

Religion and Attitudes Toward Family Planning Issues Among US Adults

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Abstract

Although religion is an important influence on a variety of social attitudes, the relationship between religion and views on family planning remains largely unexplored. Using data from a nationally-representative survey (N=1,500), we examine the influence of religious attendance and identification on family planning attitudes. Higher religious attendance is linked to less favorable opinions about contraception. Catholic affiliation is not consistently associated with family planning opinion, and we find mixed results for conservative Protestants. Born again and fundamentalist Christians have less positive opinions about contraception, generally, whereas evangelical identity is linked to negative views on family planning policy. These findings contribute to knowledge about the relationship between religion and family planning attitudes and the broader social influences of religious self-identification.

Religious Influences on American Opinion about Family Planning

Family planning is a key aspect of reproductive health and is also an important factor in individual and family well-being, with direct implications for overall physical and mental health and for general quality of life. Public opinion on family planning is important both because it reflects important contraceptive-related issues dealt with by individuals on a daily basis, and also because it has implications for national policy. Recent research shows high overall support for widespread access to contraception in the US among American adults, but levels of support vary somewhat according to social location and politics. Women and younger people (under 45) are more supportive of US health insurance coverage of contraception, whereas Republicans and political conservatives are less supportive (Grammich, DaVanzo, & Stewart, 2004).

To date, research on family planning attitudes has given short shrift to the role of one potentially important factor: religion. This oversight is surprising for several reasons. First, a wealth of recent research documents persistent connections between the institutions of religion and family (Edgell, 2006; Wilcox, 2004), including substantial religious variations in a host of attitudes and policy preferences concerning family life (Brooks, 2002; Sherkat & Ellison, 1997) such as abortion and abortion policy (e.g., Emerson, 1996; Evans, 2002; Hoffmann & Johnson, 2005). According to these investigations, members of conservative Protestant groups, and persons who attend religious services regularly, tend to embrace more traditional orientations toward many areas of sexuality and family life than other Americans.

Second, a long history of work has focused on religious differences in fertility and related behaviors. Although early studies centered on Catholic distinctiveness (e.g., Ryder & Westoff, 1971), evidence subsequently revealed convergence between Catholics and non-Catholics (Mosher, Johnson, & Horn, 1986). However, studies also point to large fertility differences

between conservative and mainline Protestants (Lehrer, 1996; Mosher, Williams, & Johnson, 1992), and lower levels of contraceptive use among conservative Protestant adolescent women at first sexual experience (Kahn, Rindfuss, & Guilkey, 1990; Mosher & McNally, 1991).

Third, although there appeared to be a broad Protestant consensus in favor of contraception during the 1960s and 1970s, there are clear signs that this agreement has eroded (Ellison & Goodson, 1997; Goodson, 1997). Among some segments of conservative Protestantism, concern for the status of the nuclear family has given rise to pronatalist ideology and new enthusiasm for large families. The combination of sexual conservatism and the influence of the antiabortion movement has fueled reservations about many contraceptive technologies (Ellison & Goodson, 1997). Meanwhile, the position of the Catholic Church in opposition to most types of family planning except for "natural" approaches (e.g., the "rhythm" method) has remained unchanged. Although large numbers of US Catholics have freely disregarded this teaching, often with the tacit assent of local bishops and clergy, there are signs of renewed conservatism within some sectors of the US priesthood and laity.

Given these and other developments, a study of religious variations in public opinion regarding family planning among US adults seems overdue. However, few if any large scale probability samples include both (a) data on attitudes about contraception and family planning policy and (b) appropriate items on relevant aspects of religious involvement. After outlining a series of hypotheses linking facets of religious affiliation, identity, and practice with attitudes toward family planning issues, we analyze data from a unique source, a nationwide probability sample of 1,500 US adults commissioned by the RAND Corporation to study opinion on family planning matters (Grammich et al., 2004). Results confirm the importance of religion as a correlate of attitudes in this domain. We conclude by discussing study limitations and the

implications of these findings for (a) current debates over family planning policies and (b) future research on religious influences on family planning issues, and on family life more broadly.

Religious Involvement and Family Planning Attitudes

Religious Affiliation. The official stance of the Roman Catholic Church is in absolute opposition to the use of artificial methods of contraception, and the Church has put sustained pressure on individual governments and other actors to prevent pro-contraceptive actions in the international arena (Donaldson, 1988). The Catholic position on birth control was originally detailed in the 1930 encyclical *Casti Connubii* and elaborated in the 1968 *Humanae Vitae*, in which Pope Paul VI reaffirmed the Catholic opposition to all artificial forms of birth control. The 1968 encyclical also explains the Church's views of societal consequences of the use of modern methods of contraception, including the encouragement of infidelity, increased sexual activity among young people, and the loss of respect for women as human beings.

Despite the strong official position of the Catholic Church against artificial contraceptive methods, Catholic use of contraception, already on the rise, does not appear to have been thwarted by the 1968 announcement (Goldscheider & Mosher, 1991; Mosher & Goldscheider, 1984; Westoff & Ryder, 1970). The decline of Catholic affiliation as a predictor of contraceptive nonuse may be partly explained by a cohort shift, as young Catholics are less likely than older Catholics to believe that it is crucial to follow church teachings on birth control (D'Antonio, Davidson, Hoge, & Meyer, 2001). Further, Regnerus and Smith (1998) found that Catholics are relatively unlikely to report that religion should be involved in social and political issues. It is clear that many Catholics continue to reject Church teachings on sex and reproduction. However, Catholics in the US have expressed a consistent overall level of opposition to elective abortion since the 1970s, and, on average, Catholics (along with conservative Protestants) still hold

conservative views on abortion compared to other Americans (Hoffmann & Johnson, 2005). Additionally, the Catholic Church hierarchy has become notably more conservative in recent decades under Pope John Paul II and now Pope Benedict (D'Antonio et al., 2001), resulting in increased conservatism among the newest generation of bishops and priests (Varacalli, 2006). Likely driven in part by the “seamless garment” pro-life agenda (e.g., on abortion, euthanasia, capital punishment, stem cell research etc.), many Catholics have drifted closer to the Republican Party in recent years (Prendergast, 1999). Immigration of Catholic populations from Latin America and the Philippines continues to change the demographics of Catholicism in America and may also be moving the US Catholic Church in a somewhat more conservative direction. Taken together, these factors suggest the following hypothesis:

Hypothesis 1: On average, Catholics will have less positive views on contraception and family planning policy than others.

There are several reasons that conservative Protestants and those affiliated with sectarian groups (e.g., Mormons, Jehovah's Witnesses) might have less positive views on contraception than people of other religious backgrounds and those with no religious affiliation. A study of Protestant seminarians found that, despite high overall support for family planning, seminarians from conservative Protestant denominations reported less favorable opinions of family planning (Ellison & Goodson, 1997) and were less likely to plan to promote contraception in the future (Goodson, 2002). Individuals holding conservative religious beliefs are also less accepting of childlessness (Koropecj-Cox & Pendell, 2007). In addition, Conservative Protestants are likely to believe in the inerrancy of the Bible (Ellison & Sherkat, 1993; Ellison, Bartkowski, & Segal, 1996), and Ellison and Goodson (1997) argue that Biblical inerrancy is linked to family planning attitudes in two ways. First, there is a direct relationship, as inerrantists tend to hold negative

views on the use of contraception on the basis of the belief that Biblical scripture related to procreation represents dogmatic proscriptions on human behavior. Second, Biblical inerrancy may influence contraceptive attitudes indirectly through the encouragement of conservative views on sexuality.

Christian critics of family planning often point to the text of Genesis 1:28, describing God's words to Adam and Eve upon their expulsion from the Garden of Eden: "God blessed them, and God said to them, 'Be fruitful and multiply, and fill the earth, and subdue it...'" Although some read the passage and similar others (see Genesis 1:22, 9:7) as blessings or statements of the general order of life outside the Garden, rather than evidence of an absolute and universal command (Ellison & Goodson, 1997), others interpret the texts as unambiguous commands to procreate. There is a pervasive tendency for conservative Protestant family advice manuals to stress the importance of procreation and motherhood in women's lives (Bartkowski, 2001; Gallagher, 2003), and individual women who embrace a fundamentalist identity and an inerrantist interpretation of the Bible tend to emphasize the benefits of childbearing when deciding whether or not to have a child (Seccombe, 1991). Those who believe that procreation is a universal moral duty may also argue that contraception is unacceptable in all cases (see, for example, Pride, 1985). This ideology is exemplified by the clearly pronatalist, anti-contraception Quiverfull movement active in the US in recent years. The movement considers all children to be blessings and takes its name from Psalm 127:3-5: "Behold, children are a gift of the Lord, the fruit of the womb is a reward. Like arrows in the hand of a warrior, so are the children of one's youth. How blessed is the man whose quiver is full of them..."

An inerrantist reading of the Bible may also promote relatively conservative views on sex and sexuality among conservative Protestants, who point to multiple Biblical passages as

dictating that sex should be practiced only for procreation and, more commonly, that sex is forbidden outside of marriage (Sherkat & Ellison, 1997). Prominent conservative Protestant opponents of family planning argue that contraception was created for a “sex-obsessed culture” (Ellison & Goodson, 1997, p. 515). They worry that the widespread availability of effective contraceptive methods encourages unsanctioned forms of sexual contact by removing natural undesired consequences. Studies of US public opinion have repeatedly shown that conservative Protestants express greater opposition to premarital sex than persons from other religious backgrounds (Bolzendahl & Brooks, 2005; Gay, Ellison, & Powers, 1996). Some vocal conservative Protestants (such as James Dobson’s Focus on the Family) are vehemently opposed to including information about contraception and protection from sexually-transmitted infections in school sex education programs and to international programs involving reproductive health and family planning (Rose, 2005; Wilcox, 1992). This leads to our second hypothesis:

Hypothesis 2: On average, conservative Protestants will have less favorable views on contraception and family planning policy than members of other religious groups.

Religious Self-Identification. Although researchers often combine all conservative Protestant groups together, there are substantial religious and social cleavages within conservative Protestantism and even within specific denominational groups (Wilcox, 1992). There are also theologically conservative Protestants within mainline denominations. There are conservative renewal movements in Methodism, Presbyterianism, and other mainline denominations, and there are even charismatic Catholic groups. This may mean that denomination is not a particularly good proxy for underlying beliefs that we most want to measure (Wuthnow, 1988). There has been a recent turn toward using self-identification to specify these internal differences, and this type of self-identification is generally a more useful

predictor of social and political attitudes than are measures of belief or denomination (Smith et al., 1998). Three often discussed but still poorly understood identities usually aligned with conservative Protestantism are born again, fundamentalist, and evangelical Christian.

“Born again” is the most inclusive of these identities, as substantial numbers of non-conservative Protestants might place themselves in this category. “Born again” may function as an overarching identity, reflecting life-changing personal commitment to the Christian faith in language that is more common among members of conservative Protestant and sectarian groups. Identity as a born again Christian does not necessarily convey an attitude in favor of incorporating religious beliefs into political and social action. For born again Christians, the emphasis is on the individual, deeply personal, and experiential. The nature of born again identification suggests that:

Hypothesis 3: Respondents identifying as “born again” Christians will express less favorable attitudes toward contraception than other persons.

Both contemporary Christian fundamentalism and evangelicalism have roots in early American mainstream Protestantism. The fundamentalist movement appeared as a reaction to the challenges of modernization in the early 20th century, when a group of conservative Protestants formed an isolationist alliance in opposition to the profane secular world (Hunter, 1983). According to Smith and colleagues (1998), present-day fundamentalists have maintained much of their separatist tradition, continuing to be characterized by conservative views accompanied by low levels of social involvement.

The evangelical movement came about as a socially-conscious internal reform effort within fundamentalism. It was a reaction against the separatist tendencies associated with fundamentalism seeking to emphasize social and intellectual engagement with secular social

institutions (Woodberry & Smith et al., 1998), based on the idea that it is more useful to affect change through participation in society than to withdraw from it to serve as an example of purity (Wuthnow, 1988). In contrast to the separatist, exclusionary practices of the fundamentalists, the evangelicals were eager to cooperate with outsiders. This philosophy also allowed for increased engagement with secular American culture (Hunter, 1983; Wuthnow, 1988). The evangelicals' desire for engagement with the secular world led to their widespread use of print, radio, and television media; staging of large-scale revivals; development of national youth organizations; and founding evangelical educational institutions (Hunter 1983; Wuthnow, 1988).

Modern evangelicals are concerned with engaging with the outside social world, whereas fundamentalists are more avoidant of this kind of engagement (Sikkink, 1999). Correspondingly, self-identified evangelical Christians are the most likely to agree that religion has a role in social and political life (Regnerus and Smith's 1998). Previous research identifies fundamentalists as more sexually conservative and pronatalist than others. Additionally, those identifying as fundamentalist Christian tend to believe that the Bible is literally true, whereas evangelicals are more likely to see scripture as open to interpretation (Ammerman, 1987; Smith et al., 1998; Wilcox, 1992). Christian fundamentalists are strongly conservative, especially on issues concerning the family, and they are also primarily separatist in tradition, tending to be relatively uninvolved in advocacy or social policy development. Historically, fundamentalists concerned themselves with cultivating a high level of isolation from the outside world in order to maintain spiritual purity in an amoral world (Smith, 1998). Evangelicalism, in contrast, is rooted in social involvement and activism. Previous work on the historical and contemporary meanings of these religious identities suggests the following hypotheses for fundamentalists and evangelicals:

Hypothesis 4: Christian fundamentalists will have less favorable attitudes toward contraception than others.

Hypothesis 5: Identifying as an evangelical Christian will be associated with less favorable beliefs about contraception, perhaps especially on policy matters.

Religious Attendance. Previous research shows that general religiosity and religious affiliation are associated with preferences for larger family size (Adsera, 2006; Surkyn & Lesthaeghe, 2004) and higher fertility (Mosher et al., 1992; Lehrer, 1996). Religious attendance is also linked to desire for children (Adsera, 2006; Pearce, 2002), higher fertility (Mosher & Hendershot, 1984), and less use of contraception (Goldscheider & Mosher, 1991). Attendance may influence respondents through regular exposure to moral messages and formal teachings and reinforcement from like-minded coreligionists in informal discussions or other congregational activities. Religious attendance also reflects the level of internalization of religious values and the integration within religious networks where normative behavior is rewarded and non-normative behavior is punished (Sherkat & Wilson, 1995). In a religious network where procreation is highly valued, it might be socially difficult or isolating to plan for a small family.

Attendance may also reflect respondents' religious commitment. Although there are concerns about the accuracy of self-reports of attendance, some have argued that they reflect broader self-identification rather than precise estimates of attendance frequency. Viewed from this perspective, self-reported attendance may also serve as a barometer of general religiousness. Attendance also reflects religious commitment because it taps respondents' investments of a valued resource – time (Iannaccone, 1990). Attendance may be a better indicator of personal religiousness, as the growth of the nonreligious category in the US (Hout & Fischer, 2002) and the increased acceptability of non-attendance may remove social pressures to attend.

Some (e.g., Alwin, 1986; Wuthnow, 1988) have argued that the significance of denominational differences has declined in the latter decades of the 20th century, replaced by a conservative/liberal or religious/nonreligious dichotomy. Wuthnow (1988) asserted that denominationalism was declining in significance in American religious culture due to the interrelated phenomena of regional migration, social mobility, increases in contact between individual denominations (through switching, intermarriage, etc.), and the trend towards ecumenism and acceptance. From this perspective, attendance should be a better predictor of personal values than denomination. Indeed, denominational affiliation is a weaker predictor of premarital sexual attitudes than religious participation (Thornton & Camburn, 1989), and there is considerable evidence that attendance is an independent predictor of attitudinal conservatism on a host of social and "pro-family" values, over and above the effects of denomination (e.g., Pearce & Thornton, 2007; Wilcox, 2004). These findings suggest our final hypothesis:

Hypothesis 6: Religious attendance, especially regular or frequent attendance, will be associated with less favorable attitudes toward contraception.

Other Predictors of Family Planning Attitudes

In their investigation of American opinion on contraception, Grammich et al. (2004) found significant results for gender and age, with women and people under 45 being more likely to support US insurance covering contraception. Education and region of residence had no effect, but there was a marginally significant finding that non-Hispanic Blacks were stronger supporters of US health insurance policy than others. Political variables were linked to contraceptive support, with Republicans and political conservatives expressing less support than others. Although Grammich and colleagues (2004) did not examine family structure or income, these are highly relevant variables likely to be associated with individuals' family planning views. In our

examination of religious influences on family planning opinion, it is useful to control for political stance and ideology, including feminist self-identification. By including these controls, we are able to construct relatively conservative tests of our hypotheses.

Method

We employ data from a 1998 survey commissioned by the RAND Corporation with Belden Russonello & Stewart to examine family planning attitudes among people aged 16 and older in the US (Adamson, Belden, DaVanzo, & Patterson, 2000; Grammich et al., 2004). Data were collected via telephone interviews with 1,500 men and women (ages 16 or older) living in the US. We restrict our analyses to individuals with complete data on the variables of interest and employ sampling weights calculated to adjust the sample for the age, gender, and race structure of the US population. The survey includes information on respondents' religious attendance, affiliation and identity, family planning attitudes and policy preferences, and sociodemographic characteristics.

Dependent Variables

As a measure of family planning attitudes, respondents were asked to express their level of agreement that "having legal contraception or birth control available encourages more sexual activity among teenagers and unmarried couples." Responses range from 1 = *very much disagree* to 4 = *very much agree*. Two variables tap family planning policy views. First, respondents were asked, "Thinking about the US, do you favor or oppose the government providing family planning services to poor women in this country who want them, as part of their health care?" Responses range from 1 = *strongly oppose* to 4 = *strongly favor*. Respondents were also asked, "Do you agree or disagree that health insurers in the US should cover family planning services,

just like other doctor's visits and services, as part of their regular health care coverage?" with responses ranging from 1 = *very much disagree* to 4 = *very much agree*.

Key Independent Variables

Our first predictor variable is a measure of frequency of attendance at religious services. In our models, we include three categories of response (more than weekly, weekly, and monthly) compared to the reference category of less than monthly. We also include measures of Catholic and conservative/sectarian (conservative Protestants and Mormons) affiliation. In our measure of conservative/sectarian affiliation, we include Baptists, Pentecostals, Mormons, and Assembly of God. We follow the logic of Steensland et al. (2000) and attempt to identify the growing number of respondents in nondenominational, largely conservative churches, on the basis of attendance patterns. We categorize "other Christians" as conservative if they attend at least once a month. Most Christian respondents were asked: (1) "Do you consider yourself to be a fundamentalist Christian?", (2) "...a 'born-again' Christian?", and (3) "...an evangelical Christian?" For each variable, the comparison group consists of all respondents not identifying with that movement. When asked about their religious preference, 194 respondents listed a Christian denomination that the interviewers did not initially recognize as Christian. Unfortunately, these respondents were not asked the questions on identity, but including missing flags for these cases in our models does not change our main findings.

Control Variables

First we introduce controls for sociodemographic variables, including gender (1 = *female*, 0 = *male*); income (1 = < \$50,000, 0 = \geq \$50,000); race (1 = *non-White*, 0 = *White*); marital status (1 = *married or cohabiting*, 0 = *other*); and family structure (1 = *has children*, 0 = *no*

children). We use three dummy variables for age (less than 30, 45-59, and 60+) compared to those 30-44. Our measure of education consists of four dummy variables (less than high school, some college, complete college, and graduate work) compared to those with high school only. Political affiliation and ideology are also likely to be related to family planning attitudes. We include political affiliation by comparing Republicans and those identifying as Independent/other with self-described Democrats. Respondents were also asked to gauge their level of conservatism/liberalism in politics. We include dummy variables for “very liberal,” “somewhat conservative,” and “very conservative,” with “somewhat liberal” and “moderate” making up the reference category. As an additional measure of political outlook, we also assess the effect of identifying as a feminist (1 = *feminist*, 0 = *non-feminist*).

Results

Table 1 presents descriptive statistics on model variables. The average score for agreement that the availability of contraceptives encourages nonmarital sexual activity is 2.48, near the midpoint of the 1 - 4 range. However, support for family planning policy is high, with average scores of 3.39 for government provision of contraception and 3.47 for insurance coverage family planning services. In our sample, 12% attend religious services more than weekly, 33% attend weekly, 15% attend monthly, and 40% attend less frequently. Catholics make up 26% of the sample, and 35% report conservative Protestant or sectarian affiliations. Born again Christians make up 29% of the sample, 29% are fundamentalist Christian, and 12% identify as evangelical Christians.

Multivariate Analyses

In order to assess the effects of religious involvement on family planning attitudes, we estimated a series of ordered logistic regression models. In these tables, Models 1 - 4 assess the

effects of religious attendance, affiliation, and identification. Models 5 - 7 add sociodemographic variables and controls for political affiliation and ideology. We present all results as odds ratios.

Family Planning Attitudes. Table 2 presents the results of ordered logistic regression models predicting agreement that the availability of contraception encourages sexual activity among teens and unmarried couples. Across models, frequent religious attendance is a strong influence. In the first set of models (Models 1 - 4), attending services more than weekly increases the odds of agreeing more strongly that the availability of contraception encourages nonmarital sex by 2.34 to 2.63 times, compared to those who attend less than monthly ($p < .001$), and weekly attendance increases the chances of stronger agreement by 34% to 47% ($p < .05$). Conservative Protestants/sectarians are 40% more likely to agree more strongly that contraceptive availability encourages nonmarital sexual activity ($p < .05$), but the influence of affiliation with Catholicism (versus any other religion or no religion) is nonsignificant across models. In the initial models, identification with each of the three religious identities (born again, fundamentalist, and evangelical) is associated with reporting significantly less positive views on contraception.

The final set of models added in Table 2 (Models 5 - 7) includes sociodemographic controls and political variables. Even after controlling for all variables in the model, attendance is a strong predictor. Those attending religious services more than weekly are over twice as likely ($p < .001$) and, in Models 6 and 7, those attending weekly are 35% more likely to report higher agreement that contraception encourages nonmarital sexual activity, compared to people who report less frequent attendance ($p < .05$). The effect of born again identity, the strongest effect of the three religious identification variables, is somewhat reduced from the previous set of models. Net of all other variables in the final model, born again Christians have 64% higher odds

($p < .001$) of reporting more negative attitudes about contraception than those who do not identify as born again. The odds are increased by 40% ($p < .01$) for fundamentalist Christians and by 46% ($p < .01$) for evangelicals in the final model. Women and those with more education are relatively more supportive of family planning. There is a positive relationship between age and unfavorable views on the societal effects of contraception; people over 45, and especially those 60 or older, are more likely than those 30 - 44 to report that contraceptive availability encourages nonmarital sexual activity. Political conservatives and non-feminists are generally more likely to believe that contraception encourages nonmarital sex than are political moderates or moderates and feminists. Comparing the goodness-of-fit for the full models using the Bayesian Information Criterion (BIC), we find strong support that the model including born again Christian identity (BIC = 3490.69) is preferable to models including fundamentalist (BIC = 3496.54) or evangelical (BIC = 3509.03) identity. There is very strong evidence that the three religious identification models, especially those with born again and fundamentalist identity, are preferable to Model 1, which includes conservative denomination (BIC = 3511.54) (Raftery, 1995).

Family Planning Policy. In Table 3, attendance is strongly linked to support for the US government providing family planning services to poor American women. In the first set of models (1 - 4), attending services more than weekly is associated with a 35 - 43% decline in the odds of reporting a higher degree of support for governmental provision of contraceptives ($p < .05$), and attending weekly is associated with a decline of 29 - 31% ($p < .05$), compared to those attending less than monthly. Catholic and conservative Protestant/sectarian affiliations are not significantly linked to opinion on governmental provision of family planning services. Born again identity is not a significant predictor of support for the governmental provision of

contraceptives to poor American women, but evangelical Christians (odds ratio=.58, $p<.01$) and, to a lesser extent, fundamentalist Christians (odds ratio=.79, $p<.1$) express less support.

We add sociodemographic and political outlook characteristics in the second set of models (5 - 7). The strong influence of religious variables on attitudes toward governmental provision of contraceptives is notable given the general failure of other background factors as predictors. Adding social and political controls explains the variation by fundamentalist identification. In the full model, evangelical Christian identity is one of the strongest predictors (odds ratio=0.65, $p<.05$). Gender likely plays a role in explaining the strengthening effects of weekly religious attendance in this set of models, as women are both more likely to attend regularly and, as shown here, more likely to support the provision of family planning services. Support for the governmental provision of contraceptives was also higher among married or cohabiting respondents. Self-identified feminists are stronger supporters of governmental provision of contraceptives, whereas Republicans and those with a conservative political stance report less strong support. Comparing BIC statistics across full models yields strong evidence that the model including evangelical identity (BIC = 2692.40) is preferable to those with born again (BIC = 2700.68) or fundamentalist (BIC = 2698.87) identity and to Model 1, which accounts for conservative denominational affiliation (BIC = 2700.20).

In Table 4, we present results from ordered logistic regression models predicting support for the inclusion of family planning in US insurers' covered services. As in previous models, frequent religious attendance exerts a strong effect in the initial models (1 - 3). However, there is no significant effect for weekly attendance, and frequent attendance is not significant in Model 4, where evangelical Christian identity is included. Identity as Catholic or conservative Protestant is not significantly associated with views on family planning insurance policy. Evangelical

Christian identity has a strong negative impact on support for coverage of family planning services (odds ratio=.48, $p < .001$). Identifying as a born again Christian is weakly related (odds ratio=.77, $p < .1$), and there is a no significant association between fundamentalist identity and attitudes on family planning insurance policy.

In Models 5 – 7, notably, the effect of religious attendance is almost fully explained by accounting for sociodemographic characteristics and differences in political affiliation and ideology. Nevertheless, the effects of identifying as an evangelical or born again Christian persist. In the final models, evangelical Christians are 40% less likely ($p < .01$) and born again Christians are 23% less likely ($p < .1$) to report a higher level of support for insurance coverage of family planning services, compared to those not identifying with these groups. Insurance coverage of contraception also receives stronger support from women, non-white respondents, self-identified feminists, and those with a liberal political stance. Respondents over 60, Republicans, and political conservatives report less support. Comparing goodness-of-fit across models, we find that the model including evangelical identity (BIC = 2510.61) is preferable to the models for born again (BIC = 2524.89) and fundamentalist (BIC = 2526.27) identities and to the initial model for conservative Protestant or sectarian affiliation (BIC = 2527.63).

Discussion

Researchers have explored many aspects of the relationship between religiosity and social attitudes, but surprisingly little work has focused on religious motivations for views on family planning. In this paper, we examine the link between of religious attendance and identity on attitudes toward contraceptives and family planning policy, finding several important and persistent relationships. Despite strong official views on family planning, there is little evidence that Catholics are less supportive of contraception or family planning policy. In line with past

findings on the pervasiveness of pro-family ideology within conservative Protestantism, members of this group are less likely than others to have negative views about contraception, but this association does not appear to carry over to views on family planning policy. There are differentials in attitudes toward contraception and family planning policy by religious movement identification. Briefly, born again Christians and fundamentalists are more likely to report negative views on contraception than are individuals not identifying with those groups, but it is evangelicals who are consistently more likely to report a less supportive position on family planning policy. Although overall popular support for family planning policy is high, more frequent religious attenders are likely to report less positive opinions on contraception and family planning policy. This provides some support for arguments put forth by scholars hypothesizing a conservative religious/liberal secular split in social and political values.

This paper illuminates the importance of religious differences in attitudes about contraception and family planning policy, and suggests larger implications of religious influence. Consistent with the limited previous research on religious influences on family planning attitude, this study indicates that higher religious attendance and more conservative identifications are strongly linked to lower levels of support for family planning, generally. Others have found evidence indicating that religious conservatives are becoming increasingly interested in a religion that speaks to public issues in reaction to intense cultural challenges (Regnerus, Sikkink, & Smith, 1999), and nearly 20% of Americans, mostly religious Conservatives, report that their voting is influenced by conservative Christian political organizations (Regnerus & Smith, 1998). Conservative Protestants also report the most concern with perceived family decline in recent years, and this concern is gaining influence over individuals' political choices (Brooks, 2002). Polemical conservative Protestant writings on childbearing (e.g., Pride, 1985) may be gaining

mainstream currency as the pronatalist movement has grown (Goodson, 1997). These trends may carry over into US domestic and international policy on family planning, particularly as the Bush administration appears to be sympathetic to conservative Protestant concerns over declines in sexual morality and family values. The Bush administration has encouraged abstinence-only programs in US schools, delayed access to emergency contraception, withheld funding from international sexual and reproductive health programs, and repeatedly appointed outspoken and controversial opponents of contraception to key positions in the Food and Drug Administration and the Department of Health and Human Services. Debate is mounting over whether or not pharmacists or insurers have the right to refuse provide certain services (such as access to emergency contraception, birth control pills, or abortion).

In this social and political climate, it is increasingly important to understand the nature of conservative Protestant attitudes. This study advances our understanding of identification with three key religious movements (fundamentalism, evangelicalism, and born again Christianity). We find a strong patterning of connections between identity and family planning attitudes, supporting the idea that these subjective religious identities do have meaning and exert influence in individuals' daily lives. Our findings also support the assertion that the historical foundations of the evangelical and fundamentalist movements, in terms of separatism versus outreach, remain relevant today. Attitudinal outcomes indicate that the categories are not identical, interchangeable, or chosen at random by conservative Protestants. Rather, identifying as evangelical, fundamentalist, or born again reflects patterns of beliefs and behaviors that have concrete consequences for a range of attitudinal and behavioral outcomes. Our work points to divisions within the larger category of conservative Protestant and demonstrates the usefulness of exploring individual identification.

The main limitation of this study involves the cross-sectional nature of the data. To our knowledge, these are the only survey data that include information on specific family planning attitudes and religious attendance, denomination, and movement identification. As the first dataset making this information available, it permits significant advancement of our knowledge of the link between religiosity and family planning attitudes. However, because our data are cross-sectional, we are not able to definitively establish the direction of causal order. It is possible that those with more negative views on family planning policy choose to adopt an evangelical identity because their personal opinions are already in line with evangelical theology. Similarly, those who are less concerned with policy but who hold relatively negative opinions about the effects of contraceptives may be more likely to gravitate toward a fundamentalist or born again identity. A further limitation of the data used here is the lack of information on subjective religious identities of the 194 “other Christians” described earlier. However, using dichotomous dummy variables to account for Christians not asked about religious identity and for respondents who were unsure about religious identity does not substantially alter our results.

Future work, when possible, should attempt to address the question of causal order using time series panel data. In light of the robust relationship between religious involvement and identity and family planning attitudes demonstrated in this study, we hope that scholars will consider the role of religious identities in shaping public opinion on a wide variety of reproductive health and other issues. There is also a need for a more thorough examination of religious movement identification and for qualitative work exploring the perceived mechanisms leading from religious beliefs and identities to the adoption of certain family planning views. In order to prevent the omission of a key issue in public opinion, future work on American family planning attitudes should certainly take the influence of religion into account.

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Table 1
Descriptive Statistics for Model Variables (N = 1311)

	<i>M</i>	<i>SD</i>	Range		<i>M</i>	<i>SD</i>	Range
Religious attendance				Education (cont'd)			
> Weekly	.12	-	-	Graduate work	.14	-	-
Weekly	.33	-	-	Income < \$50K	.55	-	-
Monthly	.15	-	-	Non-white	.24	-	-
Catholic	.26	-	-	Married/cohabiting	.56	-	-
Conservative Protestant	.35	-	-	Parent	.69	-	-
Born again Christian	.29	-	-	Political party		-	-
Fundamentalist Christian	.29	-	-	Republican	.31	-	-
Evangelical Christian	.12	-	-	Independent or other	.32	-	-
Female	.52	-	-	Political ideology		-	-
Age		-	-	Very liberal	.06	-	-
<30	.24	-	-	Somewhat conservative	.30	-	-
45-59	.23	-	-	Very conservative	.11	-	-
60+	.21	-	-	Feminist	.28	-	-
Education				Contraceptives encourage sex ^{a,b}	2.48	1.21	1-4
< high school	.11	-	-	Government should provide FP ^{a,c}	3.39	.86	1-4
Some college	.25	-	-	Insurers should cover FP services ^{a,d}	3.47	.86	1-4
College	.19	-	-				

^a1 = *strongly disagree/oppose*, 2 = *somewhat disagree/oppose*, 3 = *somewhat agree/favor*, 4 = *strongly agree/favor*. ^bN = 1286. ^cN=1294. ^dN=1297.

Table 2
 Ordered Logistic Regression Predicting Agreement that Contraceptives Encourage Nonmarital Sexual Activity

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Religious attendance							
(ref = < Monthly)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
> Weekly	2.45***	2.34***	2.63***	2.45***	1.85**	2.06***	1.92**
Weekly	1.43**	1.34*	1.47**	1.47**	1.25	1.35*	1.35*
Monthly	.94	.94	.97	.97	.98	1.01	1.01
Catholic	1.12	1.11	.98	1.00	1.28†	1.15	1.18
Conservative Protestant	1.40*	-	-	-	-	-	-
Born again Christian		1.88***	-	-	1.64***	-	-
Fundamentalist Christian		-	1.70***	-	-	1.40**	-
Evangelical Christian		-	-	1.64**	-	-	1.46*
Female					.77*	.79*	.77*
Age							
(ref = 30-44)					1.00	1.00	1.00
Less than 30					1.18	1.24	1.22
45-59					1.45*	1.44*	1.42*
60+					3.04***	3.06***	3.00***
Education							
(ref = high school)					1.00	1.00	1.00
< high school					1.36	1.37	1.40
Some college					.84	.82	.82
College					.66*	.67*	.63**
Graduate work					.58**	.59**	.55***
Income < \$50K					1.38**	1.38**	1.39**
Flag for income missing					1.73**	1.73**	1.70*
Non-white					.71†	.72†	.73†
Married/cohabiting					.94	.95	.93
Parent					1.18	1.21	1.23
Political party							
(ref = Democrat)					1.00	1.00	1.00
Republican					1.14	1.11	1.09
Independent or other					.93	.91	.90
Political ideology							
(ref = somewhat lib/mod)					1.00	1.00	1.00
Very liberal					.98	.99	.99
Somewhat conservative					1.89***	1.90***	1.88***
Very conservative					1.94***	1.97***	2.00***
Feminist					.71*	.70**	.70**
neg 2LL	3454.27	3433.42	3439.27	3451.75	3239.50	3247.25	3250.36
BIC	3511.54	3490.69	3496.54	3509.03	3432.80	3440.55	3443.66
N	1286	1286	1286	1286	1286	1286	1286

Note: Results presented as odds ratios. Ref = reference category.

* $p < .05$. ** $p < .01$. *** $p < .001$. † $p < .1$.

Table 3
 Ordered Logistic Regression Predicting Support for the US Government Providing Contraception to Poor
 American Women

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Religious attendance							
(ref = < Monthly)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
> Weekly	.61*	.58**	.57**	.65*	.62*	.61*	.68†
Weekly	.71*	.70*	.69**	.71*	.63**	.63**	.64**
Monthly	.89	.85	.85	.89	.82	.82	.85
Catholic	1.02	1.10	1.14	1.10	1.04	1.06	1.04
Conservative Protestant	.80	-	-	-	-	-	-
Born again Christian		.83	-	-	.87	-	-
Fundamentalist Christian		-	.79†	-	-	.84	-
Evangelical Christian		-	-	.58**	-	-	.65*
Female					1.44**	1.43**	1.44**
Age							
(ref = 30-44)					1.00	1.00	1.00
Less than 30					.85	.84	.85
45-59					1.42*	1.42*	1.43*
60+					.95	.95	.97
Education							
(ref = high school)					1.00	1.00	1.00
< high school					.89	.89	.87
Some college					.90	.90	.89
College					1.15	1.14	1.15
Graduate work					1.26	1.24	1.29
Income < \$50K					.90	.90	.89
Flag for income missing					.89	.89	.90
Non-white					1.03	1.02	1.00
Married/cohabiting					.89	.79	.81
Parent					1.57**	1.57**	1.54*
Political party							
(ref = Democrat)					1.00	1.00	1.00
Republican					.56***	.56***	.57***
Independent or other					.76†	.76†	.76†
Political ideology							
(ref = somewhat lib/mod)					1.00	1.00	1.00
Very liberal					1.77†	1.74†	1.74†
Somewhat conservative					.52***	.52***	.52***
Very conservative					.52**	.52**	.52*
Feminist					1.45*	1.46*	1.46***
neg 2LL	2642.88	2643.36	2641.55	2635.07	2503.58	2502.84	2498.70
BIC	2700.20	2700.68	2698.87	2692.40	2697.05	2696.31	2692.17
N	1294	1294	1294	1294	1294	1294	1294

Note: Results presented as odds ratios. Ref = reference category.

* $p < .05$. ** $p < .01$. *** $p < .001$. † $p < .1$.

Table 4
 Ordered Logistic Regression Predicting Agreement that US Health Insurers Should Cover Family Planning Services

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6	Model 7
Religious attendance							
(ref = < Monthly)	1.00	1.00	1.00	1.00	1.00	1.00	1.00
> Weekly	.52***	.61*	.58**	.71†	.75	.70†	.81
Weekly	.76†	.86	.83†	.88	.78	.74†	.77
Monthly	1.00	1.09	1.08	1.15	1.07	1.05	1.10
Catholic	1.12	.97	1.03	.96	.81	.86	.83
Conservative Protestant	1.17	-	-	-	-	-	-
Born again Christian		.77†	-	-	.77†	-	-
Fundamentalist Christian		-	.81	-	-	.88	-
Evangelical Christian		-	-	.48***	-	-	.60**
Female					1.96***	1.95***	1.97***
Age							
(ref = 30-44)					1.00	1.00	1.00
Less than 30					.68*	.67*	.68*
45-59					.90	.91	.91
60+					.54***	.54***	.56**
Education							
(ref = high school)					1.00	1.00	1.00
< high school					1.08	1.08	1.04
Some college					.94	.94	.93
College					1.00	1.01	1.02
Graduate work					1.10	1.10	1.13
Income < \$50K					1.02	1.01	1.01
Flag for income missing					.75	.75	.76
Non-white					2.36***	2.34***	2.29***
Married/cohabiting					1.07	1.06	1.10
Parent					1.29	1.27	1.25
Political party							
(ref = Democrat)					1.00	1.00	1.00
Republican					.55***	.56***	.57***
Independent or other					.85	.86	.86
Political ideology							
(ref = somewhat lib/mod)					1.00	1.00	1.00
Very liberal					2.25*	2.22*	2.22*
Somewhat conservative					.62***	.61***	.62***
Very conservative					.53**	.52**	.54**
Feminist					1.79***	1.79***	1.80***
neg 2LL	2470.29	2467.55	2468.93	2453.27	2278.88	2281.62	2274.57
BIC	2527.63	2524.89	2526.27	2510.61	2472.41	2475.16	2468.10
N	1297	1297	1297	1297	1297	1297	1297

Note: Results presented as odds ratios. Ref = reference category.

* $p < .05$. ** $p < .01$. *** $p < .001$. † $p < .1$.