


Improving Preconception Health:

Knowledge and Use of Vitamins and Folic Acid Among Spanish-language-dominant Hispanic Women



January 2009

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Introduction

The March of Dimes Foundation is a national voluntary health agency whose mission is to improve the health of babies by preventing birth defects, premature birth, and infant mortality. This mission is carried out via research, community services, education, and advocacy.

In 1992 the U.S. Public Health Service recommended that all women who are capable of becoming pregnant consume 400 micrograms of the B vitamin folic acid per day to reduce the risk of having a pregnancy affected by neural tube defects. Since 1995, the March of Dimes has conducted a number of surveys of women of childbearing age to ascertain their knowledge and behaviors regarding preconception health. These surveys include assessments of respondents' knowledge and use of folic acid and other vitamin supplements. Prior surveys have found that among the general population there is moderately high awareness of folic acid. These studies have also shown, however, that there is both (1) relatively low knowledge of recommended dosage and (2) low daily intake of vitamins containing folic acid.

These studies have also indicated that when compared with the general population, non-white women have lower awareness of folic acid and its recommended intake. Yet such studies lack sufficient sample sizes to fully explore this shortfall of knowledge, awareness, and behavior within specific ethnic populations. By focusing on Hispanic women of childbearing age, the present study represents an effort to address limitations of prior research.

Hispanic women have been shown to have higher rates of pregnancies affected by neural tube defects. The present study is specifically focused on Hispanic women of ages 18 to 45 who are Spanish-language-dominant to better understand folic acid awareness, knowledge and use among this population.

For more information on perinatal health, visit the March of Dimes website at marchofdimes.com or the Spanish website at nacersano.org. For additional national, state, county and city-level health statistics related to perinatal health, visit PeriStats at marchofdimes.com/peristats.

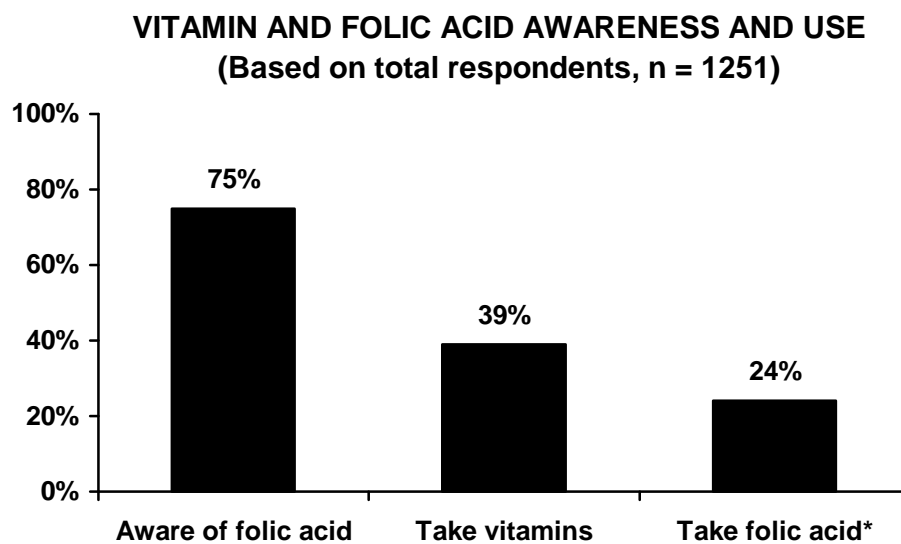
Methods

Conducted by SSRS/Social Science Research Solutions, this study was fielded from March 25 – April 17, 2008. The study employed a listed sample of Hispanics with recognizable Hispanic surnames. A total of 1,251 interviews were completed in Spanish. The margin of error is +/-3.5 percent at the 95 percent confidence level.

The women were determined by the screener to be 'Spanish-language-dominant' if they indicated that: (1) they speak Spanish, (2) they prefer to be asked questions in Spanish to complete the interview or Spanish is the language that they speak most at home and they can be interviewed in Spanish and (3) they are of Hispanic or Latino origin or descent.

Summary of Findings

Three quarters (75 percent) of Spanish-language-dominant Hispanic women ages 18 to 45 have heard, read, or seen something about folic acid and fewer than two in five (39 percent) take any kind of vitamins or mineral supplements. Only one in four (24 percent) of these women take folic acid.¹

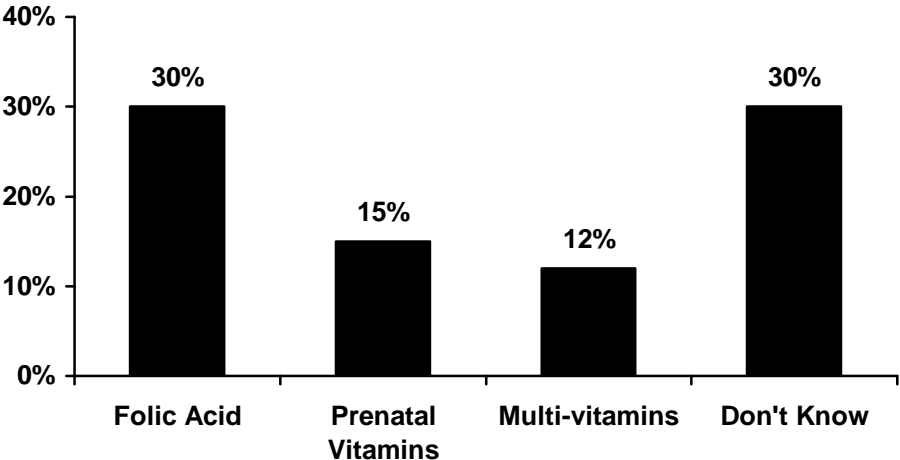


* Includes multivitamins, prenatal vitamins, and folic acid supplements.

¹ Respondents who take folic acid include those who take a multivitamin, prenatal vitamins, or a folic acid supplement; one-fifth (20%) of respondents take folic acid in the form of a multivitamin or a folic acid supplement.

Nearly one third (30 percent) of respondents identify folic acid as “very important to women of childbearing age.” Notably, the same proportion (30 percent) cannot name any vitamins that meet this description.

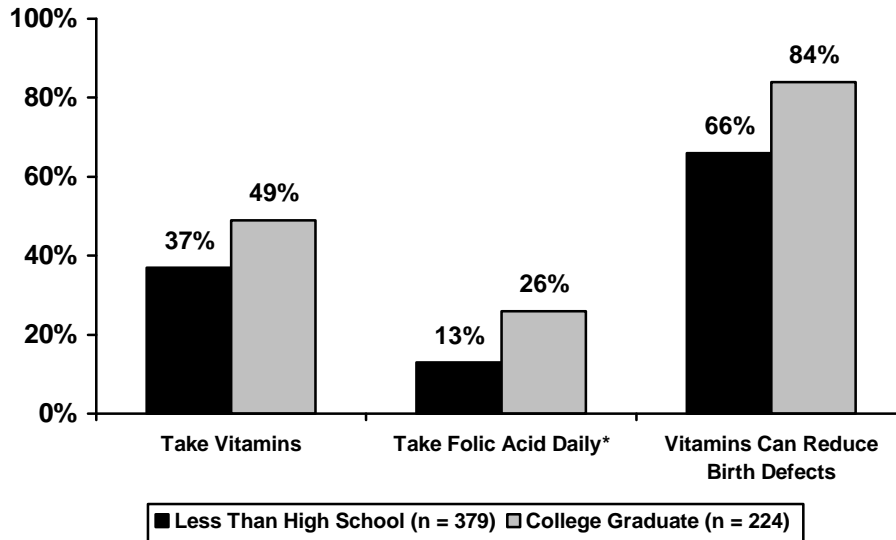
TYPES OF VITAMINS PERCEIVED AS VERY IMPORTANT TO WOMEN OF CHILDBEARING AGE
(Based on total respondents, n = 1251)



Vitamin and folic acid knowledge and use differ by educational attainment.

Spanish-language-dominant Hispanic women with low educational attainment are less likely to take any vitamin compared to college educated women (37 percent vs. 49 percent) and half as likely to take one with folic acid daily (13 percent vs. 26 percent). Eighty-four percent of college graduates mention that folic acid can reduce birth defects compared to 66 percent of women with less than a high school education.

**SUMMARY OF VITAMIN AND FOLIC ACID
RESPONSES BY EDUCATION
(Based on total respondents, n=1251)**

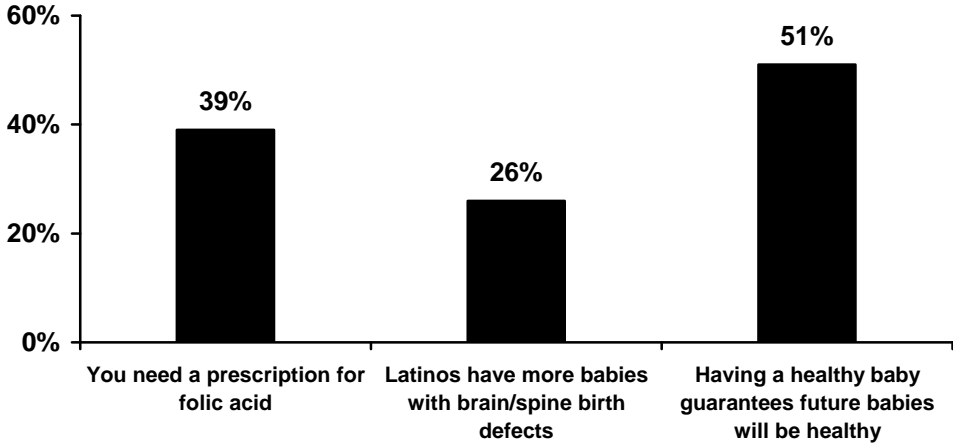


* Includes multivitamins, prenatal vitamins, and folic acid supplements.

Knowledge of perinatal health information is very low.

Nearly two fifths (39 percent) of respondents incorrectly believe that folic acid requires a prescription. Only a quarter (26 percent) of respondents is aware that Latinos have a higher rate of babies born with brain and/or spine defects. In addition, about half (51 percent) of respondents incorrectly believe that having a healthy baby guarantees that future babies will be healthy.

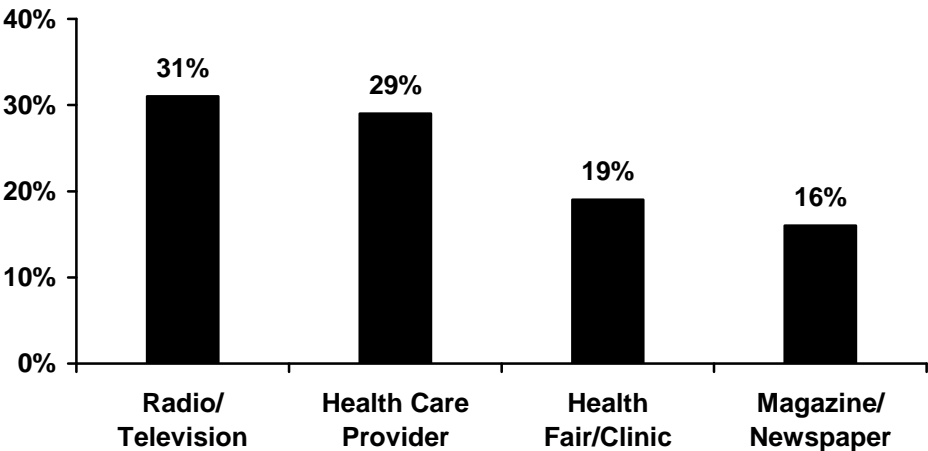
KNOWLEDGE OF PERINATAL HEALTH INFORMATION
(Based on total respondents, n = 1251)



Spanish-language-dominant Hispanic women who are aware of folic acid learn about folic acid not just from health care providers, but significantly, from radio and television, and health fairs and clinics.

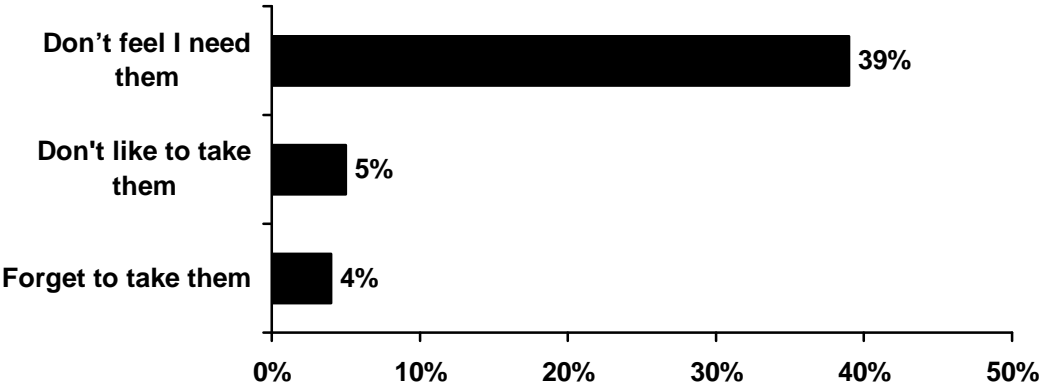
Among respondents who are aware of folic acid, radio and television (31 percent) and health care providers (29 percent) are the leading sources of information on folic acid. Respondents also identify health fairs and clinics (19 percent) and print media (16 percent) as important sources of knowledge.

**SOURCE OF INFORMATION ON FOLIC ACID
(Based on women aware of folic acid, n = 948)**

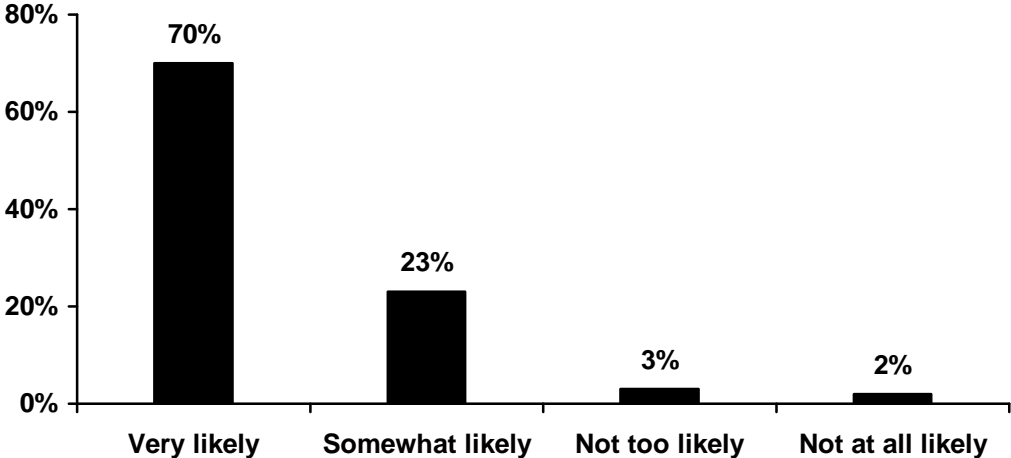


Nearly two fifths (39 percent) of respondents who do not take vitamin or mineral supplements do not feel they need to take them on a daily basis. However, a majority (70 percent) say that it is “very likely” they would follow their health care provider’s advice to take a daily multivitamin.

REASONS FOR NOT TAKING VITAMIN OR MINERAL SUPPLEMENTS ON A DAILY BASIS
(Based on respondents who do not take vitamins, n = 687)



IF HEALTH CARE PROVIDER RECOMMENDED A MULTIVITAMIN, WOULD YOU FOLLOW THEIR ADVICE
(Based on total respondents, n = 1251)



Acknowledgments

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The data presented in the report were collected by SSRS/Social Science Research Solutions, led by Melissa Herrmann, President. The project was managed by Dr. David Dutwin, Ph.D, Vice President. Dr. Dutwin also designed and conducted all the statistical analyses presented in this report.

Finally, we would like to thank the regional offices and state chapters of the March of Dimes for making the data available to the media, health professionals, and other partners around the country.

Permission to copy, disseminate, or otherwise use information from this report is granted as long as appropriate acknowledgment is given.

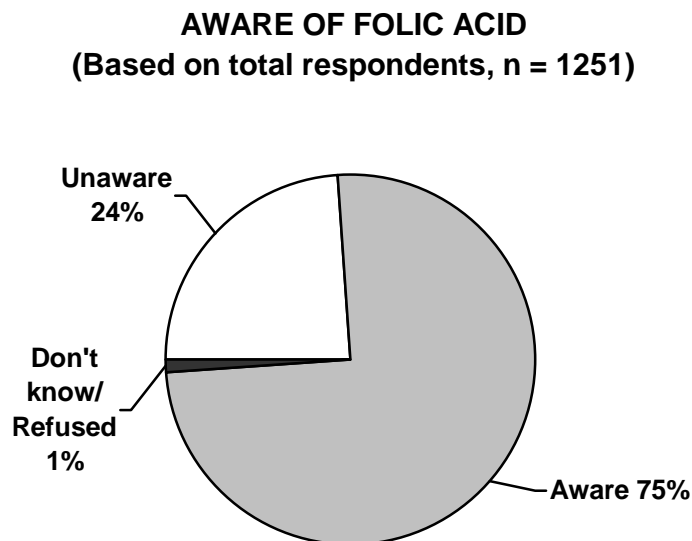
Part 1.

Awareness and Knowledge of Folic Acid and Other Preconception Health Issues

Awareness of Folic Acid

Question 20 *“Have you ever heard, read, or seen anything about folic acid?”*

Three out of four respondents (75 percent) indicate they have heard, read, or seen something about folic acid.



Women ages 18 to 24 (61 percent) are the least likely to be aware of folic acid compared to women ages 25 to 34 (81 percent) and 35 to 45 (75 percent). Spanish-language-dominant Hispanic women who did not complete high school are less likely to be aware of folic acid than are those with a college degree (70 percent vs. 85 percent).

AWARENESS OF FOLIC ACID
(Based on total respondents, n=1251)

| | 2008 % |
|--------------------------------|-----------|
| <u>ALL RESPONDENTS</u> | 75 |
| <u>AGE</u> | |
| Ages 18 to 24 | 61 |
| Ages 25 to 34 | 81 |
| Ages 35 to 45 | 75 |
| <u>EDUCATION</u> | |
| Less than H.S. | 70 |
| H.S./Tech. grad. | 76 |
| College (total) | 82 |
| College incomplete | 80 |
| College grad./post grad. | 85 |
| <u>LAST PREGNANCY</u> | |
| Never Pregnant | 64 |
| Past 2 years/currently | 75 |
| 3 to 4 years | 90 |
| 5 years or more | 74 |
| <u>HOUSEHOLD INCOME</u> | |
| Under \$25,000 | 74 |
| \$25,000-\$39,999 | 76 |
| \$40,000-49,999 | 85 |
| \$50,000+ | 79 |
| <u>REGION</u> | |
| East | 73 |
| Midwest | 72 |
| South | 76 |
| West | 74 |
| <u>ANCESTRY</u> | |
| Mexican | 74 |
| Central American | 74 |
| South American | 80 |
| Caribbean | 78 |
| Other | 71 |
| <u>NATIVITY</u> | |
| Less than 5 years in U.S. | 70 |
| Five to ten years in U.S. | 79 |
| Ten or more years in U.S. | 75 |
| Born in the U.S. | 75 |

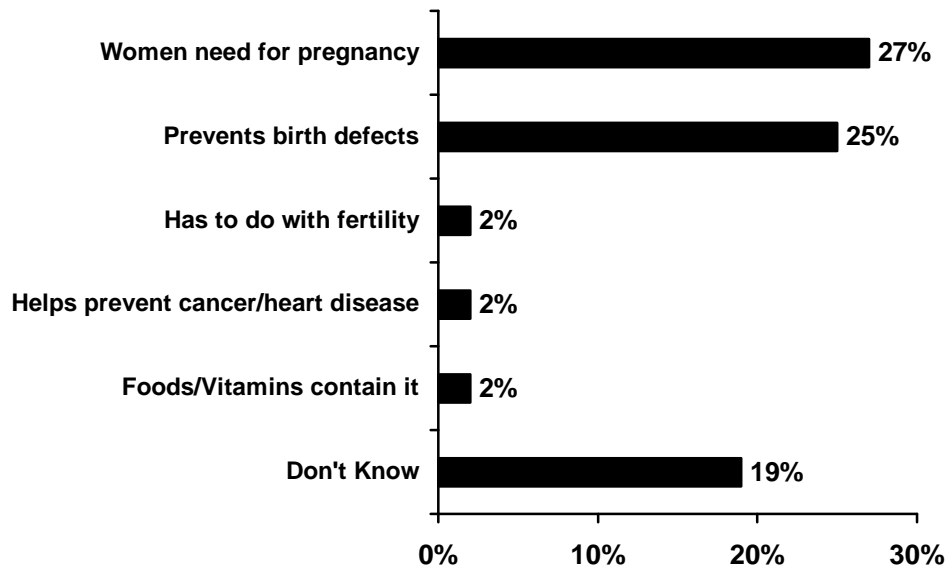
Knowledge of the Importance and Role of Folic Acid during Pregnancy

Question 21

“What have you heard, read, or seen about folic acid?”

When asked what they had heard, read or seen about folic acid, just over a quarter (27 percent) of all respondents say women need folic acid during pregnancy. A similar proportion (25 percent) of respondents believes that folic acid prevents birth defects. Almost one fifth (19 percent) do not know what they have heard, read, or seen about folic acid.

SPECIFIC KNOWLEDGE OF WHAT WAS HEARD, READ, OR SEEN ABOUT FOLIC ACID (Based on total respondents, n = 1251)



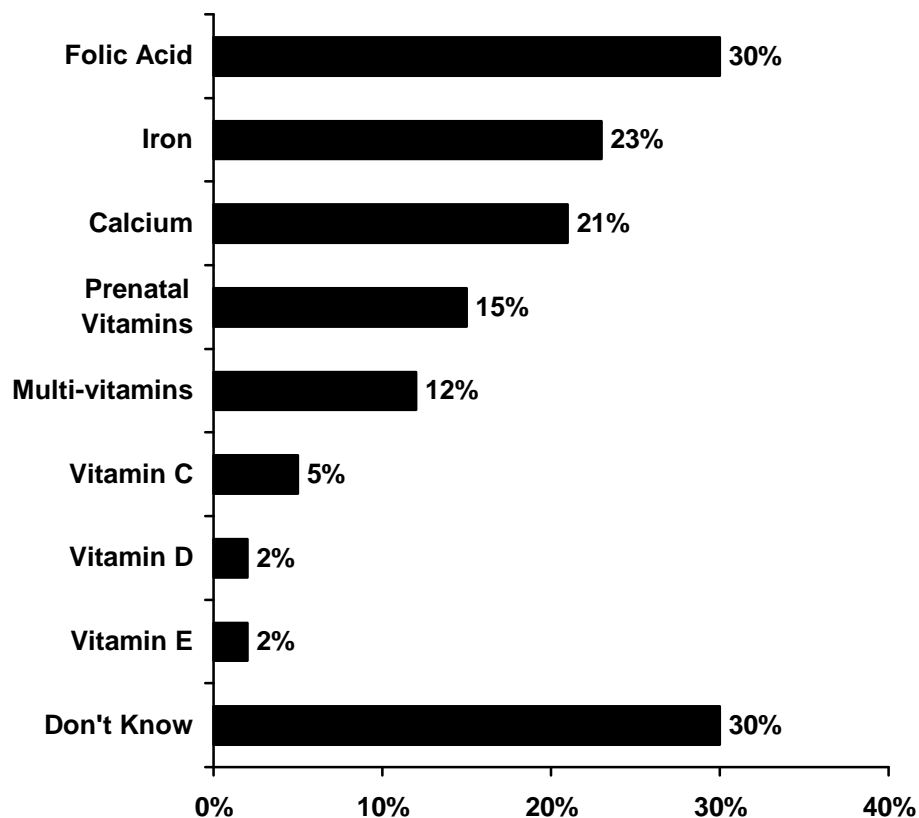
Knowledge of the Types of Vitamins that are Important for Women of Childbearing Age

Question 15

“Speaking again about vitamins, which vitamins or mineral supplements do you think are very important to women of childbearing age?”

The survey asks which vitamins or mineral supplements respondents perceive as being especially important to women of childbearing age. Folic acid is the most frequently mentioned response (30 percent), followed by iron (23 percent) and calcium (21 percent). Nearly one third of respondents (30 percent) say they do not know which vitamins are important to women of childbearing age.

TYPES OF VITAMINS PERCEIVED AS VERY IMPORTANT TO WOMEN OF CHILDBEARING AGE
(Based on total respondents, n = 1251)



Women who are pregnant or who have had children are more likely than respondents who have never had children to identify folic acid as a vitamin important to women of childbearing age (32 percent vs. 22 percent).

The likelihood of saying that folic acid is important increases sharply among women ages 18 to 24 (14 percent) to 25 to 34 (41 percent) but then decreases for women ages 35 to 45 (25 percent).

Thirty percent of respondents are not able to name a vitamin or mineral supplement that is important to women of childbearing age.

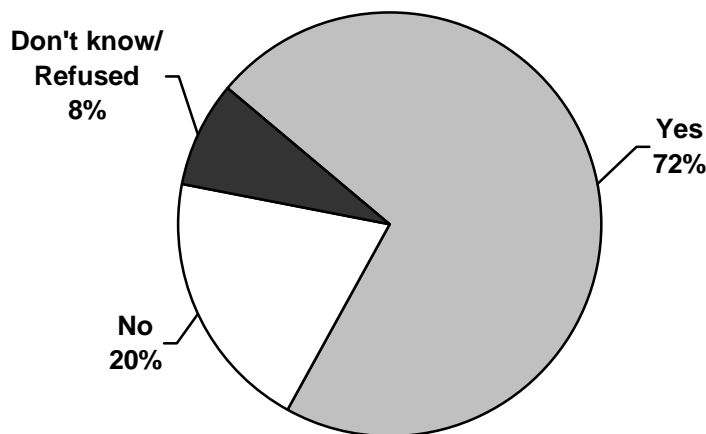
Knowledge of the Importance and Role of Vitamins during Pregnancy

Question 16

“Do you think that consuming vitamins can reduce the risk of birth defects?”

A majority (72 percent) of respondents recognize that vitamin consumption during pregnancy can reduce the risk of birth defects. Likelihood of saying that vitamin consumption during pregnancy can reduce the risk of birth defects increases with age from ages 18 to 24 (66 percent) to 25 to 34 (73 percent) to 35 to 45 (81 percent). Women with less than a high school education were less likely to recognize that vitamin consumption during pregnancy can reduce the risk of birth defects compared to college educated respondents (66 percent vs. 84 percent).

VITAMIN CONSUMPTION DURING PREGNANCY CAN REDUCE THE RISK OF BIRTH DEFECTS (Based on total respondents, n = 1251)

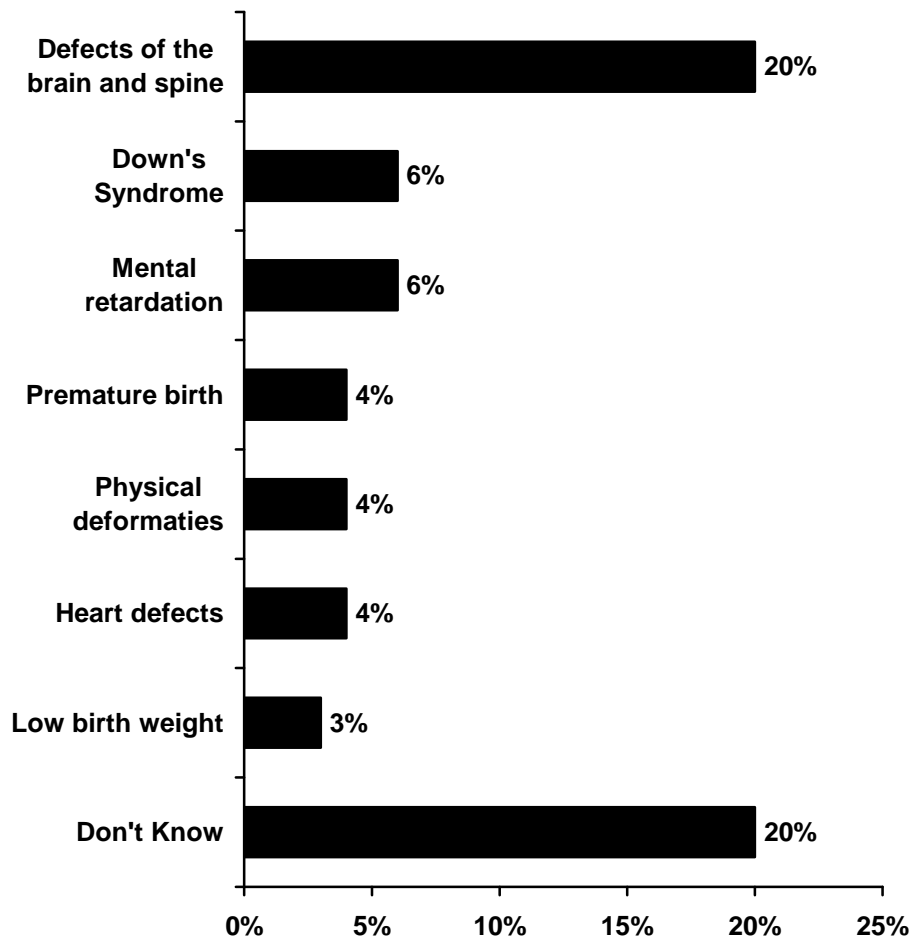


Question 17

“Which birth defects do you think might be prevented by consuming vitamins?”

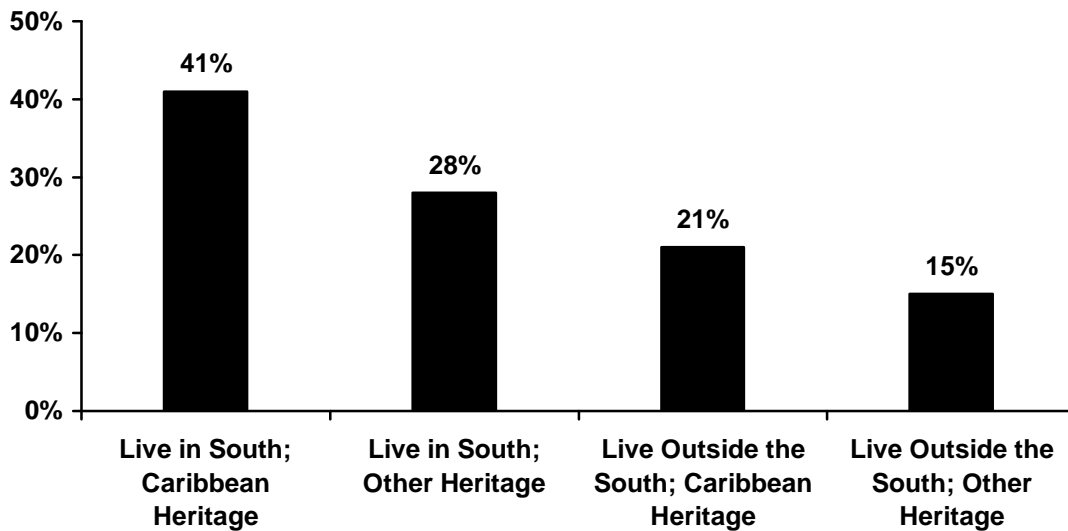
One in five respondents (20 percent) say “defects of the brain and spine” when asked which birth defects may be prevented by consuming vitamins. A larger proportion of women who have had children or are currently pregnant say “defects of the brain and spine” than do those who have not had children (21 percent vs. 14 percent). One fifth (20 percent) of respondents cannot name a birth defect that may be prevented by consuming vitamins.

TYPE OF BIRTH DEFECTS THAT VITAMINS CAN HELP REDUCE
(Based on total respondents, n = 1251)



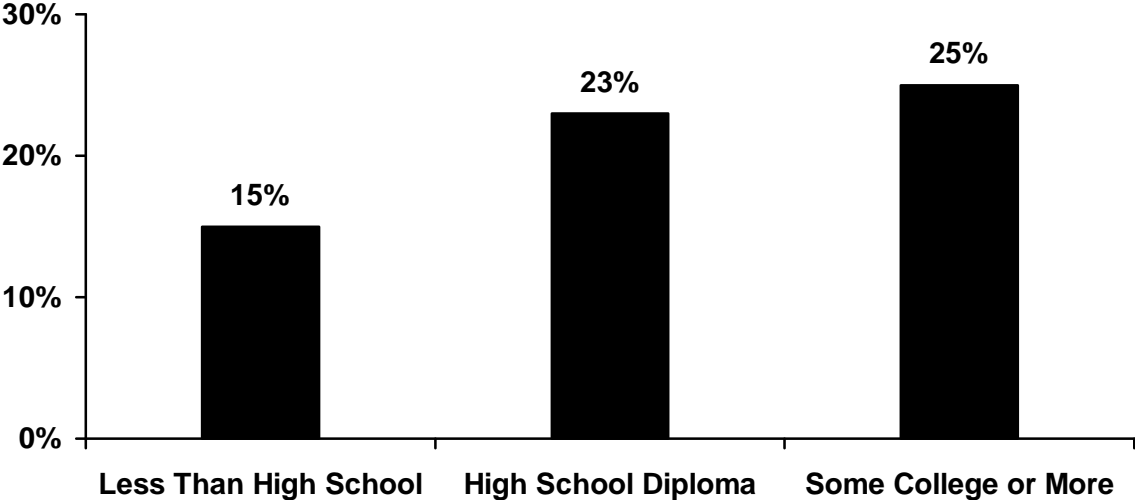
Hispanics who live in the South and who are of Caribbean descent are more likely to say that vitamins can reduce defects of the brain and spine (41 percent) compared to Hispanics who do not live in the South and who are not of Caribbean descent (15 percent). Given that the majority of Hispanic women ages 18 to 45 who are of Caribbean decent and live in the South are Cuban, and Cubans are a minority of Caribbean-born Hispanics in all other regions, such a finding suggests that Cubans are more knowledgeable that vitamins reduce defects of the brain and spine than are Hispanics of other backgrounds.

VITAMINS REDUCE DEFECTS OF THE BRAIN AND SPINE
(Based on total respondents, n = 1251)



One quarter (25 percent) of respondents with some college education state that vitamins reduce defects of the brain and spine compared with fewer than one in six (15 percent) of those with less than a high school education.

VITAMINS REDUCE DEFECTS OF THE BRAIN AND SPINE
(Based on total respondents, n = 1251)

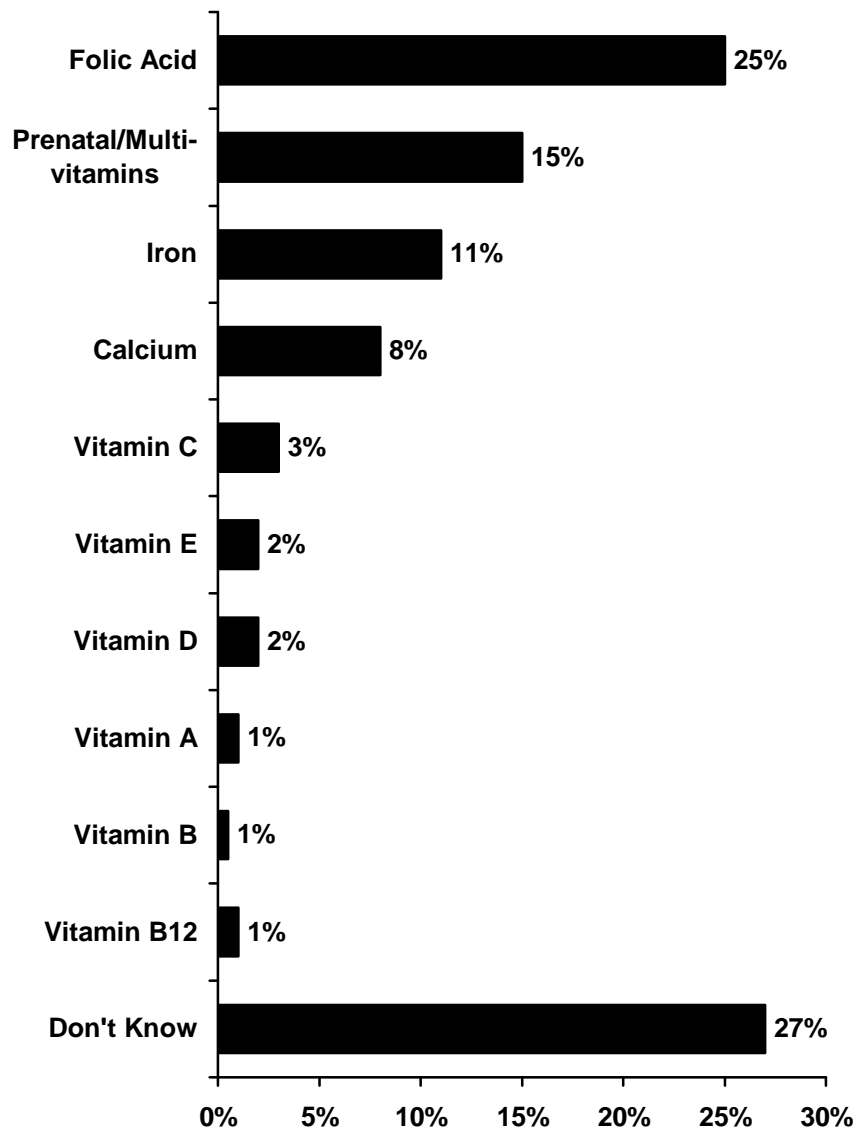


Question 18

“What specific vitamins do you think can help reduce a woman's risk of birth defects in her unborn child?”

One quarter (25 percent) of all respondents believes that folic acid can help reduce the risk of birth defects. An additional 15 percent mention prenatal and multivitamins as helpful in reducing birth defects. Twenty-seven percent of respondents are not able to identify any specific vitamins associated with a reduction in birth defects.

VITAMINS BELIEVED TO REDUCE RISK OF BIRTH DEFECTS
(Based on total respondents, n = 1251)



Knowledge of Perinatal Health

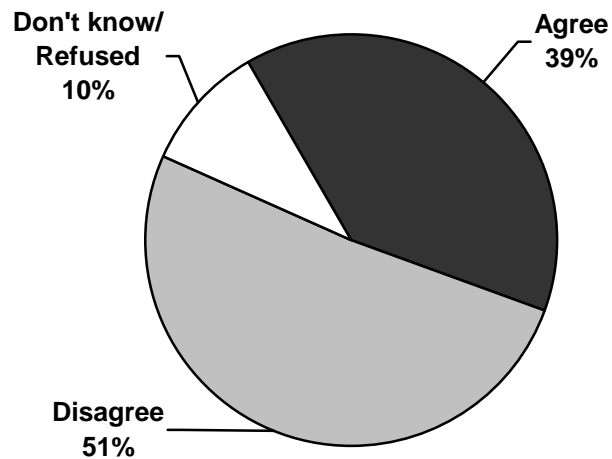
Question 25

"I am going to read you a few statements. Please tell me whether you agree or disagree with them."

- a. *You need a prescription in order to get folic acid*
- b. *Hispanics/Latinos have more babies affected by birth defects of the brain and spine than do other people*
- c. *Having a healthy baby guarantees that your future children will also be healthy*

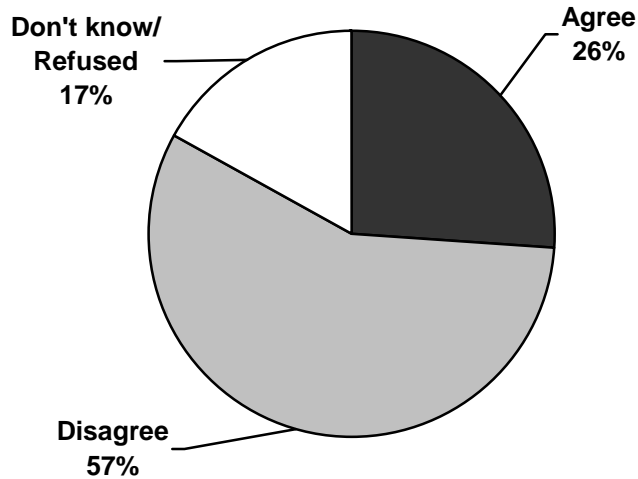
Just over one half (51 percent) of all Spanish-language-dominant Hispanic women correctly know that folic acid can be purchased without a prescription.

FOLIC ACID REQUIRES A PRESCRIPTION (Based on total respondents, n = 1251)

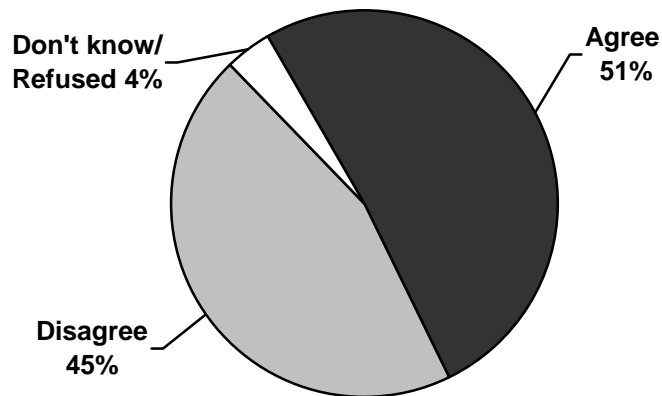


Only about one quarter (26 percent) correctly say that Latinos have a higher percentage of babies born with defects of the brain and spine. Fewer than half (45 percent) of the respondents correctly know that having one healthy baby does not guarantee that their next baby will be healthy.

**LATINOS HAVE MORE BABIES WITH BRAIN
OR SPINE BIRTH DEFECTS**
(Based on total respondents, n = 1251)

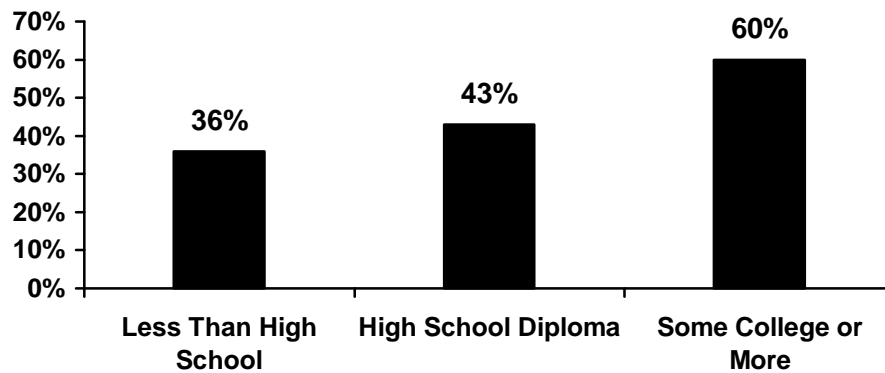


**HAVING A HEALTHY BABY MEANS FUTURE
CHILDREN WILL BE HEALTHY**
(Based on total respondents, n = 1251)

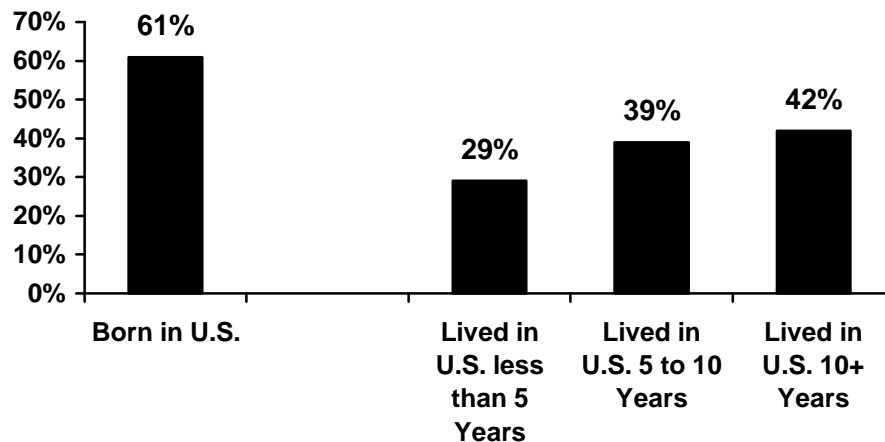


At least three fifths of respondents who either have some college education (60 percent) or are U.S.-born (61 percent) correctly disagree with the statement: “Having a healthy baby guarantees that your future children will also be healthy.” Just over one third (36 percent) of respondents with less than a high school education recognize that having one healthy baby does not guarantee that future babies will be healthy. More than a quarter (29 percent) of foreign-born Hispanics who have been in the U.S. less than five years disagree with this statement.

**HAVING A HEALTHY BABY GUARANTEES
HEALTHY FUTURE BABIES BY EDUCATION**
(Based on total respondents, n = 1251)



**HAVING A HEALTHY BABY GUARANTEES
HEALTHY FUTURE BABIES BY NATIVITY**
(Based on total respondents, n = 1251)



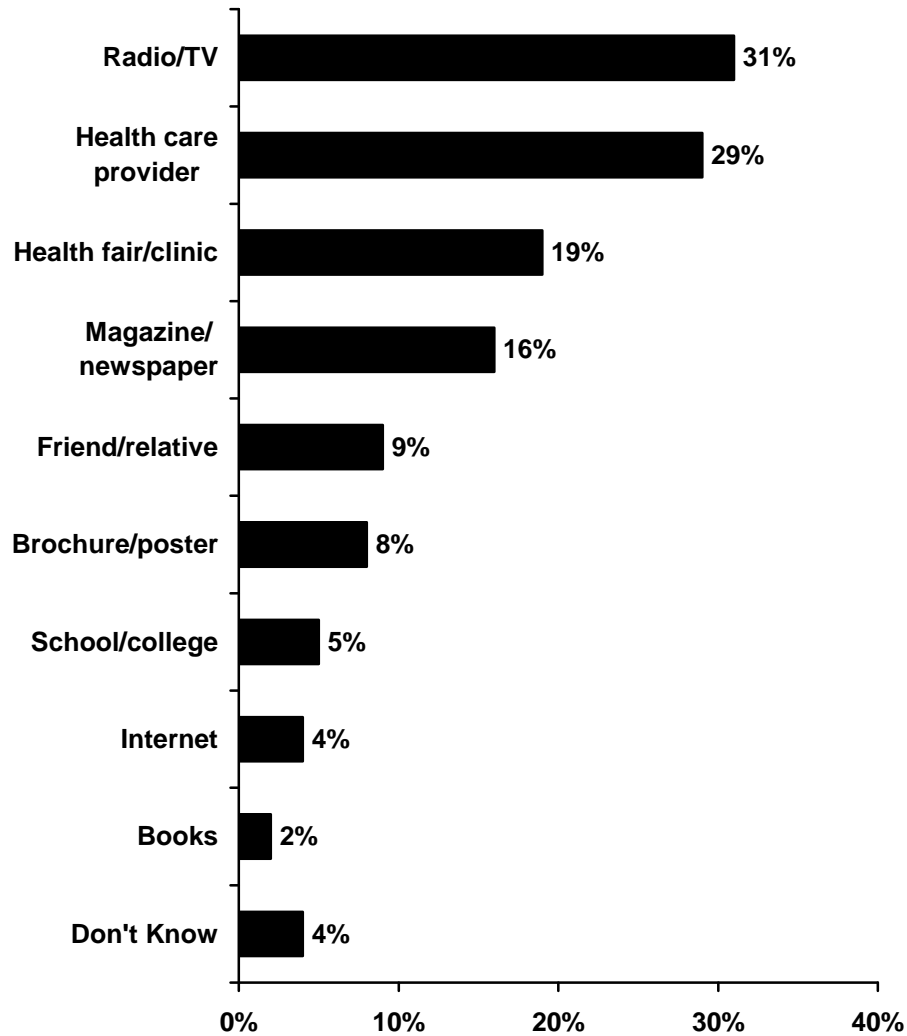
Sources of Information of Folic Acid

Question 22

“Where did you learn about folic acid?”

Spanish-language-dominant Hispanic women get information about folic acid mainly from radio and television (31 percent) and their health care provider (29 percent). Almost one fifth (19 percent) of respondents learn about folic acid from health fairs and clinics and 16 percent from newspapers and magazines.

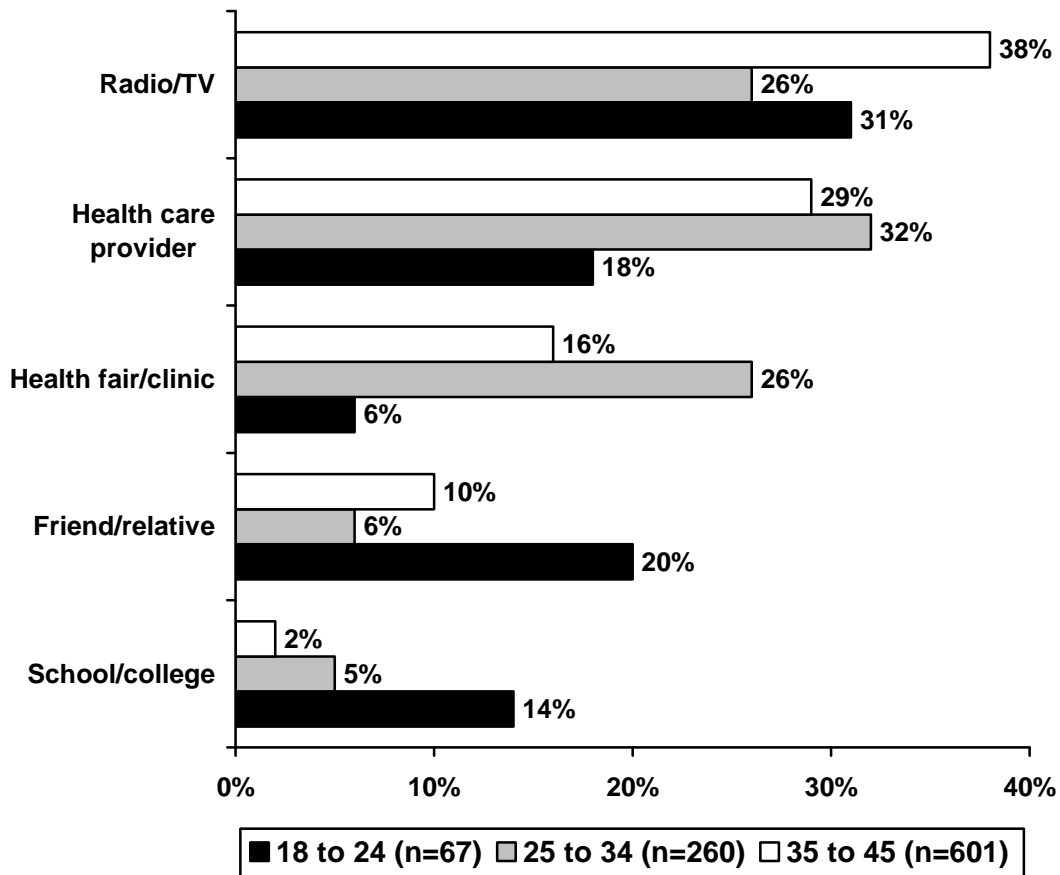
SOURCE OF INFORMATION ON FOLIC ACID
(Based on women aware of folic acid, n = 948)



Spanish-language-dominant Hispanic women ages 18 to 24 are more likely to obtain their information on folic acid at school or college (14 percent) or from a friend or relative (20 percent) compared to Hispanic women ages 35 to 45 (2 percent and 10 percent, respectively).

Respondents ages 25 to 34 are more likely to get information on folic acid from a health care provider (32 percent), a health fair or clinic (26 percent), while older women, ages 35 to 45 are more likely than younger Hispanics to get their information from radio and television (38 percent vs. 26 percent and 31 percent among respondents ages 25 to 34 and ages 18 to 24, respectively).

SOURCE OF INFORMATION ON FOLIC ACID, BY AGE
 (Based on women aware of folic acid, n = 948)



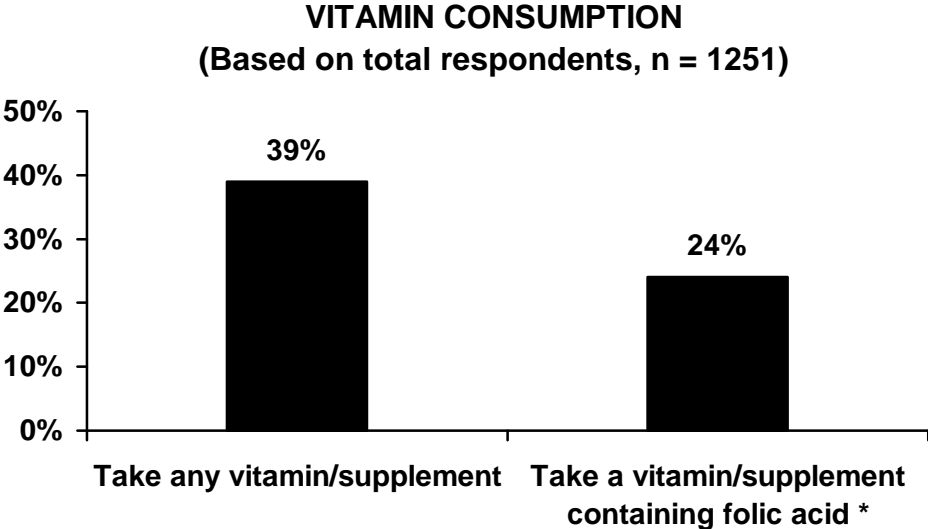
Part 2.

Vitamin Use Among Women

Vitamin Use Among Women

- Question 1** *“Do you currently take any vitamin or mineral supplement?”*
 - Question 2** *“What type of vitamin or mineral supplements do you take?”*
 - Question 3** *“How often do you take (INSERT VITAMIN FROM Q.2)?”*
-

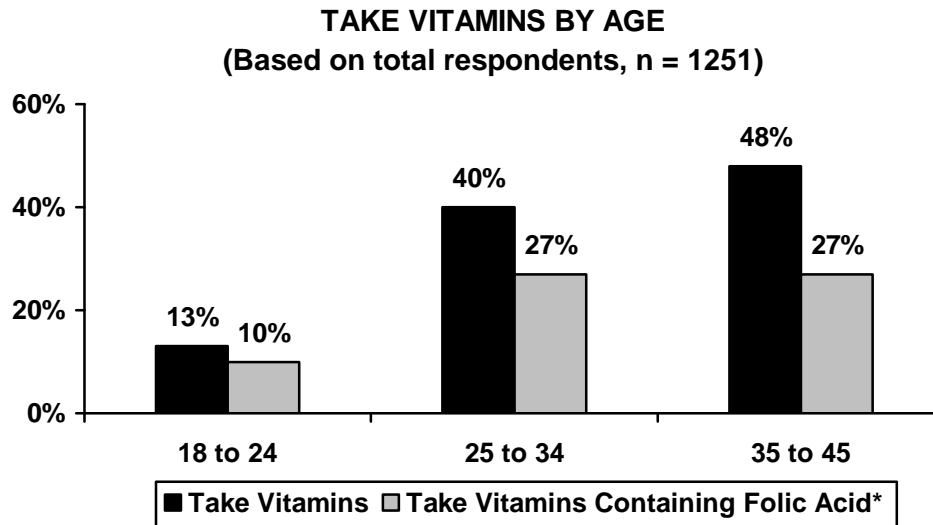
Nearly four out of ten (39 percent) Spanish-language-dominant Hispanic women take a vitamin and nearly one fourth (24 percent) take a vitamin containing folic acid.



* Includes multivitamins, prenatal vitamins, and folic acid supplements.

Vitamin consumption is highly related to age. Less than one out of seven (13 percent) Spanish-language-dominant Hispanic women ages 18 to 25 currently take vitamins compared to nearly half (48 percent) of respondents ages 35 to 45.

Only about a quarter of Spanish-language-dominant women ages 25 to 34 (27 percent) and 35 to 45 (27 percent) take vitamins containing folic acid (includes multivitamins, prenatal vitamins, and folic acid supplements). Only one in ten (10 percent) women ages 18 to 24 take a vitamin containing folic acid.

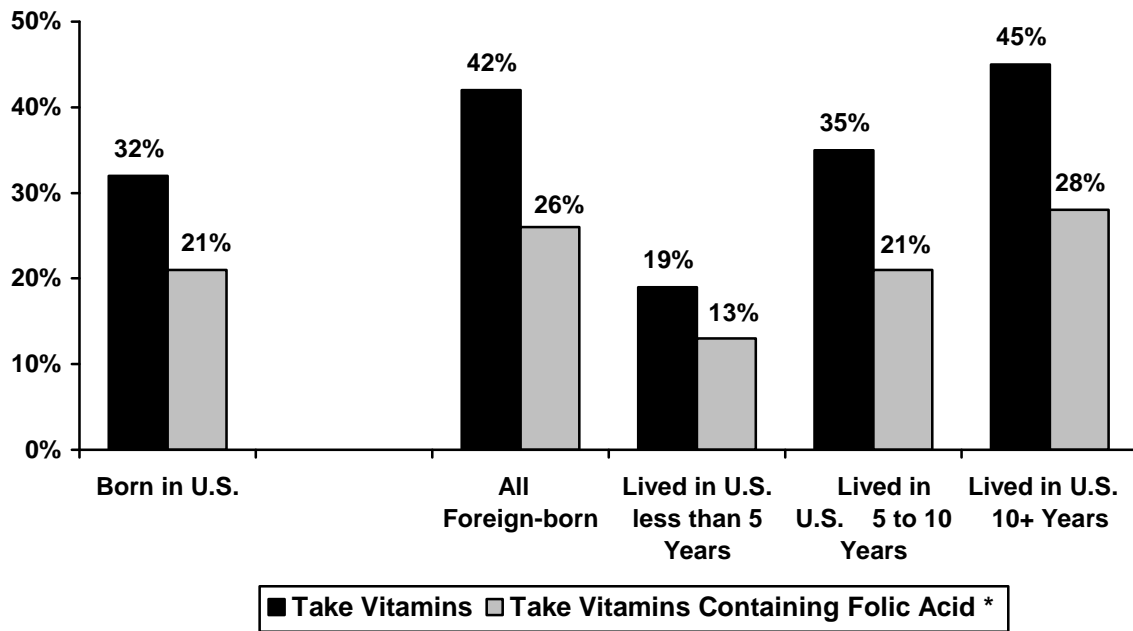


* Includes multivitamins, prenatal vitamins, and folic acid supplements.

Vitamin and folic acid use differ across nativity as well. Specifically, foreign-born Spanish-language-dominant Hispanics report higher vitamin use compared to U.S.-born Spanish-language-dominant Hispanics (42 percent vs. 32 percent). However, this is only significantly true for foreign-born Hispanics who have lived in the U.S. for more than ten years (45 percent).

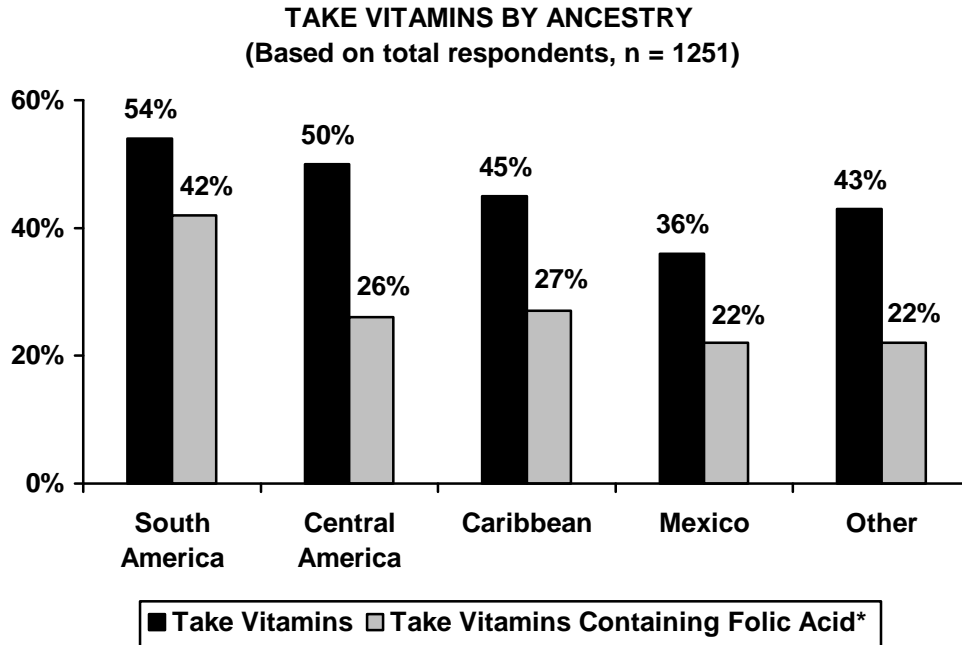
Although folic acid use is higher among foreign-born Spanish-language-dominant Hispanics than their U.S.-born counterparts (26 percent vs. 21 percent), the difference is not statistically significant.

TAKE VITAMINS BY NATIVITY
 (Based on total respondents, n = 1251)



* Includes multivitamins, prenatal vitamins, and folic acid supplements.

Vitamin use is highest among respondents of South American descent: 54 percent take vitamins and 42 percent take a vitamin containing folic acid. Vitamin use is lowest among respondents of Mexican descent: 36 percent take vitamins and 22 percent take a vitamin containing folic acid.

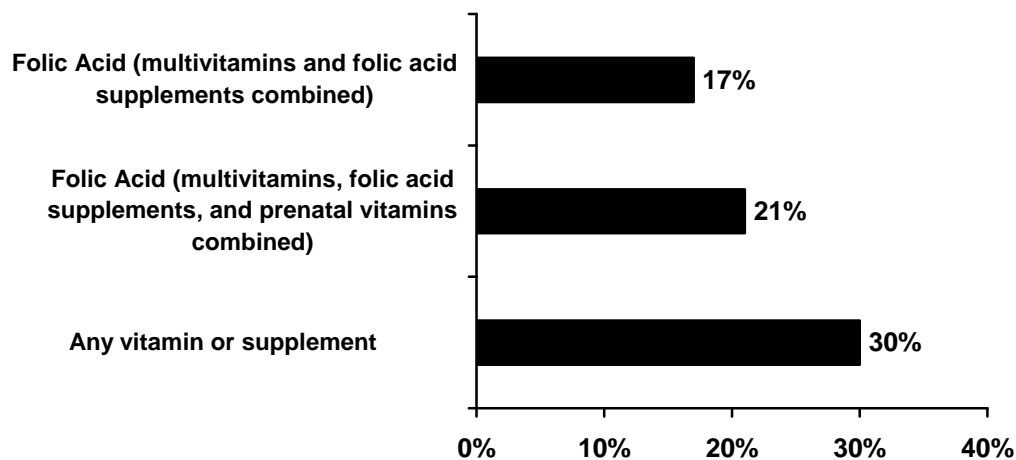


* Includes multivitamins, prenatal vitamins, and folic acid supplements.

Daily Vitamin Use Among Women

Almost one third (30 percent) of Spanish-language-dominant Hispanic women state that they take any type of vitamin or supplement on a daily basis. Only 21 percent say they take folic acid or a vitamin containing folic acid (multivitamins or prenatal vitamins) on a daily basis. When prenatal vitamins are excluded, only 17 percent of Spanish-language-dominant Hispanic women take folic acid daily.

DAILY VITAMIN AND FOLIC ACID CONSUMPTION
(Based on total respondents, n = 1251)



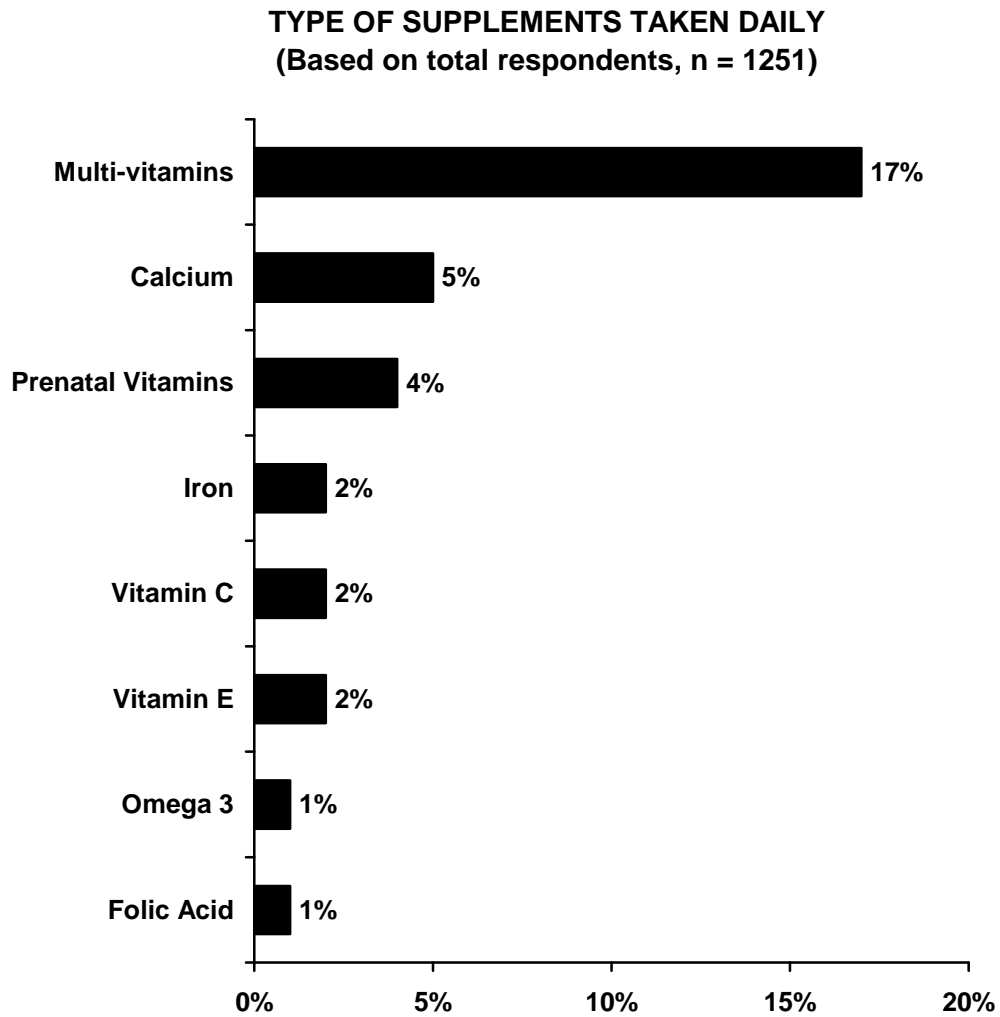
Younger Spanish-language-dominant Hispanic women are the least likely to consume folic acid daily (5 percent among ages 18 to 24 compared to 25 percent among ages 25 to 34 and 24 percent among ages 35 to 45).

Daily folic acid consumption among Spanish-language-dominant Hispanic women increases with increasing educational attainment (13 percent among respondents with less than high school education vs. 26 percent among college graduates). A similar relationship is found for income and years lived in the U.S.; as income and the number of years lived in the U.S. increases, daily folic acid use increases as well.

**TAKE VITAMIN CONTAINING FOLIC ACID DAILY
(Based on total respondents, n=1251)**

| | 2008 % |
|--------------------------------|-----------|
| <u>ALL RESPONDENTS</u> | 21 |
| <u>AGE</u> | |
| Ages 18 to 24 | 5 |
| Ages 25 to 34 | 25 |
| Ages 35 to 45 | 24 |
| <u>EDUCATION</u> | |
| Less than H.S. | 16 |
| H.S./Tech. grad. | 22 |
| College (any) | 28 |
| College incomplete | 25 |
| College grad./ Post grad. | 31 |
| <u>LAST PREGNANCY</u> | |
| Never Pregnant | 12 |
| Past 2 years / currently | 20 |
| 3 to 4 years | 26 |
| 5 years or more | 23 |
| <u>HOUSEHOLD INCOME</u> | |
| Under \$25,000 | 17 |
| \$25,000-\$39,999 | 21 |
| \$40,000-49,999 | 22 |
| \$50,000+ | 29 |
| <u>REGION</u> | |
| East | 22 |
| Midwest | 16 |
| South | 23 |
| West | 20 |
| <u>ANCESTRY</u> | |
| Mexican | 19 |
| Central American | 22 |
| South American | 35 |
| Caribbean or Other | 25 |
| <u>NATIVITY</u> | |
| Less than 5 years in U.S. | 10 |
| Five to ten years in U.S. | 19 |
| Ten or more years in U.S. | 24 |
| Born in the U.S. | 18 |

About one in six (17 percent) Spanish-language-dominant Hispanic women report taking a multivitamin daily. Calcium (5 percent) and prenatal vitamins (4 percent) are also mentioned as vitamins taken on a daily basis. Only 1 percent of respondents report specifically taking folic acid on a daily basis.

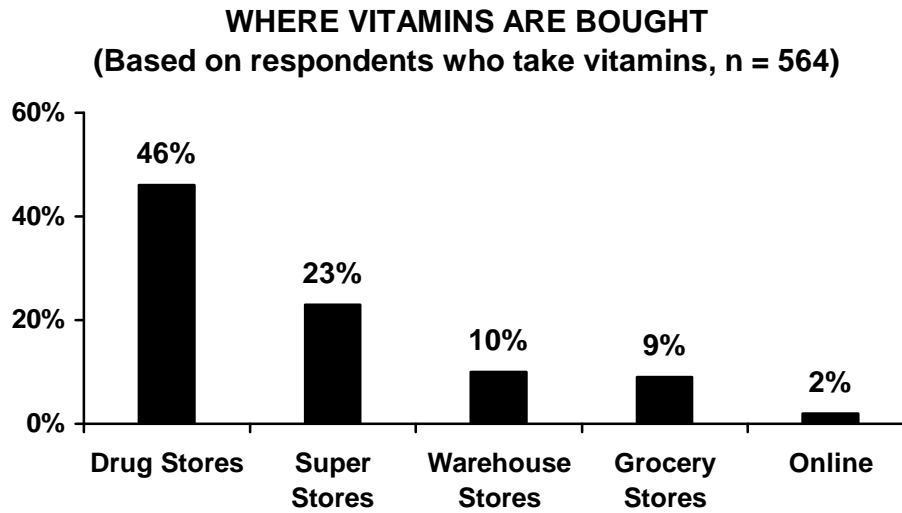


Point of Purchase for Vitamins

Question 14b

“Where do you buy your vitamins/supplements?”

Most Spanish-language-dominant Hispanic women get their vitamins from drug stores (46 percent), with a substantial proportion also getting vitamins from either super stores (23 percent) or warehouse stores (10 percent).

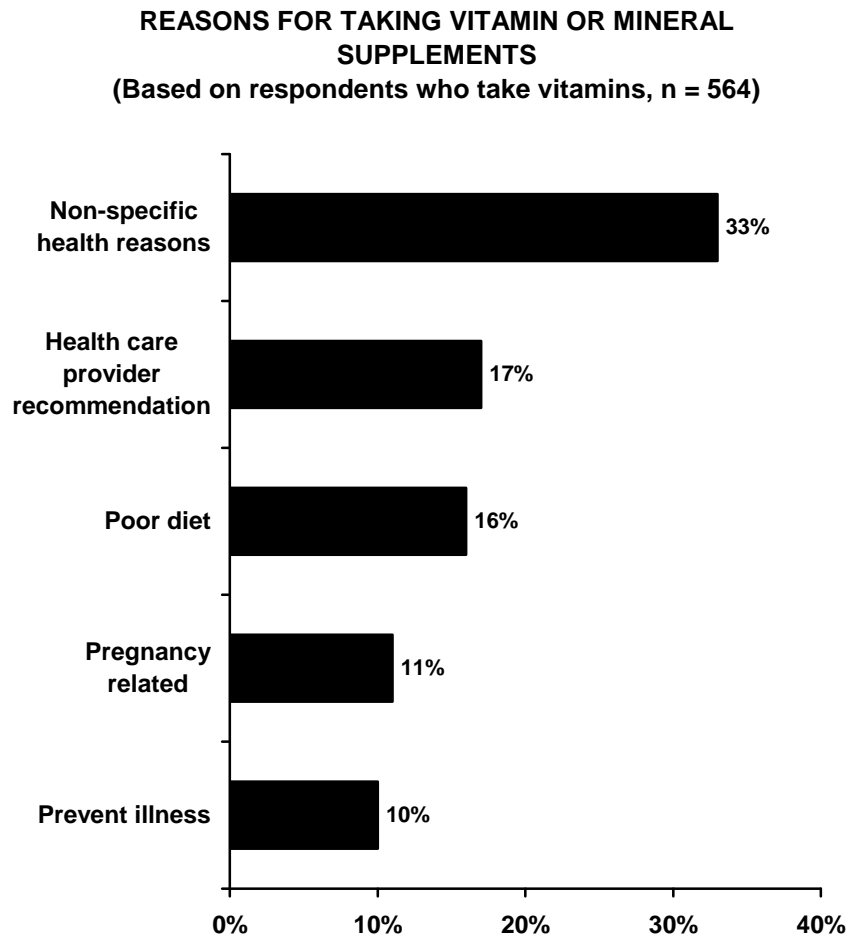


Reasons for Taking a Vitamin or Mineral Supplement

Question 4

“Why do you take vitamin or mineral supplements?”

One in six respondents mention a recommendation from a health care provider (17 percent) or a poor diet (16 percent) as reasons they take vitamin or mineral supplements. One third (33 percent) of women identify non-specific health reasons and eleven percent of respondents indicate that they take vitamin or mineral supplements for pregnancy-related reasons.



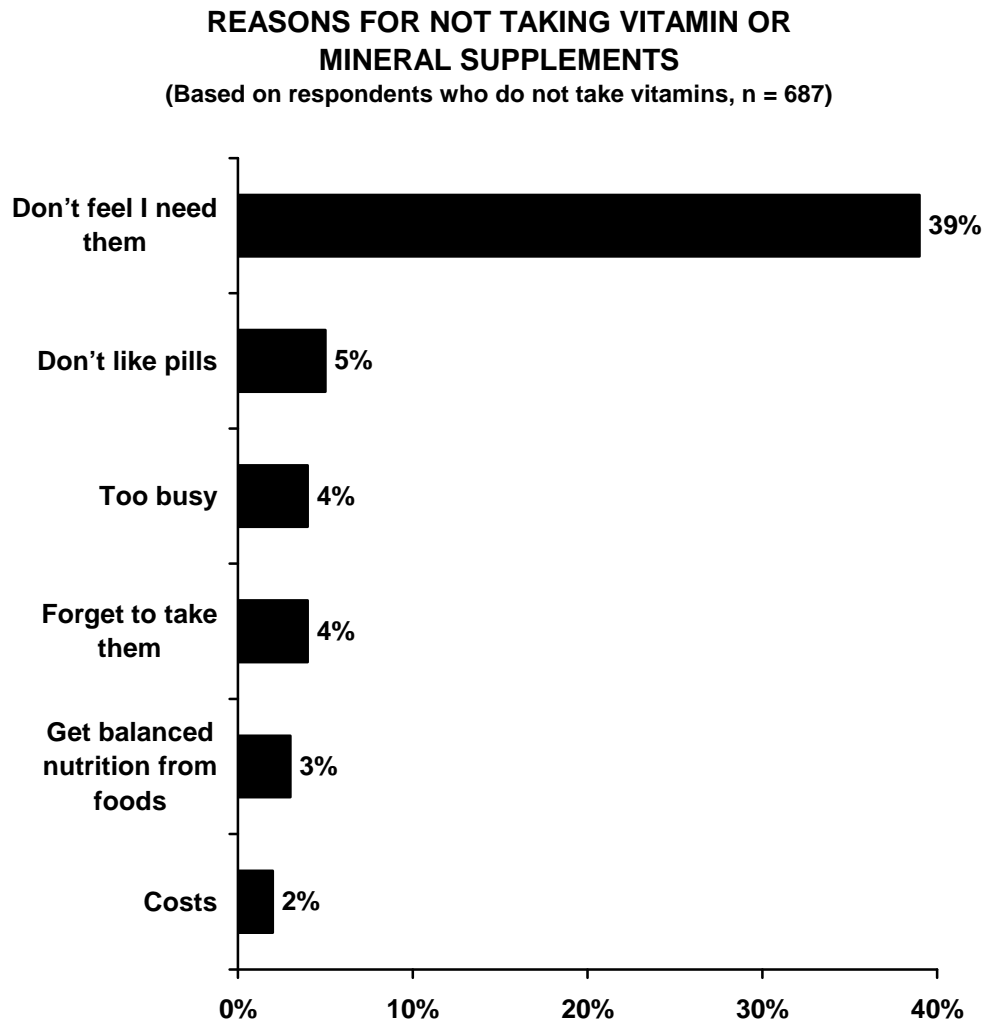
One third of Spanish-language-dominant Hispanic women report they take vitamin or mineral supplements for non-specific health reasons.

Reasons for Not Taking a Vitamin or Mineral Supplement

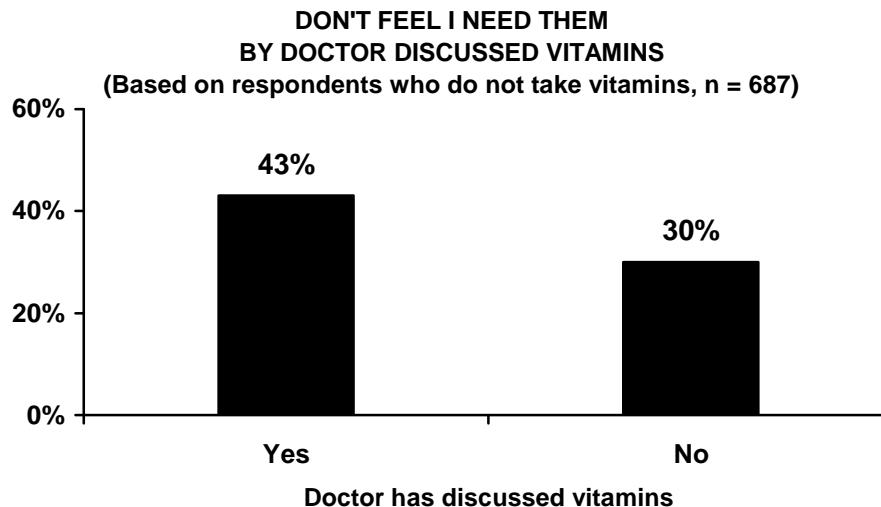
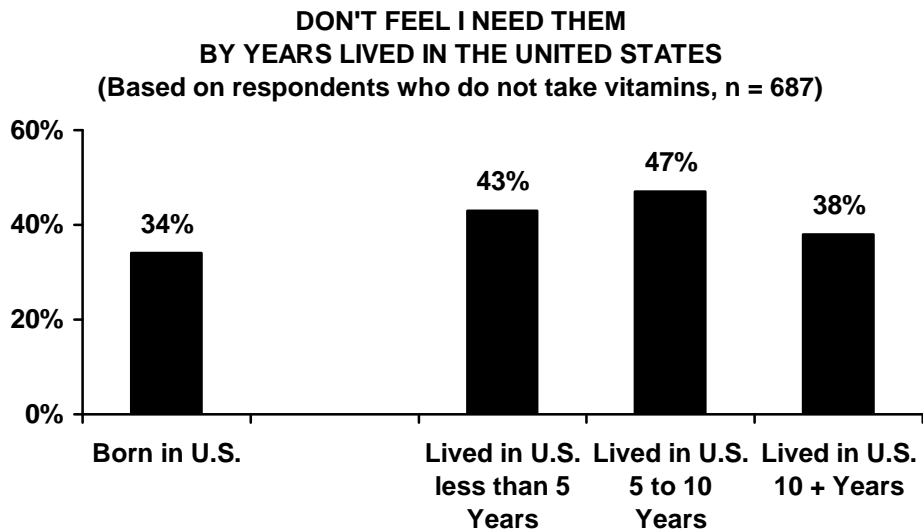
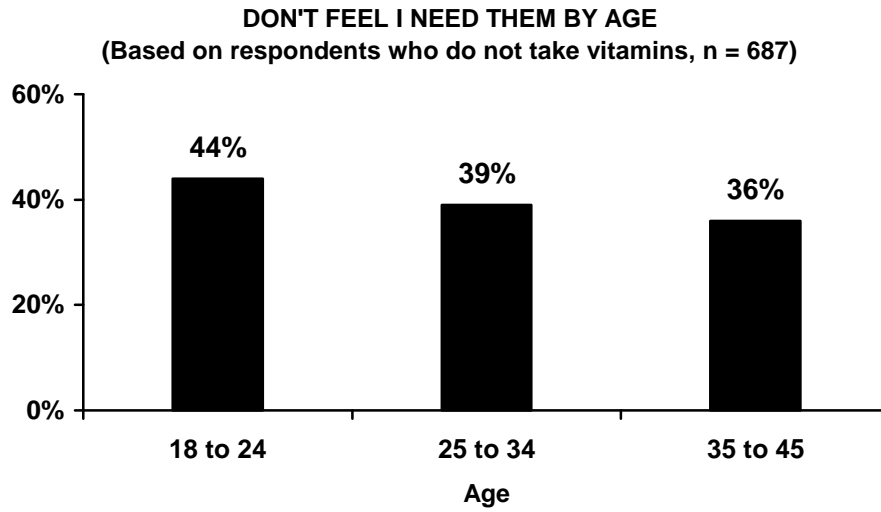
Question 5

“Can you please tell me why you do not take vitamin or mineral supplements on a daily basis?”

Nearly two fifths (39 percent) of Spanish-language-dominant Hispanic women who do not take vitamins say they do not simply because they do not feel they need them.



Reasons for Not Taking a Vitamin or Mineral Supplement



Part 3.

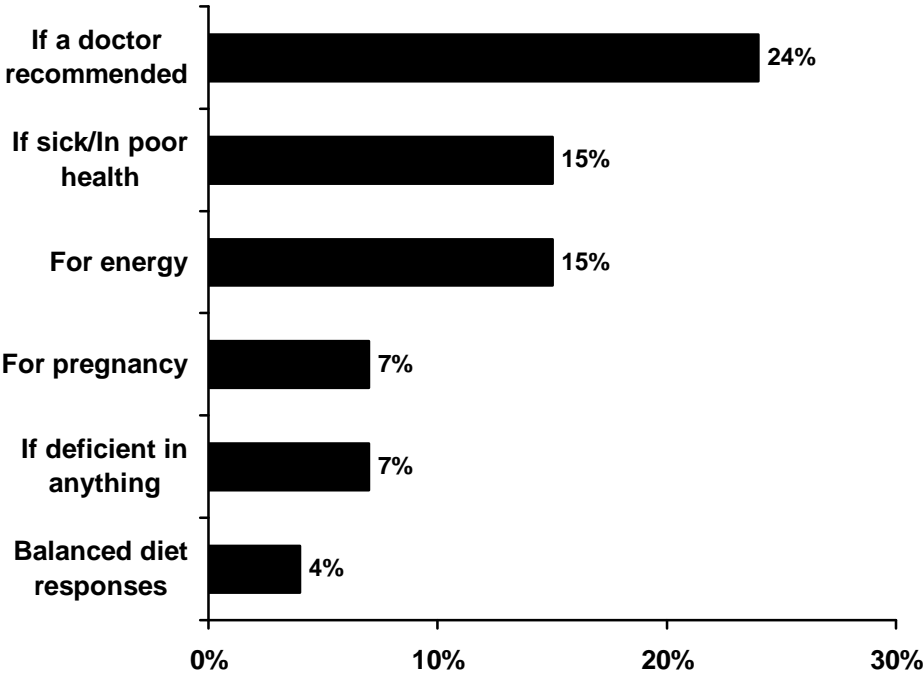
Motivation to Take a Multivitamin

Things That Might Encourage Women to Take Multivitamins

Question 6 *“For what reason would you start taking a vitamin or mineral supplements?”*

Spanish-language-dominant Hispanic women who said they currently do not take a vitamin or mineral supplement were asked what reasons they might start taking vitamins. The most frequent response is due to a doctor’s recommendation (24 percent).

REASONS FOR WHICH WOMEN WOULD START TAKING VITAMIN OR MINERAL SUPPLEMENTS
(Based on respondents who do not take vitamins, n=687)



Discussions with Health Care Provider

Question 14 *“During these visits, did your doctor or other health care provider discuss ways in which you might help to have a healthy baby and reduce your child's risk of birth defects?”*

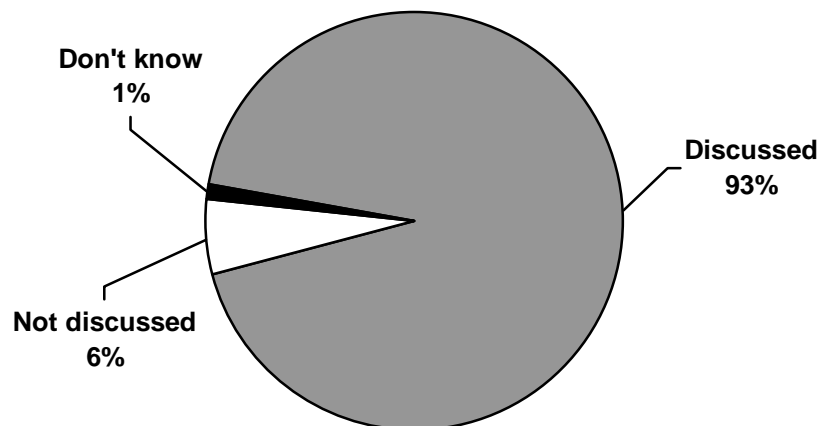
Question 23 *“Has your doctor or other health care provider ever discussed folic acid with you?”*

Question 7 *“Has your doctor or health care provider ever recommended that you take a multivitamin?”*

Question 8 *If your doctor or health care provider recommended that you take a daily multivitamin, how likely would you be to follow your doctor or health care provider's advice?”*

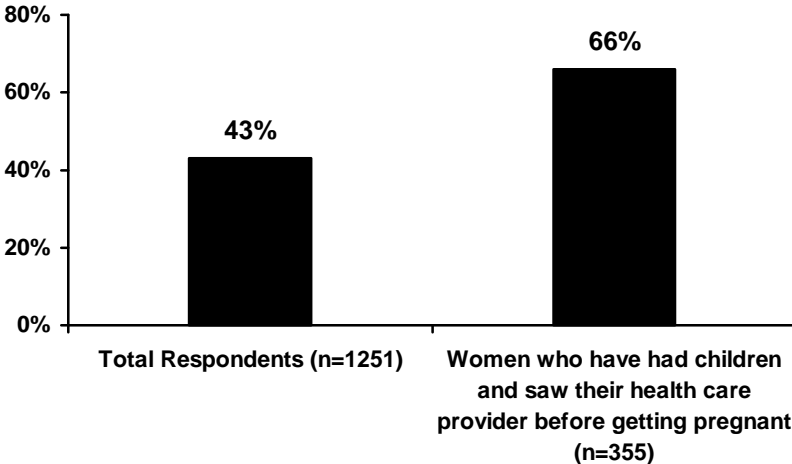
Among Spanish-language-dominant Hispanic women, the vast majority of women (93 percent) who have had children and who spoke with their doctor or health care provider to discuss pregnancy before getting pregnant report having talked to their health care provider about ways to ensure that their baby was healthy.

DISCUSSED WAYS TO HAVE A HEALTHY BABY WITH HEALTH CARE PROVIDER
(Based on women who have had children and saw their health care provider before getting pregnant, n = 355)



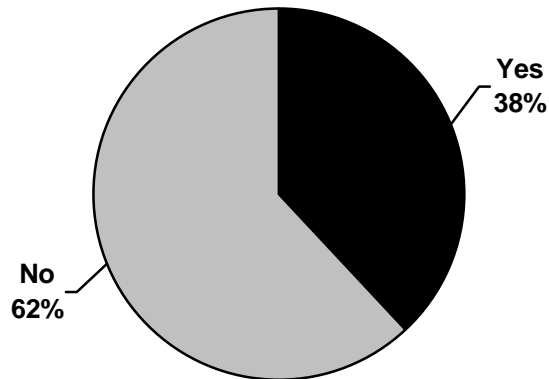
Overall, fewer than half (43 percent) of all respondents report that a doctor has ever discussed folic acid. However, nearly two thirds (66 percent) of women who have had children and saw their provider before getting pregnant report having discussed folic acid with a doctor or health care provider.

**DOCTOR OR HEATH CARE PROVIDER
DISCUSSED FOLIC ACID BENEFITS**

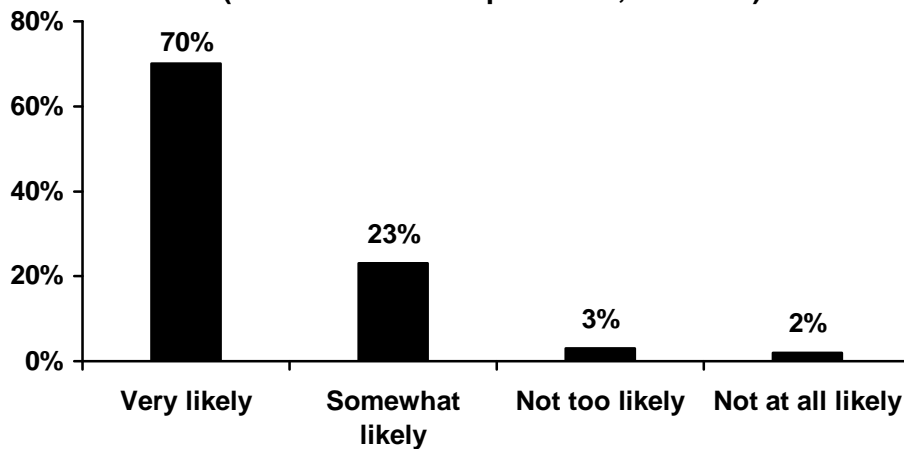


Nearly four in ten (38 percent) Spanish-language-dominant Hispanic women report that a doctor or other health care provider has ever recommended that they take a multivitamin. If recommended by a doctor, nearly all (93 percent) believe that it is very likely or somewhat likely they would follow their health care provider's advice to take a daily multivitamin.

**DOCTOR EVER RECOMMENDED YOU
TAKE A MULTIVITAMIN
(Based on total respondents, n = 1251)**



**IF DOCTOR RECOMMENDED A MULTIVITAMIN,
WOULD YOU FOLLOW THEIR ADVICE
(Based on total respondents, n = 1251)**

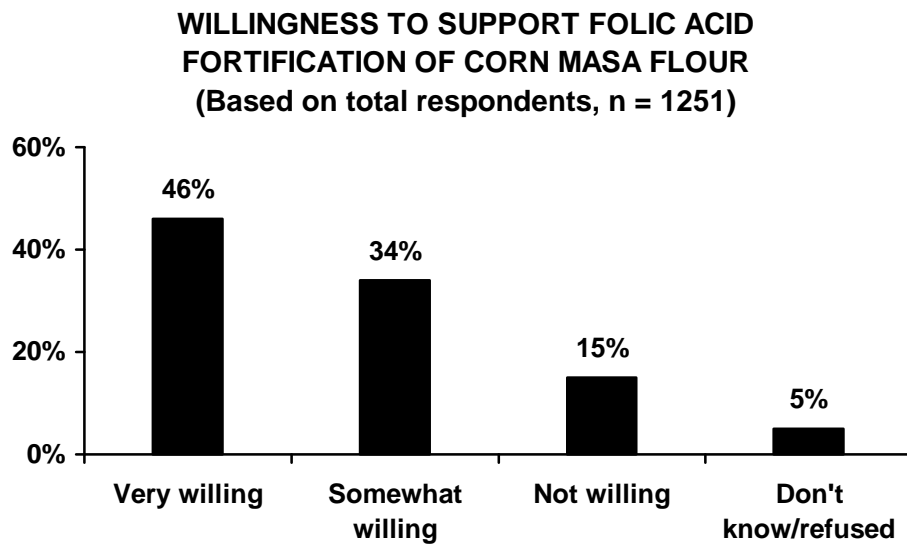


Willingness to Support Folic Acid Fortification of Corn Masa Flour

Question 26

“Some organizations have talked about adding folic acid to products like corn masa flour to help Hispanic women get enough folic acid to prevent some serious birth defects. Would you be willing to buy and eat fortified corn masa flour “

Women were asked whether they would support the fortification of corn masa flour with folic acid. The majority of women (80 percent) express at least some willingness, with nearly half (46 percent) very willing to support fortification. One fifth of respondents are either unwilling (15 percent) or not sure (5 percent) of whether they would purchase and eat fortified corn masa flour.



Appendices

**APPENDIX A.
DEMOGRAPHIC PROFILE OF RESPONDENTS**

| | Number of Respondents | Proportion of Total Respondents (weighted %) |
|---|--------------------------|--|
| <u>All Respondents</u> | 1251 | 100 |
| <u>Age</u> | | |
| Ages 18 to 24 | 111 | 15 |
| Ages 25 to 34 | 316 | 44 |
| Ages 35 to 45 | 782 | 39 |
| <u>Marital Status</u> | | |
| Married | 872 | 67 |
| Widowed | 30 | 2 |
| Divorced | 63 | 4 |
| Separated | 59 | 5 |
| Never Married/Single | 107 | 13 |
| Living with a partner | 80 | 8 |
| <u>Education</u> | | |
| Less than high school | 379 | 38 |
| High school graduate or Trade/Technical/Vocational training | 414 | 30 |
| Some college | 192 | 14 |
| College graduate or above | 224 | 15 |
| <u>Employment Status</u> | | |
| Employed full-time | 515 | 36 |
| Employed part-time | 167 | 16 |
| Temporarily unemployed | 118 | 11 |
| Retired | 16 | <1 |
| Disabled | 28 | 2 |
| <u>Ancestry</u> | | |
| Central America | 130 | 8 |
| South America | 112 | 6 |
| Caribbean | 239 | 11 |
| Spain | 9 | <1 |
| Mexico | 684 | 71 |

**APPENDIX A.
DEMOGRAPHIC PROFILE OF RESPONDENTS
(Continued)**

| | Number of Respondents | Proportion of Total Respondents (weighted %) |
|---|----------------------------------|---|
| <u>Nativity</u> | | |
| Born in the United States | 263 | 25 |
| Born outside the United States | 940 | 73 |
| <u>Length of time living in US</u> | | |
| Less than 5 years | 57 | 8 |
| 5 to 10 years | 117 | 15 |
| 10 or more years | 762 | 77 |
| <u>Total Household Income</u> | | |
| Under \$10,000 | 87 | 8 |
| \$10,000 - \$14, 900 | 76 | 6 |
| \$15,000 - \$24,999 | 189 | 16 |
| \$25,000 - \$29,999 | 150 | 12 |
| \$30,000 - \$39,999 | 146 | 11 |
| \$40,000 - \$49,999 | 118 | 9 |
| \$50,000 or more | 227 | 16 |

APPENDIX B.
COUNTRY COMPOSITION OF ANCESTRY GROUPS

| Ancestry group | Countries |
|-----------------------|--|
| Caribbean | Puerto Rico Cuba Dominican Republic |
| Central American | Honduras Guatemala Nicaragua El Salvador Belize Costa Rica |
| South American | Columbia Argentina Ecuador Peru Uruguay Paraguay Venezuela Chile Bolivia |
| Mexico | Mexico |
| Other | Spain Other Countries |

APPENDIX C. REGIONAL COMPOSITION

East

New England: CT, MA, ME, NH, RI, VT
Middle Atlantic: NJ, NY, PA

Midwest

East Central: IL, IN, OH, MI, WI
West Central: IA, KS, MN, MO, ND, NE, SD

South

South Atlantic DC, DE, FL, GA, MD, NC, SC, VA, WV
East South Central AL, KY, MS, TN
Southwest: AR, LA, OK, TX

West

Mountain: AZ, CO, ID, MT, NV, NM, UT, WY
Pacific: CA, OR, WA

APPENDIX D. PREGNANCY PLANS AND HISTORY

Question 9

“Which of the following statements best describes your pregnancy plans? Would you say you are currently pregnant, you want to get pregnant in the next year or so, you do not want to become pregnant in the next year or so, but you want to at some time in the future, you do not want to get pregnant at any time in the future, or you cannot get pregnant.”

Question 10

“Have you ever had any children?”

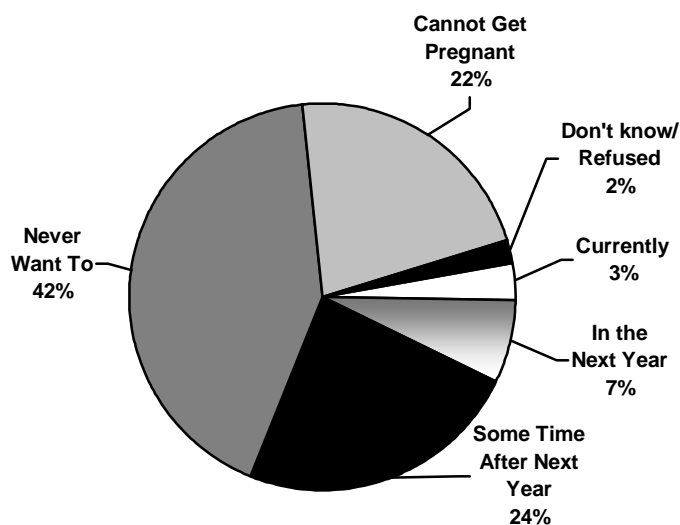
Question 11

“When did you have your most recent child?”

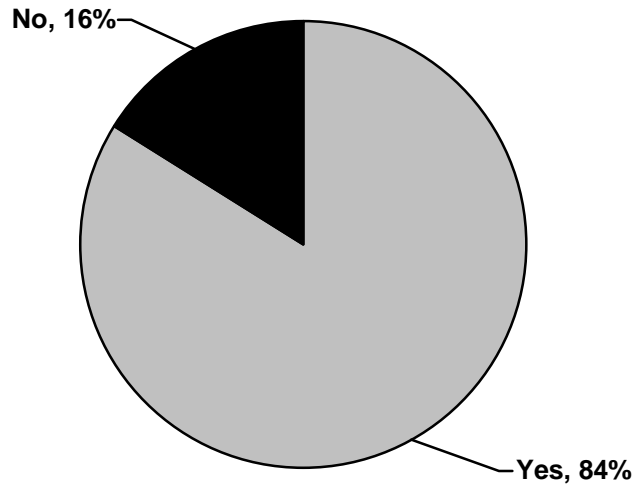
Question 12

“Which of the following statements best describes you during the 3 months before your most recent pregnancy? Would you say you were trying to get pregnant, you weren’t trying to get pregnant or trying to keep from getting pregnant, you were trying to keep from getting pregnant but were not trying very hard, or you were trying hard to keep from getting pregnant?”

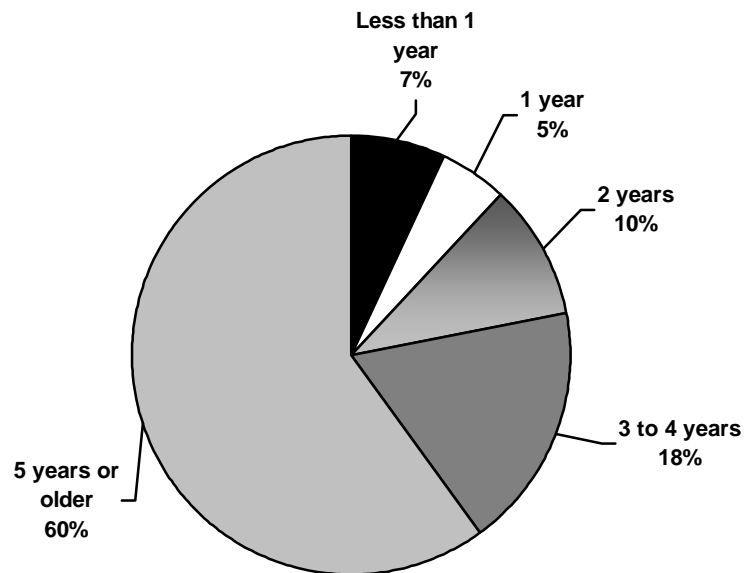
PREGNANCY PLANS
(Based on total respondents, n = 1251)



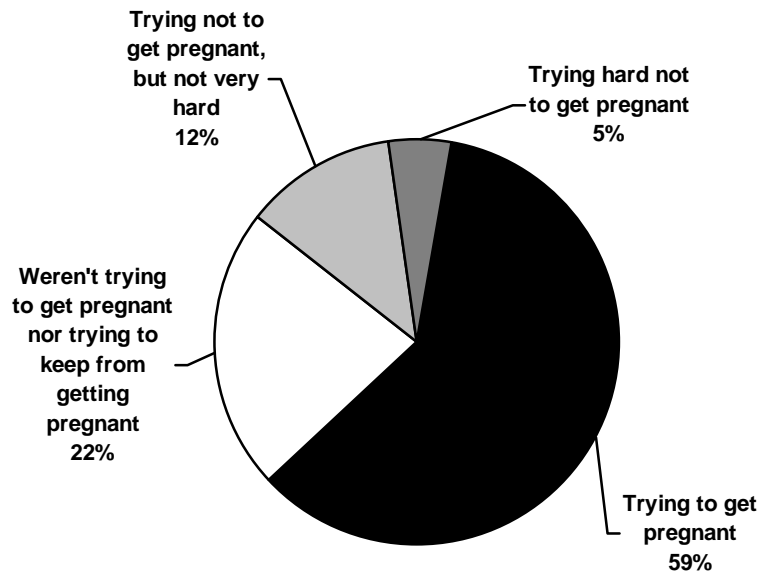
HAVE CHILDREN
(Based on total respondents, n = 1251)



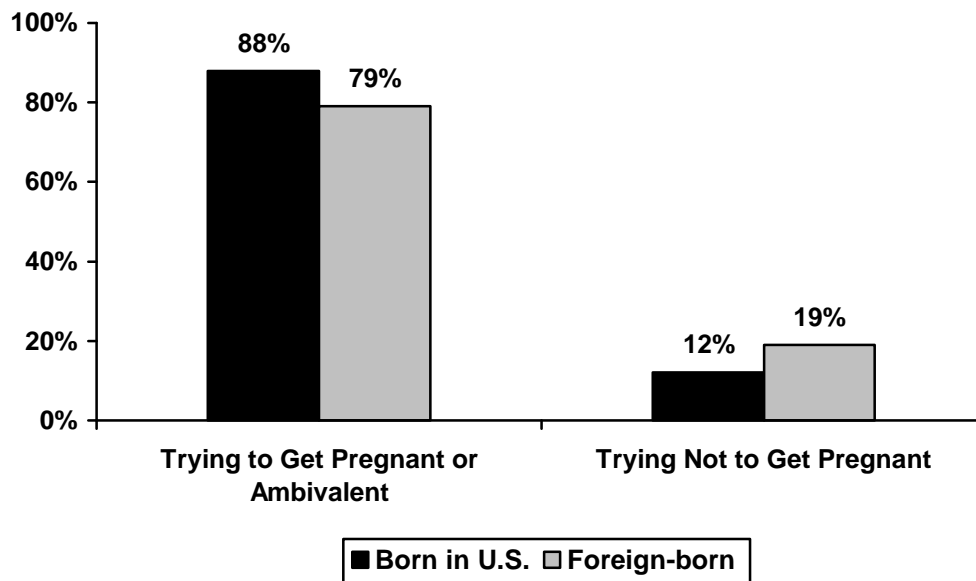
AGE OF YOUNGEST CHILD
(Based on respondents with children, n = 1098)



PREGNANCY INTENTIONS BEFORE MOST RECENT PREGNANCY
 (Based on respondents with children, n = 1098)



PREGNANCY PLANS BY NATIVITY
 (Based on total respondents, n = 1251)



SAW DOCTOR BEFORE GETTING PREGNANT
(Based on respondents with children, n= 1098)

