39.8
Some high school	34.3
High school graduate	24.1
Data missing	1.9
Marital status	
Currently married	45.4
Never married	43.8
Separated/divorced/widowed	8.6
Data missing	2.3
Employed	
Yes	19.0
No	81.0
Country of origin	
United States	9.3
Mexico	54.9
El Salvador	14.1
Guatemala	10.9
Honduras	2.5
Other/data missing	8.3
Childhood residence	
City	55.1
Small town	34.0
Rural area	10.9
Number of brothers in family of origin	
0	7.9
1	17.6
2	23.8
3	18.3
≥4	28.7
Data missing	3.7
Number of sisters in family of origin	
0	10.0
1	15.3
2	19.7
3	15.0
≥4	36.8
Data missing	3.2
Pregnant at time of interview	
Yes	63.0
No	33.3
Data missing/don't know	3.7
Number of children	
0	27.8
1	23.8
2	20.6
3	12.5
≥4	11.6
Data missing	3.7
Total	100.0

tions found to be ambiguous or confusing were modified after pilot testing. The survey was written in English and translated into Spanish by a bilingual staff member. To assure accuracy of translation, another bilingual staff member translated the Spanish questionnaire back into English, and wording differences were reconciled.

Pilot data from Hispanic patients at the

hospital indicated that women were most comfortable being interviewed by female, Spanish-speaking interviewers. Therefore, all interviewers were bilingual Hispanic women. The interviewers approached women in the waiting room of the clinic and asked them to participate in a study of attitudes toward childbearing. If a woman agreed to participate, the interviewer obtained her informed consent and administered the survey in a private area where the interview would not be overheard by other patients or staff. Respondents were allowed to choose whether the interview would be conducted in English or Spanish; the majority (91%) chose to be interviewed in Spanish. Respondents were not asked to provide their names or other identifying characteristics to the interviewer. The study protocol was approved by the hospital's Internal Review Board.

We calculated frequencies and means to characterize the study sample, and used analysis of variance to determine whether the number of sons and daughters desired by the respondents differed according to women's age, preferred language, country of origin, educational status, marital status, number of siblings in family of origin, number of children and pregnancy status. Tukey's Honestly Significant Difference post hoc test was used to detect significant differences among groups. Because we expected many of the independent variables to be intercorrelated, we entered them simultaneously into a polychotomous logistic regression model to determine those factors that independently predicted desired number of sons and daughters, while the effects of the other variables in the model were controlled.

Results

The mean age of the respondents was 29.2. Twenty-four percent of the women had graduated from high school, and 54% of them had ever been married (Table 1). Most respondents (81%) were not employed; those who were employed reported an average annual income of approximately \$8,000 (not shown). Among employed respondents, occupations included cashier (12%), factory worker (10%), seamstress (10%), machine operator (6%), housekeeper (6%), restaurant employee (6%), baby-sitter (6%) and teacher (4%).

Fifty-five percent of respondents were born in Mexico and 9% were born in the United States. More than half (55%) grew up in cities, 34% in small towns and 11% in rural or farming areas. Three-quarters reported having two or more brothers, and a similar proportion said they had two or

more sisters in their family of origin (means of 2.8 and 3.0, respectively). The majority of the respondents (63%) were pregnant at the time of the interview. Of these, 15% were in their first trimester, 31% were in their second trimester, and 55% were in their third trimester of pregnancy (not shown).

Among respondents who were not pregnant and had been sexually active during the three months prior to the interview, 36% (N=38) reported using contraceptives; 50% of these women used the condom and 29% used the pill (not shown). Sixty-nine percent of respondents had children, and 24% had three or more (mean of 1.7).

Across all characteristics, women desired more sons than daughters (Table 2), indicating that they wanted 2.8 sons, on average, but only 0.1 daughters. Older women and those with less educational attainment desired a higher number of sons and wanted fewer daughters. Those who were separated, divorced or widowed desired more sons (3.3) than did women who had never married (2.6). Women who preferred to speak Spanish desired signifi-

Table 2. Mean number (and standard deviation) of desired sons and daughters, by selected characteristics

Characteristic	Sons	Daughters
All respondents	2.8 (1.4)	0.1 (0.5)
Age		
15–20	2.2 (1.0)	0.3 (0.6)
21–30	2.5 (1.1)	0.1 (0.4)†
>30	3.2 (1.8)††	0.1 (0.5)†
Education		
≤8th grade	3.2 (1.5)	0.0 (0.2)
Some high school	2.7 (1.4)§	0.1 (0.5)
High school graduate	2.3 (1.3)§,**	0.3 (0.6)§,**
Marital status		
Never married	2.6 (1.3)	0.1 (0.4)
Married	2.9 (1.4)	0.1 (0.5)
Separated/divorced/ widowed	3.3 (1.9)††	0.1 (0.5)
Language of interview		
Spanish	2.9 (1.4)	0.0 (0.4)
English	1.3 (0.9)*	1.1 (1.0)*
Born in United States		
Yes	1.8 (1.2)	0.8 (1.0)
No	2.8 (1.4)*	0.0 (0.3)*
No. of siblings in family of origin		
0–4	2.6 (1.6)	0.2 (0.5)
≥5	2.9 (1.3)	0.1 (0.4)*
No. of children		
0–1	2.2 (0.9)	0.1 (0.4)
≥2	3.4 (1.6)*	0.1 (0.5)
Currently pregnant		
Yes	2.8 (1.2)	0.1 (0.5)
No	2.7 (1.8)	0.2 (0.5)

*p<.05. †Significantly different from 15–20 age-group at p<.05. ‡Significantly different from 21–30 age-group at p<.05. §Significantly different from ≤8th grade at p<.05. **Significantly different from some high school group at p<.05. ††Significantly different from never-married group at p<.05.

Table 3. Odds ratios (and 95% confidence intervals) showing likelihood that a characteristic is correlated with a woman's desire for a larger than average number of sons or daughters

Characteristic	Sons	Daughters
Age	0.98 (0.95, 1.01)	0.97 (0.86, 1.10)
Education	0.82 (0.63, 1.06)	1.05 (0.40, 2.77)
Married	1.25 (0.86, 1.83)	0.92 (0.19, 4.44)
Spanish interview	10.87 (4.81, 25.00)*	0.49 (0.01, 0.81)*
Born in United States	1.03 (0.47, 2.27)	0.99 (0.25, 3.88)
Number of siblings	1.01 (0.94, 1.07)	1.30 (0.94, 1.80)
Number of children	2.48 (2.11, 2.91)*	2.09 (0.98, 4.46)
Currently pregnant	1.41 (0.93, 2.13)	0.24 (0.05, 1.17)

*Significant at $p < .05$.

cantly more sons than did those whose language preference was English (2.9 vs. 1.3); similarly, those born outside the United States wanted more sons than American-born women. Respondents with five or more siblings desired fewer daughters than did women from smaller families, and women with two or more children desired more sons (3.4) than did women with fewer than two children (2.2).

In the final multivariate model, only Spanish language preference and number of children were significant predictors of desired number of sons (Table 3). Women who preferred Spanish were more than 10 times as likely as those who preferred English to desire a large number of sons, while those with the most children were 2.5 times as likely to desire a large number of sons as were those with small families. Women whose language preference was Spanish were significantly less likely than women who preferred English to desire having daughters (odds ratio of 0.49).

Discussion

The Hispanic women in our sample demonstrated a strong preference for sons, and this preference was especially strong among less-aculturated women. The high value placed on bearing sons among these women suggests that they may continue to bear children until they have a son, regardless of their financial ability to support additional children. Interestingly, although most of the women had little or no income, very few believed that raising a child would pose a financial burden, reflecting a common Hispanic cultural belief that a family can always find the means to care for another baby.²⁰

Son preference has not been reported previously among Hispanics living in the United States, and the reasons for its existence are not immediately obvious; compared with other societies, American culture does not appear to value the birth of a boy more than the birth of a girl.

To place our findings in context, we

asked a convenience sample of Hispanic women (acquaintances of the authors and their family members) to speculate as to why Hispanic women might prefer sons to daughters. These women stated that boys are typically more valued in Hispanic families; sons often become "little kings," whose needs and opinions are placed

above those of female family members. Many of these women also believed that their husbands or boyfriends would prefer a son. The belief that boys are less expensive to raise than girls was also raised. These attitudes and beliefs may explain the son preference observed in this study.

Family planning programs have traditionally emphasized knowledge of and access to contraceptives. This emphasis implies that women would choose to limit their family size if they had the knowledge and the means to do so. Our results, however, suggest that Hispanic women may become pregnant out of a conscious desire to bear additional sons. If this is the case, increasing knowledge of and access to contraception may not be a sufficient family planning strategy among Hispanic women. The results of this study accentuate the importance of understanding a culture's values before implementing a health education program. If these values are not addressed, health education campaigns may not be successful in changing behavior.

The results of this study are subject to several limitations. First, they are based on self-reports, and respondents may not have reported honestly about their contraceptive use, income, desire for children or other sensitive topics. We used several methods to minimize such potential biases. Bilingual Hispanic women were used as interviewers to increase their rapport with respondents and to minimize language barriers. Respondents were not asked to provide their names or other identifying characteristics, and they were interviewed in a private area where they could not be overheard. Nevertheless, some respondents may have intentionally altered their responses in an attempt to impress the interviewer.

In addition, because these results are based on cross-sectional data, causal inferences cannot be made. Although certain demographic variables (such as age, ethnicity and place of birth) obviously preceded the formation of attitudes about desired

family size, other demographic variables (such as education, income and number of children) may be consequences, rather than causes, of women's reproductive choices.

Our results are based on a convenience sample of women attending an obstetrics and gynecology clinic at a large public hospital, and these women may not be representative of the larger population of Hispanic women living in southern California or of the U.S. Hispanic population. Women waiting for an obstetrics and gynecology appointment may be thinking about women's health problems and issues, and these thoughts may temporarily influence their attitudes toward childbearing.

Another potential limitation is that the survey did not include a validated acculturation scale. Because acculturation would be expected to play an important role in desired family size and son preference, future studies should assess acculturation. Our results suggest that preferred language (which presumably is related to acculturation) is associated with desired family size and son preference.

Finally, we did not assess the gender of the respondents' other children. A woman who has already borne a son may not have as strong a preference for a son as a woman who has not yet had one. Future studies should include this variable as a potential correlate of son preference.

Despite these limitations, our research illuminates a clear son preference in a sample of primarily low-income Hispanic women attending an inner-city clinic—a finding that has not been widely described in the scientific literature. A better understanding of Hispanics' desire for a large number of sons could help health educators and program planners to develop culturally sensitive health education materials.

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