

CONTRACEPTION AND CATHOLICISM IN PUERTO RICO

J. MAYONE STYCOS,¹ KURT BACK,² AND REUBEN HILL³

PESSIMISTIC forecasts of continuing high rates of natural increase in Latin America are frequently based partly on the assumption that religion is a powerful force sustaining high fertility; positively in the sense of approval of increase and multiplication, negatively by means of taboos on most forms of contraception. Since the transformation of religious beliefs is seen as unlikely or as a slow process, little hope is placed in imminent fertility decline as a solution to overpopulation. In the light of the teaching of the Catholic Church with reference to birth control, and considering the power and pervasiveness of the Church in Latin America, the assumption seems plausible. Subject to question, however, is the assumption of correspondence between official doctrine and private belief and behavior.

The present paper attempts to show to what extent religion affects beliefs and behavior with respect to fertility and birth control in Puerto Rico. It draws on three different sample surveys: (1) A sample of 1,000 households, representative of the total universe of households in Puerto Rico. This sample is used in dealing with questions of incidence of birth control use. (2) A sample of 888 mothers of less than seven years of education, was drawn from Pre-Maternal (Birth Control) and general out-patient clinics in various parts of the Island. This group of cases is used for a more detailed examination of inter-relationships. Because of the broader aspects of the study, this sample was not designed to be representative of the clinic population as a whole. It was drawn in such a way as to contain a roughly equal number of birth control users, never users, past users, and the sterilized. Stratification within these groups was

¹ Associate Professor of Sociology, St. Lawrence University.

² Research Associate, Social Science Research Center, University of Puerto Rico.

³ Professor of Sociology, University of North Carolina.

done by age and residence. For this reason, this sample has not been used for data on the incidence of family limitation; and, as regards other types of data, wherever feasible the sample has been divided according to frequency of attendance of religious services.⁴ (3) An intensively interviewed sample of seventy-two lower class women and their mates. This sample has been used for illustrative, qualitative purposes.

Of the sample of 888 mothers, 12.7 per cent are Protestants, 4.5 per cent Spiritualists, and 1.5 per cent claim no religion, making a total of 18.7 per cent of the sample who may be designated as non-Catholic. This is quite close to the figure of 17.3 per cent which Hatt found in his more representative sample of Puerto Rico in 1948.⁵

The two groups are similar in terms of education and residence. Median years of schooling is 3.7 for Catholics, 3.6 for non-Catholics. Fifty-seven per cent of the Catholics and 55 per cent of the non-Catholics are rural residents. Both because of the similarity of the two groups with respect to these important variables, and because of the paucity of non-Catholics in the sample, we have not attempted in this analysis to hold demographic factors constant. In many cases, however, we have divided the groups according to frequency of attendance at religious services.⁶

Let us first examine the relation between religion and certain attitudes toward family size. In Table 1, religion is cross-tabu-

⁴ Although the sample was drawn from two different sources, for purposes of this paper there appears to be little relation between religion and the source of the sample; 70.5 per cent of Catholics and 63.8 per cent of the non-Catholics were drawn from the Out-Patient Clinics. This small difference may be partly compensated for by the fact that Catholics drawn from the Pre-Maternal Clinics attend church somewhat more regularly than those drawn from the Out-Patient Clinics. It is of interest that in the case of the non-Catholics, those from the Pre-Maternal Clinics attend church somewhat less regularly than those from the Out-Patient Clinics—another indication of the general hypothesis developed in this paper.

⁵ Hatt, Paul K.: *BACKGROUNDS OF HUMAN FERTILITY IN PUERTO RICO* (Princeton: Princeton University Press, 1952) Table 22, p. 38.

⁶ The non-Catholic group in the sample attends services much more frequently than the Catholic. Sixty per cent attend at least once a month, whereas only 33.5 per cent of the Catholics attend as frequently as this. In both groups, the education of the more frequent attenders is somewhat higher. Infrequent Catholic attenders are somewhat more rural, but the reverse is true for non-Catholics.

lated with six items reflecting such attitudes. Four of the items refer to attitudes held earlier in the respondents marital histories, as recalled by the respondents, and two refer to current attitudes. For simplicity, a condensation of each question is given rather than the exact wording as used in the interview.

Looking first at the total column, we see that differences between Catholics and non-Catholics either do not exist or are in the unexpected direction. That is, non-Catholics are somewhat more likely than Catholics to have thought, before they began bearing children, about how many children they wanted; to have wanted a somewhat larger number of children; and currently to be more "large family minded." In general, these differences are maintained or enlarged when religious attendance is controlled. Moreover, frequency of attendance unexpectedly shows a positive relation to early concern about spacing and size of family, but appears associated in the expected fashion as regards early and current family size ideals and family mindedness.

Table 1. Various measures of family size ideals by religion and church attendance.

	TOTAL		FREQUENT ATTENDANCE ¹		INFREQUENT ATTENDANCE	
	Catholic	Other	Catholic	Other	Catholic	Other
Per cent who Thought Favorably about Spacing, before Birth of First Child	45.5 (720)	43.0 (165)	50.8 (241)	46.5 (99)	43.0 (479)	38.0 (66)
Per cent who Thought about the Number of Children They Would Like to Have, before Birth of First Child	51.5 (720)	45.5 (165)	53.5 (241)	48.5 (99)	50.0 (479)	41.0 (66)
Number of Children Wanted, before Birth of First Child (Median)	2.98 (370)	3.41 (74)	3.12 (129)	3.5 (48)	2.93 (241)	3.3 (26)
After which Birth First Thought Had Enough Children (Median)	4.49 (604)	4.48 (126)	4.47 (182)	4.59 (73)	4.50 (422)	4.42 (53)
Current Ideal Family Size (Median)	2.98 (720)	3.03 (165)	3.22 (241)	3.33 (99)	2.90 (479)	2.74 (66)
Index of "Large Family Mindedness" (Higher Score Indicates More Large Family Minded.) ²	5.69 (720)	6.19 (165)	6.14 (241)	6.63 (99)	5.51 (479)	5.43 (66)

¹ Frequent attendance means attendance from one to four times a month.

² The index is based on responses to four agree-disagree questions on family size, and roughly speaking, the intensity of agreement or disagreement.

	TOTAL		FREQUENT ATTENDANCE		INFREQUENT ATTENDANCE	
	Catholic	Other	Catholic	Other	Catholic	Other
a. Per cent Responding "None" or "Only Those Whose Health Is Endangered."	14.5	17.9	21.5	20.4	11.0	14.6
	(457)	(95)	(149)	(54)	(313)	(41)
b. Per Cent Who Would <i>Not</i> Advise Daughter	34.3	33.8	44.0	39.0	29.8	26.8
	(465)	(95)	(152)	(54)	(313)	(41)

Table 2. Attitude toward birth control by religion and church attendance.

While perhaps unexpected these attitudes are not inconsistent with Catholic teaching which stresses the sinfulness of contraceptive means, rather than their end. Consequently, we should examine attitudes which are more specifically related to these means. Table 2 contains the partial distribution of responses to two questions: (a) Who do you think has the right to use birth control, all married couples, some married couples, or none? (If some) which ones? Those who cannot afford to have more children, or only those whose health is endangered by having more children? (b) If your daughter were about to be married, would you advise her to use birth control?

Looking first at Item a, row 1 we note both the low proportion of Catholics who feel opposed to birth control, and the absence of difference between Catholics and non-Catholics.⁷ Although opposition is greater among Catholics who are more frequent attenders at church services, a corresponding rise in opposition is found among the non-Catholics.

Item b shows a similar lack of difference by religious groups as a whole, but when controlled for church attendance, Catholics emerge as slightly less willing to tell their daughters about birth control.⁸ For both items, religious attendance seems of greater significance than affiliation.

⁷ However, only a third of the table has been presented. Catholics are somewhat less likely to say "all married couples have the right to practice birth control" and somewhat more likely to say "those who cannot afford to have more children."

⁸ Of course, responses to this item probably depend on feelings of modesty as well as on feelings with regard to birth control.

	PER CENT WHO HAVE EVER USED SPECIFIED METHOD			
	Rhythm		Abstinence	
	Catholics	Non-Catholic	Catholics	Non-Catholic
Urban	25.3 (187)	36.4 (61)	22.4 (187)	18.2 (61)
Rural	18.7 (99)	15.5 (19)	17.4 (99)	31.0 (19)

Table 3. Use of natural methods among those who have ever used birth control, by religion and residence.

But opinions are one thing and behavior another. A good Catholic might not agree with the Church position on birth control, but might feel bound to observe the taboos in practice. Thus we must look to actual contraceptive practice for the real test of religious influence. In this case we are fortunate in being able to draw on data from a more representative sample.

In order to derive an estimate of birth control practice for the Island as a whole we included a number of questions in another survey in Puerto Rico which took a representative sample of 1,000 households on the Island. This sample indicated that among 54 per cent of the Island's urban Catholic families and 35.5 per cent of its rural Catholic families birth control has at some point been used.⁹ These figures may seem quite striking when we consider the general poverty and low levels of education prevalent on the Island. But they are even more striking when we compare them with similar figures for non-Catholics. Only 54 per cent of the urban non-Catholic families and 27.5 per cent of the rural non-Catholic families have practiced birth control. Thus, in the urban area no difference by religion was found, and in the rural area the incidence of birth control is somewhat higher for Catholics than for non-Catholics.

However, the Catholic Church does not forbid all methods

⁹ Holding residence constant no consistent relation between education and religious affiliation is apparent in this sample. However, in three of the four educational groups considered, the incidence of Catholicism is somewhat higher among rural than among urban respondents. In Hatt's sample an inverse correlation (-.16) was found between Catholic affiliation and urban residence. Hatt: *op. cit.*, Table 163, p. 199.

	CATHOLIC	NON-CATHOLIC
Urban	2.61 (173)	1.88 (60)
Rural	3.61 (97)	3.42 (22)

Table 4. Median birth after which birth control was started, among those who have ever used birth control, by religion and residence.

of birth control, and it is possible that Catholics are practicing approved methods of contraception. Table 3 shows that only a minority of the Catholics who have used birth control have ever used abstinence or rhythm. Especially striking again is the fact that urban non-Catholics have more frequently used rhythm than urban Catholics and that rural Protestants have more frequently used abstinence than rural Catholics. Other differences are slight.

It has been suggested that sterilization is popular in Puerto Rico because it involves sinning only once.¹⁰ If this were true we would expect that among contraceptors, Catholics would be more likely to have used this method than non-Catholics. We find, however, that no difference exists. Among those who have ever practiced birth control, 36.4 per cent of the Catholic and 37.5 per cent of non-Catholic women are sterilized. However, it is true that somewhat more Catholics have been sterilized without previous experience with other methods. 76.8 per cent of the sterilized Catholic women, but only 66.8 per cent of the sterilized non-Catholic women have never used other methods.

But perhaps the variable of ever-use of birth control is too crude to detect differences in behavior. It might be the case that although Catholics are just as likely to try birth control as are members of other faiths, they are more likely to start them later in their marital history, use them erratically, or discontinue use of them after a trial period. Point of initiation of birth control practice is seen in Table 4.

¹⁰ Senior, Clarence: Women, Democracy, and Birth Control. *The Humanist*, 5, 1952, pp. 223-224.

	CATHOLICS PER CENT	NON-CATHOLICS PER CENT
Started Before Reaching Optimum Number	49	47.2
Started Just After Reaching Optimum Number	27	28.7
Started Later Than Optimum	24	24.1
TOTAL	100 (484)	100 (108)

Table 5. Point of initiation of birth control among those who have ever used birth control by religion.

In both urban and rural areas, but especially in the latter, Catholics contraceptors started using birth control somewhat later than Protestants.

Returning to our special sample, we have a more subjective measure of the point of initiation of birth control. Those respondents (92 per cent of the sample) who have more children than they consider ideal were asked at what point (in terms of birth order) they first felt they had enough children. These responses were then cross-classified with the point at which birth control was initiated. In this case, as seen in Table 5, no difference appears between the two groups.

Let us now consider regularity and length of use once birth control is initiated. Again no differences are apparent. 38.5 per cent of the Catholics are classified as irregular-short term users of birth control, and 38.1 per cent of non-Catholics are so classified. Table 6 shows the breakdown by frequency of church attendance.

Table 6. Length and regularity of use, by religion and church attendance.

	PER CENT CLASSIFIED AS SHORT-TERM IRREGULAR USERS	
	Catholic	Non-Catholic
Frequent Attendance	26.5 (117)	35.4 (48)
Infrequent Attendance	44.0 (257)	41.6 (36)

	PER CENT WHO CITE RELIGIOUS REASONS	
	Catholic	Non-Catholic
Frequent Attendance	16.5 (97)	22.2 (36)
Infrequent Attendance	6.0 (215)	10.4 (29)

Table 7. Principal reason for not practicing birth control by religion and church attendance.

The Catholics who regularly attend church are the least likely of the four groups to have practiced birth control irregularly and for a short period. The converse, not shown in the table, is also true—they are most likely to have been long term regular users.

Thus far we have tacitly assumed that those Catholics who do not practice birth control are refraining because of religious taboos. But even this assumption is groundless. Of those 377 women who are currently not practicing birth control, only about one in ten cite religion as their principal reason for not doing so. Again the difference between Catholics and non-Catholics is contrary to expectation. Whereas 17 per cent of the non-Catholic non-users cite religion as their own or their husbands' principal objection, only 9.3 per cent of the Catholics give this reason.¹¹ Breakdown by frequency of church attendance shows a correlation in the expected direction, but the religious differentials are still maintained. (Table 7.)

That reasons other than religious account for failure to practice birth control is also shown in Table 8 which contains the distribution of responses to the question, "If there were a pill which was safe and which could be taken once a week to prevent having children, would you take it?" Again we see that church attendance rather than religious affiliation plays the larger role, but that in absolute terms, few respondents say they would fail to take the pill.

¹¹ Elsewhere, when asked why they did not initiate birth control at the point when they first thought they had enough children, 9.4 per cent of the Catholics and 9.1 per cent of the non-Catholics gave religious reasons.

	CATHOLIC	NON-CATHOLIC
Frequent Attendance	15.8 (95)	19.4 (36)
Infrequent Attendance	3.8 (211)	— (28)

Table 8. Per cent of non-users who would *not* take pill.

SUMMARY

1. Despite the fact that over 80 per cent of the Puerto Rican population classify themselves as Catholic, attitudes and behavior are predominantly favorable to the small family achieved by non-Church methods of birth control.

2. Non-Catholics appear to be no more liberal in this regard than Catholics, and in some instances evidence patterns more usually associated with Catholics. The one possible exception refers to time of inception initiation of birth control practice.

3. Church attendance is usually, though by no means always, associated inversely with patterns favorable to birth control, but even among those who attend services frequently, attitudes and behavior are predominantly in the direction of rational achievement of small family goals.

How can we account for these anomalous findings?

First of all we should understand that in general Latin American Catholics do not take religion as seriously as do Catholics in certain other areas, especially where Catholics form a minority.¹² One must be a Catholic in Puerto Rico just as one must be a Republican in a small town of upper New York State, but the frequency of utterance of such phrases as "I am not a fanatic," and "I am religious in my own way" suggests that to take Church teachings too seriously in matters which affect private life may be taken to be a sign of mental weakness.

¹² In making a similar point, a Catholic demographer notes that ". . . the Latin American region is already 100,000 clergy short of the number required to provide religious service numerically comparable to the prevailing standards in the United States, England or Ireland." William J. Gibbons, in *THE INTERRELATIONS OF DEMOGRAPHIC, ECONOMIC, AND SOCIAL PROBLEMS IN SELECTED UNDERDEVELOPED AREAS*. New York, Milbank Memorial Fund, 1954, p. 176.

Moreover, whether as cause or effect of this religious indifference, Puerto Ricans are not much exposed to the teachings of the Church. According to data collected by Hatt in 1948, 70 per cent of the adult women and 80 per cent of the adult males never attend church services or attend only occasionally.¹³

While anti-clericalism is not of great significance, as indicated below in the comments by lower class Puerto Ricans, there is little inhibition in disagreeing with the Church.

The Catholic religion says it's a sin to use birth control, but I think it's a greater sin if the children have nothing to eat.

Possibly the Church is right, but since the poor are not able to support many children they have to disregard the position of the Church and make their own decision to use birth control.

Personally I think it is not a sin.

The Church forbids it but it is good to use birth control. The Church isn't going to support the children.

The occasionally greater conservatism on the part of Protestants merits some comment. While it is quite possible that the unexpected relationships are due to uncontrolled variables, it is also true that in general religion is taken more seriously by Protestants than by Catholics in Puerto Rico. A minority group with a high proportion of converts, and with a much higher clergy-parishioner ratio than is true for Catholics, Protestants are both more fervid and subject to greater control by their church than is true for Catholics. Moreover, several of the smaller but rapidly growing sects in Puerto Rico emphatically oppose birth control. More intensive study of this minority is needed, but it may be the case too that they place more emphasis on large family ideals or that whatever emphasis exists is more effective.

Our limited research into only one institution might indicate that the intensive investigation of the content and meaning of the various fertility relevant institutions in a society could enhance the reliability of traditional population forecasting, especially where this involves cultures other than our own.

¹³ Hatt, *op. cit.*, Table 23, p. 39.