Attitudes Concerning Birth Control and Abortion As Related to LDS Religiosity of Brigham Young University Students

Erlend D. Peterson
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ATTITUDES CONCERNING BIRTH CONTROL AND ABORTION AS RELATED TO
L.D.S. RELIGIOSITY OF BRIGHAM YOUNG UNIVERSITY STUDENTS

A Thesis
Presented to the
Department of Sociology
Brigham Young University

in Partial Fulfillment
of the Requirements for the Degree
Master of Science

by

Erlend D. Peterson
August 1971
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ACKNOWLEDGMENTS

The writer expresses sincere appreciation to those individuals who have given invaluable assistance to the presentation of this thesis.

Special recognition is given to Dr. Spencer Condie who has served as Chairman of the Advisory Committee. In addition to regular responsibilities and services of a chairman, he has extended himself in every respect to give assistance to the writer in the completion of this study. Appreciation is expressed to this "teacher" who exemplifies the sacred meaning of this position.

Thanks is also expressed to Dr. Phillip Kunz and Dr. Evan T. Peterson for their encouragement and constructive criticisms.

Gratitude and appreciation is given to the writer's friends, associates, and most especially his parents and sisters for their help and concern.

Finally, the writer expresses his most special appreciation to his wife, Colleen, for her patience, love, and support during the research and writing of this study. An additional thanks is expressed for her typing of this study.
CHAPTER I

INTRODUCTION AND STATEMENT

OF THE PROBLEM

"A considerable number of every person's attitudes are related to or anchored in one or more social groups."\(^1\) In recognition of the fact that individuals have multiple memberships in groups suggests there may be times when membership groups are in conflict with each other.

A conflict which becomes real in the lives of many people is the decision concerning family limitation. Since 1960 when the birth control pill was introduced on the open market, and with the subsequent liberalization of abortion laws in several states, the topic of family limitation has become even more controversial. At one end of the continuum of controversy are the neo-Malthusians and at the other end are some religious leaders.

The neo-Malthusians are the advocates of Zero Population Growth. They are alarmed over the geometric population explosion which is taking place within the human society. The founding father of "checked" population growth was an English economist

by the name of Thomas Robert Malthus. His two major postulates were:

First, that food is necessary to the existence of man.
Secondly, that the passion between the sexes is necessary and will remain nearly in its present state...
Assuming then, my postulates as granted, I say, that the power of population is indefinitely greater than the power in the earth to produce subsistence for man.
Population, when unchecked, increases in a geometrical ratio. Subsistence increases only in an arithmetical ratio. A slight acquaintance with numbers will show the immensity of the first power in comparison to the second.
By that law of our nature which makes food necessary to the life of man, the effects of these two unequal powers must be kept equal.
This implies a strong and constantly operating check on population from the difficulty of subsistence. This difficulty must fall somewhere and must necessarily be severely felt by a large portion of mankind.

In 1798 Malthus recognized the problem and claimed that the population was doubling every twenty-five years. Population data have verified the continuation of the growth trend.\(^3\) He described the natural checks on population growth as being "vice and misery" and advocated "moral restraint" or late marriage and abstinence from coitus. Although his remedies are unacceptable for most people, Malthus is the father of modern demographic principles.\(^4\)

Malthus is not the only person who proclaims overpopulation, he is joined by Julian Huxley, Frederick Osborn, Kingsley Davis, Paul Ehrlich, and many others. The emphasis has turned to controlled


birth, or in the words of Julian Huxley, "We must place meaningful quality above meaningless quantity. There must be a combined effort in both the public and the private sectors towards such a goal."\(^5\)

At the other end of the continuum, a person finds religious leaders who continually quote the Bible and declare that the commandment of the Lord to all mankind is to "multiply and replenish the earth." "Marriage is ordained of God and therefore a couple shirking the responsibilities of parenthood are disobeying the commands of God" is also commonly quoted by some religious leaders.\(^6\)

The Catholic Church's stand on birth control is:

A couple using artificial contraceptive devices at any time is guilty of serious sin because this interferes with nature in a serious way... So serious is this sin that St. Thomas Aquinas considered that the deliberate prevention of conception is, next to the killing of an unborn child, one of the greatest vices.\(^7\)

In nearly all countries the traditional opposition to the birth control movement has been the view that children come as gifts of God, and should be accepted gratefully and unquestioningly. The general feeling has been that to subject the process of reproduction to the will of man is "unnatural" and wrong.\(^8\)

The individual who has membership in two groups with opposing views, both that of the Malthusians with their contentions of "overpopulation" and the religious leaders with their decrees of "divine


parenthood," will be highly perplexed. It is such a condition which Karen Horney points out as the cause of neurosis due to "cultural conflict" rather than "cultural compatibility" of sanctioned norms.9

Religion has always been recognized as one of the complex factors accounting for differences in fertility.10 In recent years, there has been a decline in the birthrate within the United States (See Table 1), which indicated there may have been a change in the effect of organized religion on its members' attitudes towards family limitation. For example, historically the Roman Catholic Church has forbidden its members to use contraceptive methods for birth control. Recent studies indicate that within the Roman Catholic Church in the United States there is an increased use of contraceptives. The trend seems to point out that the younger the married couple and the higher the amount of education, the greater the probability that the couple will practice birth control by means of contraceptives.11

News media have been flooded with articles focusing on the dangers of overpopulation. The concern is not only about food resources, but about environmental pollution. Members of organizations such as Zero Population Growth have spoken out saying, "No


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man has the right to more than replace himself." Feelings are so strong by some that it has even been suggested that there be outright prohibition by law of a couple's right to have more than two children. "In Hawaii, State Senator Nadao Yoshinaga has already introduced a bill requiring compulsory sterilization of every woman after the birth of her second child."

Associated with the control of birth is the subject of abortion. After the liberalizing of the abortion law in the state of New York, there were 16,000 legal abortions performed between July 1, 1970, and September 1, 1970.

Evidence suggests that religion plays an affecting role concerning a person's attitude towards family limitation. Freedman (1962); Kiser (1962), and others who studied the association between socio-economic status and fertility were unable to find compelling correlations, but they were able to point to religious differentials.

In light of the question as to the effect of organized religion, this study constitutes an examination of the attitudes of members of the Church of Jesus Christ of Latter-day Saints (L.D.S.) and their attitudes towards birth control and abortion. This

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research is an analysis of the attitudes of L.D.S. students at Brigham Young University towards birth control and abortion as correlated to the degree of conformity of religious behavior within the L.D.S. Church.

The Mormons have long been noted for their high fertility. In this case the factor of religion operates within the context of prosperous agriculture. However, it should also be noted that in "Who's Who In America" even the Mormons, presumably mainly urban, have relatively high fertility in comparison with others in "Who's Who In America." In their study of men listed in the 1926-27 edition of "Who's Who In America," Huntington and Whitney found the following average number of children among men reporting the specific religious affiliations and reporting number of children: Jews--2.6, Congregationalists--2.7, Baptist--3.1, Lutherans--3.3, Roman Catholics--3.3, and Mormons--5.3.¹⁷

A more recent review of "Who's Who In America" (1966-67), indicates an average of 2.5 children for the Baptists and 3.2 children for the L.D.S. Although this shows a decrease for both religious groups, it is significant that the trend is in the same direction and there remains a distinction between religious groups.¹⁸

Reference group theory explains that individuals seek identification with groups for self-evaluation and self-esteem and behavior tends to be patterned by the environing structures of established

¹⁶"Mormons" is the nickname given to members of the Church of Jesus Christ of Latter-day Saints because of their cannonized acceptance of additional scripture called the Book of Mormon.


social relationships and by prevailing cultural definitions. Hyman labeled such groups as "reference groups." When an individual seeks identification with a group, he is motivated to either gain or maintain acceptance. In order to gain acceptance he holds his attitudes in conformity with what he perceives to be the general consensus of the group members. Sherif and Sherif in their studies claim to have found that "the binding rules, values, or standards (of an individual) for his conduct are those of his reference group." Group affiliations and participations, therefore, tend to standardize attitudes for the members of a group.

Sociologists have become increasingly concerned with the importance of religion in understanding behavior in contemporary society. Indeed, Lenski has reported that variables associated with religious group membership exert as much influence on the attitudes and behavior of urban Americans as does position in the social class structure.

Group identification theory predicts that an individual's conformity to the group's standard is correlated to the same degree of attitude conformity. The significance of this study is to measure the consistency of this theory. Therefore, this study predicts that the degree of Church membership behavioral conformity will

21 Harold H. Kelley, op. cit., p. 211.
correlate to the degree of conservativeness of attitudes concerning birth control and abortion. It is expected that this research will achieve the following objectives: (1) establish that there is a relationship between conservative attitudes towards birth control and abortion and the degree of religiosity, (2) establish that group members allow a difference of attitude concerning the family limitation practices for people outside the membership group, (3) show that attitudes towards birth control and abortion within the religious membership group are particularistic rather than universalistic, (4) show that there is a correlation between a person's attitudes toward birth control and his perception of what his membership group teaches, and (5) show that religious teachings are the most important factors influencing an individual's attitudes towards birth control and abortion.
CHAPTER II

THEORETICAL ORIENTATION

Attitudes

In man's study of himself, there has always been a primary focus on attitudes. Attitudes are among the most difficult aspects of socialization to understand and yet they seem to be among the most important products of man's socialization. In a series of papers written by Fishbein (1967), he presented a behavior theory approach to the study of attitudes. He conceptualized attitude as a learned mediating evaluative response; and he viewed an individual's beliefs about any given subject in terms of the probability of stimulus-response associations.\(^1\) Another formal definition of the word "attitude" is "the intensity of positive or negative effect for or against a psychological object. The psychological object is any symbol, person, place, or idea toward which people can differ between positive or negative affect."\(^2\)

Mead theorized that an individual's social self is a product of the attitudes of the "significant others" within his environment.

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But Mead lacked preciseness in defining whom he meant as "others," so Merton, in an attempt to clarify his meaning, suggested that it is the "social group to which he (a person) belongs." Group affiliations and participations tend to standardize attitudes for the members of the group. Durkheim's study of suicide was based upon the theory of "collective representations." He recognized the constraining or controlling power that the group's norms or attitudes have over the individual. Deviations from the norms of the group or complete absence of norms leaves the individual in an uncertain, vague, and uncomfortable state. In his complex social world, the person needs guidelines for his behavior. It was from this understanding that Durkheim predicted the rate of suicide in various religious groups. He supposed that the suicide rate would be inversely proportional to the number of norms that defined specific beliefs and made an advantage for the individual. His predictions were verified in his study which supported the theory of "collective representations" upon an individual's personal attitude.

The corner stone of Festinger's theory of social comparison takes into account the content of the attitude in relation to the nature of the relationships between the individual and other group members. Zajonc, in summarizing the concepts of balance, congruity, and dissonance theories, points out that with individuals their "thoughts, beliefs, attitudes and behavior tend to organize themselves

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3 Robert K. Merton, op. cit., p. 287.
in meaningful and sensible ways.\textsuperscript{5} When an individual's attitude is out of alignment with his reference group, interplay of forces begins to operate and this results in uniformity of attitudes or a severance from his reference group. Human beings abhor inconsistency. Reference group theory predicts a pressure toward uniformity will be a positive function of cohesiveness.\textsuperscript{6} As members of a group are attracted to each other, the intensity of the attraction will increase the degree of attitude agreement.\textsuperscript{7} According to the various balance theories (Adelson & Rosenberg, 1958; Heider, 1958; Osgood and Tannenbaum, 1955; Rosenberg & Adelson, 1960), a subject's evaluation of a concept will depend upon the positive or negative evaluation the person has concerning the source of the information. If the source is from his reference group, the probability is greater that the individual will bring his attitudes into uniformity with the reference group. Tannenbaum and Gengel carried out an experiment to test congruity and attitude change in psychology students at the University of Wisconsin through a "source-concept" test. Results provided support for the generalization of attitude change as a result of the source of communication.\textsuperscript{8}


\textsuperscript{6}Cohesiveness refers to a property of the relationship that exists between two people.

\textsuperscript{7}Jones and Gerard, \textit{op. cit.}, p. 341.

Cohen generalizes even further that "everyone will 'conform' under some conditions." 9

Religious Group Membership

Realizing that there is an influence of membership groups upon a person's attitude, the question is to what degree an organized religion directs an individual's attitude regarding a given subject. Newcomb found in his Bennington College study that the individual's attitude development was a function of the way in which he related himself to his membership group. 10 Considering that not all members of a religious group are alike in their membership character, Newcomb's study suggests that by measuring the degree of individual identification it will correlate with the degree of conformity on a given set of attitudes.

Religion, as part of a culture, consists of the configuration of definitions which includes beliefs regarding (1) the supernatural and/or (2) high-intensity or top-level value definitions. 11 Definitions of morality, unrighteousness, and badness are part of religion. Basically, religion is learned and is related to the way one lives with himself and others. The influence of religious definitions and/or religious behavior extends to the degree to which it is included


in the interactural process. In the example of Durkheim's study, he found the Catholics to have the highest number of rituals and cultural proscriptions and the Jews and the Protestants to have the least. Therefore, the Protestants and Jews, having a less structured social system, were found to have the higher number of suicides. Sociologists have become increasingly concerned with the importance of religion in understanding behavior within contemporary society. Lenski has found in his studies that variables associated with religious group membership may exert as much influence on the attitudes and behavior of urban Americans as does the position in the social class structure.

Latter-day Saint Religiosity

The degree to which a person identifies with his religious group can be determined by measurement on a given religious membership religiosity scale. Since this study concerns itself with members of the L.D.S. Church, the literature reviewed related mainly to studies oriented to the same religious group.

12 Vernon, Ibid. p. 373.

13 Jones and Gerard, op. cit., p. 332.


Vernon's study of 1955 successfully scaled religious beliefs and participation among Latter-day Saints. Of the 194 respondents, he was able to scale 12 items with a coefficient of reproducibility of .91.\(^\text{16}\)

Payne, in his study of the relationship between expressed (L.D.S.) religious involvement, which was identified by behavioral patterns and some economic attitudes of the working class, was able to find a weak but positive correlation.\(^\text{17}\) This study was conducted in the city of Provo, Utah, which is predominantly L.D.S. Another Provo study was completed by Brinkerhoff which also scaled L.D.S. behavior patterns. On the eight religious items the Guttman scale produced a coefficient of reproducibility of .85.\(^\text{18}\)

Another successful study using a Guttman scale to measure L.D.S. religiosity was the Box Elder study conducted by Reeder in Brigham City, Utah. He sampled nearly 800 L.D.S. residents of the

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city concerning their religious activity. He then validated the respondent's statements in questioning the local L.D.S. Bishop concerning each respondent and his activity. It was found that of the 800 respondents approximately 400 were inactive, 200 were active, but did not hold a church position, and 200 were active and held a church position. Reeder produced a seven-point religiosity scale with a coefficient of reproducibility of .95.  

Tapley compared religious experience to L.D.S. Church orthodoxy and found his church orthodoxy dimension amenable to Guttman scaling. The eight-point church orthodoxy scale produced a coefficient of reproducibility of .88.  

**Latter-day Saint Teachings Concerning Birth Control**

In order to give validity to the selected statements concerning birth control, only statements which have been given by the First Presidency of the L.D.S. Church have been presented. In 1916 articles concerning birth control were written by general authorities of the L.D.S. Church and published in the *Relief Society Magazine*. The following year President Joseph F. Smith was quoted in the same magazine as follows:


21. The *Relief Society Magazine* was an official publication of the L.D.S. women's organization called by the same name.
I regret, I think it is a crying evil, that there should exist a sentiment or feeling among any members of the Church to curtail the birth of their children. I think that it is a crime whenever it occurs, where husband and wife are in possession of health and vigor and are free from impurities that would be entailed upon their posterity. I believe that where people undertake to curtail or prevent the birth of their children that they are going to reap disappointment by and by. I have no hesitancy in saying that I believe this is one of the greatest crimes of the world today, this evil practice.\textsuperscript{22}

The second President of the L.D.S. Church, Brigham Young, said:

There are multitudes of pure and holy spirits waiting to take tabernacles; now what is our duty? To prepare tabernacles for them; to take a course that will not tend to drive those spirits into the families of the wicked, where they will be trained in wickedness...It is the duty of every righteous man and woman to prepare tabernacles for all the spirits they can.\textsuperscript{23}

President Joseph Fielding Smith, the current President of the L.D.S. Church made this statement concerning birth control: "When a man and a woman are married and they agree or covenant to limit their offspring to two or three, and practice devices to accomplish this purpose, they are guilty of iniquity which eventually must be punished."\textsuperscript{24} In later texts, he goes on to explain that, "It should be understood definitely that this kind of doctrine is not only not advocated by the authorities of the Church, but also condemned by them as wickedness in the sight of the Lord."\textsuperscript{25}

\textsuperscript{22} Joseph F. Smith, Sr., The Relief Society Magazine (1917), Vol. 4, p. 318.
\textsuperscript{25} Ibid., p. 87.
The L.D.S. Church has maintained a constant position concerning the attitude of birth control. Most significant to this research is a letter sent April 14, 1969, to presidents of stakes, bishops of wards, and presidents of missions by the First Presidency regarding birth control. The letter is in full agreement with the First Presidency in 1916 and is as follows:

The First Presidency is being asked from time to time as to what the attitude of the Church is regarding birth control. In order that you may be informed on this subject and that you may be prepared to convey the proper information to the members of the Church under your jurisdiction, we have decided to give you the following statement:

We seriously regret that there should exist a sentiment or feeling among any members of the Church to curtail the birth of their children. We have been commanded to multiply and replenish the earth that we may have joy and rejoicing in our posterity.

Where husband and wife enjoy health and vigor and are free from impurities that would be entailed upon their posterity, it is contrary to teachings of the Church artificially to curtail or prevent the birth of children. We believe that those who practice birth control will reap disappointment by and by.

However, we feel that men must be considerate of their wives who bear the greater responsibility not only of bearing children, but for caring for them through childhood. To this end, the mother's health and strength should be conserved and the husband's consideration for his wife is his first duty, and self-control a dominant factor in all their relationships.

It is our further feeling that married couples should seek inspiration and wisdom from the Lord that they may exercise discretion in solving their marital problems, and that they may be permitted to rear their children in accordance with the teachings of the gospel.

Sincerely yours,

(signed) David O. McKay

Hugh B. Brown

N. Eldon Tanner
Latter-day Saint Teachings
Concerning Abortion

Until recently, very little was written regarding the L.D.S. policy concerning abortion, although there was a strong implication in church publications concerning the degradation of such practice. Recently, the following statement was issued by the L.D.S. First Presidency:

The question is frequency raised as to the policy of the Church regarding abortions. The following is quoted from a statement recently issued by the First Presidency on the subject of abortion and sterilization. 'We have given careful consideration to the question of proposed laws on abortion and sterilization. We are opposed to any modification, explanation or liberalization of laws on these vital subjects.'

The Church takes the view that any tampering with the fountains of life is serious both morally and physiologically. The Lord's command imposed upon L.D.S. is to multiply and replenish the earth. Nevertheless, there may be conditions where abortion might be justified, but such conditions must be determined in each instance upon the advice of a competent, reliable physician, preferably a member of the Church, and in accordance with the civil laws pertaining thereto.26

Religiosity and Attitudes Concerning Birth Control and Abortion

Edman has pointed out that where an ecclesiastical organization is highly developed, it is controlling in the lives of the people; in fact, it may be one of the most powerful forces of social life.27 With the previously mentioned assumption and the realization that religious teachings motivate childbearing, this would suggest


through the theory of cognitive consistency, (Cartwright, 1949; Crawford, Heredia, and Stocker, 1968; Fishbein, 1963; Rosenberg, 1956; Smith, 1949; Woodruff and Diepsta, 1948) the more an individual is active in his religious faith. Or in the other terms, the higher he measures on a religiosity scale, the more negative his feelings should be concerning birth control and abortion.28

Potvin, Westoff, and Ryder conducted a study of factors affecting Catholic wives. They found that the conformity of the Catholic wives correlated with their church magisterium's position on birth control. This study was conducted between 1955 and 1965. It was observed that the proportion of Catholic wives using methods of birth control other than rhythm increased steadily despite the condemnation by Catholic theology of all forms of birth limitation except periodic or total abstinence. Their conclusion in the area of religiosity and conformity is that conformity to church teachings on birth control was positively correlated with conformity to all Catholic norms in general.29

With regards to abortion, it is assumed that, since both birth control and abortion deal so closely with childbearing, the same conditions influencing attitudes concerning birth control will be true of abortion.


Research Hypotheses

Other researchers note that attitudes concerning birth limitation vary among religious faiths. The purpose of this research is to examine the degree of variance in attitudes concerning abortion and birth control in reference to "group identification theory" and "reference group theory" as measured by a L.D.S. religiosity scale.

Hypothesis 1: There is a positive relationship between conservative attitudes toward birth control and abortion and one's degree of measured religiosity.

One of the basic assumptions of the L.D.S. religion is that the principles of the Gospel are divine and should be practiced by all mankind alike. A universalistic attitude should therefore prevail by members of a faith who declare their Church to be the only true Church of Jesus Christ.

Hypothesis 2: There will be no significant difference between the attitude toward personal practice of birth control and abortion and the practice sanctioned to others outside the religious group membership.

Actions by themselves do not constitute a rightness or wrongness unless considered in context of the circumstances. Within Christian religion, a basic tenet which is found in the Ten Commandments states that it is wrong to kill a human being. This concept holds true in the majority of the situations, but when the circumstance turns to war the sanction is given to kill the enemy in the line of duty. With the assumption that the rightness or wrongness

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30 Grabill, et. al., op. cit., p. 279.
of the practice of birth control and abortion is based on the circumstances, the condition of "situational ethics" exists.

Hypothesis 3: Attitudes toward birth control and abortion within the L.D.S. religious membership group are significantly more particularistic than universalistic.

As previously indicated, man abhors inconsistency. Whenever inconsistency exists within the life of an individual there is a strain toward relieving the inconsistency and bringing attitudes into agreement.

Hypothesis 4: There is a significant correlation between a person's attitude towards birth control and his perception of the L.D.S. Church teachings concerning birth control.

Very seldom is an attitude directed by a single source, but rather by a cluster of influences. Lewin's valence theory is frequently diagrammed with vector forces labeling inducements and impedances.

Within the Christian world the first commandment given to man by God was to "multiply and replenish the earth."

Hypothesis 5: Of the cluster factors influencing the attitude towards birth control and abortion, religion will be the most significant.
CHAPTER III

METHODOLOGY

The Research Problem

The development of this research project was motivated by an article which appeared in the Salt Lake Tribune. It stated that a survey had been conducted on the campus at the University of Utah regarding the attitudes of the students concerning the use of birth control in family limitation. The article purported that 76 per cent of the students, when questioned, advocated the practice of birth control. The majority of the students attending the University of Utah (65%) are L.D.S. Assuming a random distribution of respondents and a reliable reporting of the facts, there appears to be an incongruency between the results of the study and what a person would assume when understanding the L.D.S. Church's position on birth control.

The question then arises as to whether religion does or does not exert influence upon a person's attitude concerning family limitation.

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1Salt Lake Tribune, June 1, 1970.

2This was an approximation given by the Dean of Admissions and Records at the University of Utah in April, 1971.

3David O. McKay, Church News (September 19, 1965), p. 16.
limitation. Generally accepted is the fact that in order for a religion to exert influence on its members, the members must be committed to the religion. It would, therefore, seem important that a measurement be made of the degree to which members conform to the religious group's behavioral norms. It would also appear logical that the greater the degree of conformity of behavioral norms, the greater will be the degree of conformity to religious attitudes. This research is an attempt to analyze the attitudes of L.D.S. members concerning birth control and abortion as correlated with the degree of conformity of religious behavior within the L.D.S. Church.

The Research Design

The data presented in this study were gathered from students who were attending Brigham Young University Fall Semester 1970-71. All students sampled were members of the Church of Jesus Christ of Latter-day Saints. This group was used primarily because of accessibility and secondly because of homogeneity with respect to the L.D.S. Church membership.

A questionnaire was developed by the researcher to examine the hypothesis as previously stated. Relevant to the research, the questionnaire contained three scales as well as other specific items related to the study and pertinent background information on each respondent. The scales included were (1) a birth control attitudinal scale, (2) an abortion attitudinal scale, and (3) a religiosity scale.

4The researcher is including both birth control and abortion under the heading of family limitations.
Prior to mailing the questionnaire, it was reviewed and criticized by faculty, students, and members of the Office of Institutional Research. It was then pre-tested by 40 sociology students attending Summer School. Appropriate changes were made and the same previously mentioned people reviewed the final questionnaire before printing and mailing.

**Sample Design**

A simple random sampling\(^5\) of the Brigham Young University studentbody was requested. Since there is no "neat" formula in selecting the sample size\(^6\) the researcher arbitrarily selected the sample size at 2000 due to time and budgetary constraints.

Because of the large universe, a sub-universe was created by arbitrarily selecting a given digit in the randomly assigned studentbody number.\(^7\) This produced a resultant number of 1874 students to whom questionnaires were mailed. Of these, only 64 questionnaires were returned because of incorrect address.

A time limit of one month was allowed for the return of the questionnaires of which the latter two weeks were Christmas vacation. Within five days after the mailing, over 40 per cent of the questionnaires were returned and by the end of the month 52 per cent, or 1021 questionnaires, had been received. Of these

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\(^7\)The studentbody number, which is a six-digit number, is assigned to a student upon acceptance to the University. The fifth-digit location was selected and "0" was the control number.
1021 questionnaires, 190 had to be discarded due to incomplete responses. An additional 35 questionnaires were discarded due to coding errors in transferring the information from the questionnaire to IBM §555 optical scanner code sheets. This left a total of 795 questionnaires that were analyzed in terms of hypothesis testing.

**Development of the Research Instrument**

The aim of the study was to learn the relationship between L.D.S. religiosity and attitudes concerning birth control and abortion. Although many studies have been done which include scales on L.D.S. religiosity, the researcher was only able to find one study using the variable of birth control attitudes, and no recent studies concerning abortion attitudes were discovered.

A self-administered questionnaire was developed in light of the nature of the questions being asked since Ellis suggests that respondents give more self-incriminating information in a questionnaire than if they were in an interview situation. Secondly, it was also felt that if the questionnaire were anonymous the respondents would be more honest in completing it.

**Religious Orthodoxy Scale**

In selecting a religiosity scale a review was made of the Vernon, Tapley, and Reeder scales. Rather than mixing both

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8 See Theoretical Orientation Chapter for the details of this study.


12 Reeder, *op. cit.*, (unpublished research paper).
<table>
<thead>
<tr>
<th>Year in School</th>
<th>Respondents Per Cent</th>
<th>Non-Respondents Per Cent</th>
<th>( x^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshman</td>
<td>26.82</td>
<td>26.78</td>
<td></td>
</tr>
<tr>
<td>Sophomore</td>
<td>21.54</td>
<td>22.71</td>
<td></td>
</tr>
<tr>
<td>Junior</td>
<td>23.67</td>
<td>22.06</td>
<td></td>
</tr>
<tr>
<td>Senior</td>
<td>21.16</td>
<td>20.20</td>
<td></td>
</tr>
<tr>
<td>5th Year</td>
<td>0.46</td>
<td>0.19 (Smirnov)</td>
<td></td>
</tr>
<tr>
<td>Non-degree</td>
<td>2.55</td>
<td>2.78 .777</td>
<td></td>
</tr>
<tr>
<td>Masters</td>
<td>2.67</td>
<td>4.73 2df</td>
<td></td>
</tr>
<tr>
<td>Doctorate</td>
<td>1.13</td>
<td>0.56 p&lt; .70</td>
<td></td>
</tr>
<tr>
<td>TOTAL PER CENT</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER</td>
<td>795</td>
<td>1079</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Respondents Per Cent</th>
<th>Non-Respondents Per Cent</th>
<th>( x^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>79.50</td>
<td>76.09</td>
<td></td>
</tr>
<tr>
<td>Temple Marriage</td>
<td>18.87</td>
<td>21.32 .0056</td>
<td></td>
</tr>
<tr>
<td>Civil Marriage</td>
<td>1.26</td>
<td>1.85 2df</td>
<td></td>
</tr>
<tr>
<td>Widowed or Divorced</td>
<td>0.38</td>
<td>0.74 p&lt; .95</td>
<td></td>
</tr>
<tr>
<td>TOTAL PER CENT</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER</td>
<td>795</td>
<td>1079</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Respondents Per Cent</td>
<td>Non-Respondents Per Cent</td>
<td>$x^2$</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------</td>
<td>--------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>16</td>
<td>0.25</td>
<td>0.19</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>4.40</td>
<td>3.80</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>20.25</td>
<td>17.98</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>14.84</td>
<td>13.72</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>12.45</td>
<td>11.68</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>11.32</td>
<td>12.70</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>10.06</td>
<td>12.05</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>11.19</td>
<td>9.55</td>
<td>(Smirnov)</td>
</tr>
<tr>
<td>24</td>
<td>4.28</td>
<td>4.54</td>
<td>1.994</td>
</tr>
<tr>
<td>25</td>
<td>2.64</td>
<td>4.17</td>
<td>2df</td>
</tr>
<tr>
<td>26+</td>
<td>6.32</td>
<td>9.62</td>
<td>$p &lt; .50$</td>
</tr>
<tr>
<td>TOTAL PER CENT</td>
<td>100.00</td>
<td>100.00</td>
<td></td>
</tr>
<tr>
<td>TOTAL NUMBER</td>
<td>795</td>
<td>1079</td>
<td></td>
</tr>
</tbody>
</table>
beliefs and behavior as did Vernon and Tapley, the researcher
developed a scale similar to the Reeder scale which only measured
behavior patterns. In the pre-test the results produced a coeffi-
cient of reproducibility of .96 but it was heavily skewed in the
four-way division of the Word of Wisdom standard.

Due to the homogeneity of the sample and the screening process
of students attending Brigham Young University, it was necessary
to group the Word of Wisdom items into one index rather than four
sub-indices. It was decided that two additional behavioral items
would be added to the scale although these were not included in
the pre-test. Therefore, the formulation of the index of religiosity
used in this study comprises seven behavioral items.

In the full study, the scale category was dichotomized
according to marital status. The coefficient of reproducibility
of the seven items was .92 for single students and .93 for married
students with the minimum marginal coefficient of reproducibility
of .80 for both. Six of the seven items for single students and
four of the seven items for married students lay between a 15 per
cent and 85 per cent margin of discrimination. By eliminating
the items which lay outside the margin of discrimination, the
results produced a coefficient of reproducibility of .90 for
single students and .94 for married students. The spread of the
marginal frequencies on the seven items was sufficient to provide

13 Students must agree to live by a Code of Conduct which
includes a Word of Wisdom Standard (no smoking, drinking alcohol,
tea, or coffee) before being admitted to the University. The
pre-test did show that not all were abiding by the code even though
they agreed to it.
a full range of scores. This information led to the conclusion that the scales would allow us to consider religiosity as an uni-dimensional attribute. The detailed results of this analysis are reported in Tables 3 and 4.

**Birth Control and Abortion Attitudinal Scales**

The formulation of the birth control and abortion attitudinal scales were arbitrarily selected. Hypothetical situations ranged the full gamut from simply not wanting children to the extreme of threatening the wife's life. Each hypothetical situation was dichotomized for each respondent to answer concerning a significant other or self and a generalized other.

On the pre-test, measured on a Guttman scale, the coefficient of reproducibility was .98 on birth control and .97 on abortion. Due to these results which were significantly higher than the .90 criterion arbitrarily established by Guttman, no changes were made for the final questionnaire.

The scale categories were again dichotomized in the full study according to marital status. The coefficient of reproducibility for the seven items in birth control was .96 for single students and .95 for married students. In regards to abortion the coefficient

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14 Guttman scalogram analysis is a method by which it can be determined whether or not the attribute in question involves one or several dimensions. Hence, establishing a .90 level of reproducibility allows us to conclude that there are probably no other dimensions involved. See S. A. Stouffer, et. al., "Measurement and Prediction," *Studies in Social Psychology in World War II*, Vol. 4 (Princeton, New Jersey: Princeton Press, 1950), pp. 77-80.
**TABLE 3**

GUTTMAN SCALE CRITERIA: INDEX OF BRIGHAM YOUNG UNIVERSITY STUDENT ATTITUDES -- SINGLE

<table>
<thead>
<tr>
<th></th>
<th>Religiosity</th>
<th>Birth Control</th>
<th>Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coefficient of reproducibility:</td>
<td>.92</td>
<td>.96</td>
<td>.92</td>
</tr>
<tr>
<td>2. Range of marginal frequencies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Extreme modal frequencies</td>
<td>42% to 96%</td>
<td>5% to 85%</td>
<td>4% to 55%</td>
</tr>
<tr>
<td>(b) Response categories between 15 and 85 per cent</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>(c) Sufficient spread to provide a range of scores</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>3. Minimum marginal reproducibility:</td>
<td>.80</td>
<td>.80</td>
<td>.80</td>
</tr>
<tr>
<td>4. Difference between coefficient of reproducibility and the coefficient of minimum marginal reproducibility:</td>
<td>.12</td>
<td>.16</td>
<td>.12</td>
</tr>
<tr>
<td>5. Number of items and response categories:</td>
<td>Seven dichotomous items on each of three scales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Pattern of error:</td>
<td>Random</td>
<td>Random</td>
<td>Random</td>
</tr>
<tr>
<td>7. Error to Non-error ratio:</td>
<td>(a) Number of items having more error than non-error:</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
TABLE 3--Continued

(b) Item by Item error:

Religiosity Scale

<table>
<thead>
<tr>
<th>Response Category</th>
<th>Error</th>
<th>Non-error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of Wisdom</td>
<td>(1-4)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>( 5 )</td>
<td>0</td>
</tr>
<tr>
<td>Payment of Tithing</td>
<td>(1-4)</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>( 5 )</td>
<td>2</td>
</tr>
<tr>
<td>Attendance at Church</td>
<td>(1-4)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>( 5 )</td>
<td>0</td>
</tr>
<tr>
<td>Individual Prayer</td>
<td>(1-4)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>( 5 )</td>
<td>4</td>
</tr>
<tr>
<td>Family Home Evening</td>
<td>(1-4)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>( 5 )</td>
<td>5</td>
</tr>
<tr>
<td>Family Prayer</td>
<td>(1-4)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>( 5 )</td>
<td>9</td>
</tr>
<tr>
<td>Fasting two meals each</td>
<td>(1-4)</td>
<td>0</td>
</tr>
<tr>
<td>Fast Sunday</td>
<td>( 5 )</td>
<td>13</td>
</tr>
</tbody>
</table>

Birth Control Scale

<table>
<thead>
<tr>
<th>Response Category</th>
<th>Error</th>
<th>Non-error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's physical health is threatened</td>
<td>(1-3)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>0</td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>(1-3)</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>0</td>
</tr>
<tr>
<td>To provide spacing of children</td>
<td>(1-3)</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>2</td>
</tr>
<tr>
<td>Husband is going to college</td>
<td>(1-3)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>1</td>
</tr>
<tr>
<td>To prevent additional children after having desired size of family</td>
<td>(1-3)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>3</td>
</tr>
<tr>
<td>To insure having no children</td>
<td>(1-3)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>2</td>
</tr>
</tbody>
</table>
TABLE 3--Continued

Birth Control Scale Cont.

<table>
<thead>
<tr>
<th>Response Category</th>
<th>Error</th>
<th>Non-error</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get ahead</td>
<td></td>
<td></td>
</tr>
<tr>
<td>economically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1-3)</td>
<td>0</td>
<td>94</td>
</tr>
<tr>
<td>(4-5)</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

Abortion Scale

<table>
<thead>
<tr>
<th>Item</th>
<th>Response Category</th>
<th>Error</th>
<th>Non-error</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby is unwanted</td>
<td>(1)</td>
<td>10</td>
<td>37</td>
</tr>
<tr>
<td>(2-5)</td>
<td>0</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>(1)</td>
<td>5</td>
<td>41</td>
</tr>
<tr>
<td>(2-5)</td>
<td>6</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>Parents are economically</td>
<td>(1)</td>
<td>2</td>
<td>51</td>
</tr>
<tr>
<td>unable to care for baby</td>
<td>(2-5)</td>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>Pregnancy from rape</td>
<td>(1)</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>(2-5)</td>
<td>2</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>(1)</td>
<td>4</td>
<td>74</td>
</tr>
<tr>
<td>(2-5)</td>
<td>2</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>(1)</td>
<td>2</td>
<td>84</td>
</tr>
<tr>
<td>(2-5)</td>
<td>4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Necessity to save the mother's</td>
<td>(1)</td>
<td>0</td>
<td>96</td>
</tr>
<tr>
<td>life</td>
<td>(2-5)</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>
TABLE 4

GUTTMAN SCALE CRITERIA: INDEX OF BRIGHAM YOUNG UNIVERSITY STUDENT ATTITUDES -- MARRIED

<table>
<thead>
<tr>
<th></th>
<th>Religiosity</th>
<th>Birth Control</th>
<th>Abortion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Coefficient of reproducibility:</td>
<td>.93</td>
<td>.95</td>
<td>.96</td>
</tr>
<tr>
<td>2. Range of marginal frequencies:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Extreme modal frequencies</td>
<td>46% to 98%</td>
<td>5% to 94%</td>
<td>4% to 71%</td>
</tr>
<tr>
<td>(b) Response categories between 15 and 85 per cent</td>
<td>4</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>(c) Sufficient spread to provide a range of scores</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
<tr>
<td>3. Minimum marginal reproducibility:</td>
<td>.80</td>
<td>.80</td>
<td>.80</td>
</tr>
<tr>
<td>4. Difference between coefficient of reproducibility and the coefficient of minimum marginal reproducibility:</td>
<td>.13</td>
<td>.16</td>
<td>.16</td>
</tr>
<tr>
<td>5. Number of items and response categories:</td>
<td>Seven dichotomous items on each of three scales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Pattern of error:</td>
<td>Random</td>
<td>Random</td>
<td>Random</td>
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<td>7. Error to non-error ratio:</td>
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<td>(a) Number of items having more error than non-error</td>
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<td>None</td>
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</table>
(b) Item by item error:

**Religiosity Scale**

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<tr>
<th>Item</th>
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<th>Non-error</th>
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<td>Word of Wisdom</td>
<td>(1-4)</td>
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</tr>
<tr>
<td></td>
<td>(5)</td>
<td>0</td>
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</tr>
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<td>Payment of Tithing</td>
<td>(1-4)</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>0</td>
<td>90</td>
</tr>
<tr>
<td>Attendance at Church</td>
<td>(1-4)</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>3</td>
<td>84</td>
</tr>
<tr>
<td>Individual Prayer</td>
<td>(1-4)</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>2</td>
<td>72</td>
</tr>
<tr>
<td>Family Prayer</td>
<td>(1-4)</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>3</td>
<td>67</td>
</tr>
<tr>
<td>Fasting two meals each</td>
<td>(1-4)</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>Past Sunday</td>
<td>(5)</td>
<td>6</td>
<td>43</td>
</tr>
<tr>
<td>Family Home Evenings</td>
<td>(1-4)</td>
<td>0</td>
<td>55</td>
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<tr>
<td></td>
<td>(5)</td>
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<td>32</td>
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</table>

**Birth Control Scale**

<table>
<thead>
<tr>
<th>Item</th>
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<th>Non-error</th>
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<tr>
<td>Wife's physical health is threatened</td>
<td>(1-3)</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>0</td>
<td>96</td>
</tr>
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<td>Wife's mental health is threatened</td>
<td>(1-3)</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>0</td>
<td>84</td>
</tr>
<tr>
<td>To provide spacing of children</td>
<td>(1-3)</td>
<td>4</td>
<td>35</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>4</td>
<td>57</td>
</tr>
<tr>
<td>Husband is going to college</td>
<td>(1-3)</td>
<td>3</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>(4-5)</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td>To prevent additional children</td>
<td>(1-3)</td>
<td>3</td>
<td>73</td>
</tr>
<tr>
<td>After having desired size of family</td>
<td>(4-5)</td>
<td>3</td>
<td>21</td>
</tr>
<tr>
<td>To insure having no children</td>
<td>(1-3)</td>
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<td>92</td>
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<tr>
<td></td>
<td>(4-5)</td>
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### TABLE 4--Continued

#### Birth Control Scale Cont.

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<td>To get ahead</td>
<td></td>
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</tr>
<tr>
<td>economically</td>
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#### Abortion Scale

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<th>Non-error</th>
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<tbody>
<tr>
<td>Baby is unwanted</td>
<td>(1)</td>
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<td>25</td>
</tr>
<tr>
<td></td>
<td>(2-5)</td>
<td>0</td>
<td>71</td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>(1)</td>
<td>3</td>
<td>32</td>
</tr>
<tr>
<td></td>
<td>(2-5)</td>
<td>2</td>
<td>63</td>
</tr>
<tr>
<td>Parents are economically</td>
<td>(1)</td>
<td>0</td>
<td>38</td>
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<tr>
<td>unable to care for baby</td>
<td>(2-5)</td>
<td>6</td>
<td>54</td>
</tr>
<tr>
<td>Pregnancy from rape</td>
<td>(1)</td>
<td>2</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>(2-5)</td>
<td>1</td>
<td>29</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>(1)</td>
<td>3</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>(2-5)</td>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>Mother is mentally</td>
<td>(1)</td>
<td>0</td>
<td>75</td>
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<td>incapable</td>
<td>(2-5)</td>
<td>4</td>
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<td>Necessity to save the</td>
<td>(1)</td>
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<td>mother's life</td>
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</tr>
<tr>
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<td>------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Word of Wisdom</td>
<td>SN,NT</td>
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<td>R</td>
</tr>
<tr>
<td></td>
<td>FO,0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payment of Tithing</td>
<td>SN,NT</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>FO,0</td>
<td>SN,NT</td>
<td>FO,0</td>
</tr>
<tr>
<td>Attendance at Church</td>
<td>SN,NT</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>FO,0</td>
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<td>FO,0</td>
</tr>
<tr>
<td>Individual Prayer</td>
<td>SN,NT</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td></td>
<td>FO,0</td>
<td>SN,NT</td>
<td>FO,0</td>
</tr>
<tr>
<td>Family Home</td>
<td>SN,NT</td>
<td>R</td>
<td>R</td>
</tr>
<tr>
<td>Evening</td>
<td>FO,0</td>
<td>SN,NT</td>
<td>FO,0</td>
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<tr>
<td>Family Prayer</td>
<td>SN,NT</td>
<td>R</td>
<td>R</td>
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<tr>
<td></td>
<td>FO,0</td>
<td>SN,NT</td>
<td>FO,0</td>
</tr>
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<td>Fasting two meals each Fast Sunday</td>
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<td>R</td>
</tr>
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<td>SN,NT</td>
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</table>

SN = Seldom or Never; NT = Now and Then; FO = Fairly Often; O = Often; R = Regular
TABLE 6

BIRTH CONTROL SCALE -- SINGLE

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<tr>
<th>Scale Items</th>
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<th>4</th>
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<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>Wife's physical health is threatened</td>
<td>SD, D</td>
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<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
</tr>
<tr>
<td></td>
<td>U</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>SD, D</td>
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<td>SD, D</td>
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<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
</tr>
<tr>
<td></td>
<td>U</td>
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<td>U</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To provide spacing of children</td>
<td>SD, D</td>
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<td>SD, D</td>
<td>SD, D</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
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<td>U</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Husband is going to college</td>
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<td>A, SA</td>
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<td>To prevent additional children after having</td>
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<td>SD, D</td>
<td>A, SA</td>
<td>A, SA</td>
<td>A, SA</td>
</tr>
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<td>desired size family</td>
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<td></td>
</tr>
<tr>
<td>To insure having no children</td>
<td>SD, D</td>
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<td>SD, D</td>
<td>SD, D</td>
<td>SD, D</td>
<td>SD, D</td>
<td>SD, D</td>
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<td>A, SA</td>
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<td>U</td>
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<td>U</td>
<td>U</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get ahead economically</td>
<td>SD, D</td>
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<td>SD, D</td>
<td>SD, D</td>
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</tbody>
</table>

SD = Strongly disapprove; D = Disapprove; U = Undecided; A = Approve; SA = Strongly approve
<table>
<thead>
<tr>
<th>Table 7</th>
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<tbody>
<tr>
<td><strong>ABORTION SCALE -- SINGLE</strong></td>
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<th>4</th>
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<th>6</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>Baby is unwanted</td>
<td>D,U</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>A,SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>D,U</td>
<td>D,U</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
</tr>
<tr>
<td></td>
<td>A,SA</td>
<td>A,SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents are economically unable to care for baby</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>SD</td>
<td>SD</td>
<td>SD</td>
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<td>SD</td>
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<tr>
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<td>A,SA</td>
<td>A,SA</td>
<td>A,SA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy from rape</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>SD</td>
<td>SD</td>
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<td>A,SA</td>
<td>A,SA</td>
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<td></td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>SD</td>
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<td>A,SA</td>
<td>A,SA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
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<td>A,SA</td>
<td>A,SA</td>
<td>A,SA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Necessity to save mother's life</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>D,U</td>
<td>SD</td>
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<tr>
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</tr>
</tbody>
</table>

SD = Strongly disapprove; D = Disapprove; U = Undecided; A = Approve; SA = Strongly approve
### TABLE 8

RELIGIOSITY SCALE -- MARRIED

<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Scale Type (read down)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Word of Wisdom</td>
<td>SN,NT</td>
</tr>
<tr>
<td>Payment of Tithing</td>
<td>SN,NT</td>
</tr>
<tr>
<td>Attendance at Church</td>
<td>SN,NT</td>
</tr>
<tr>
<td>Individual Prayer</td>
<td>SN,NT</td>
</tr>
<tr>
<td>Family Prayer</td>
<td>SN,NT</td>
</tr>
<tr>
<td>Fasting two meals each Fast Sunday</td>
<td>SN,NT</td>
</tr>
<tr>
<td>Family Home Evening</td>
<td>SN,NT</td>
</tr>
</tbody>
</table>

SN = Seldom or Never; NT = Now and Then; FO = Fairly Often; O = Often; R = Regular
### TABLE 9

**BIRTH CONTROL SCALE -- MARRIED**

<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Scale Type (read down)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
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<tr>
<td>Wife's physical health is threatened</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
<tr>
<td>To provide spacing of children</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
<tr>
<td>Husband is going to college</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
<tr>
<td>To prevent additional children after having desired size family</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
<tr>
<td>To insure having no children</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
<tr>
<td>To get ahead economically</td>
<td>SD,D</td>
</tr>
<tr>
<td></td>
<td>U</td>
</tr>
</tbody>
</table>

SD = Strongly disapprove; D = Disapprove; U = Undecided; A = Approve; SA = Strongly approve
## TABLE 10

**ABORTION SCALE -- MARRIED**

<table>
<thead>
<tr>
<th>Scale Items</th>
<th>Scale Type (read down)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Baby is unwanted</td>
<td>D,U SD SD SD SD SD SD SD</td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>D,U D,U SD SD SD SD SD SD</td>
</tr>
<tr>
<td>Parents are economically unable to care for baby</td>
<td>D,U D,U D,U SD SD SD SD SD</td>
</tr>
<tr>
<td>Pregnancy from rape</td>
<td>D,U D,U D,U D,U SD SD SD SD</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>D,U D,U D,U D,U D,U SD SD SD</td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>D,U D,U D,U D,U D,U D,U SD SD</td>
</tr>
<tr>
<td>Necessity to save mother's life</td>
<td>D,U D,U D,U D,U D,U D,U D,U SD</td>
</tr>
</tbody>
</table>

SD = Strongly disapprove; D = Disapprove; U = Undecided; A = Approve; SA = Strongly approve
of reproducibility of .92 for single students and .96 for married students. Only three of the seven items in the birth control scale of married students lay within the 15 per cent to 85 per cent whereas in the other three scales five and six of the seven items are within the designated boundaries. Eliminating the items which lay outside the margin of discrimination coefficients of reproducibility are .95 birth control/single students; .93 abortion/single students; .95 birth control/married students; and .95 abortion/married students. The spread of the marginal frequencies were sufficient to provide adequate distribution. The information leads to the conclusion that the scales allow us to consider the birth control and abortion attitudinal scales as unidimensional attributes. The detailed results of this analysis are reported in Tables 3 and 4.

Other Items Included in the Questionnaire

With the publicity which has been given the "pill" by the news media, it often appears that birth control and pill are used synonymously. It was, therefore, thought desirous that the individual be given the opportunity to identify the methods of birth control with which he is familiar. It was hoped that this would broaden the individual's thinking as he completed the questionnaire.

Since all of the respondents were L.D.S., a set of statements was included which were direct quotes from L.D.S. leaders. This allowed a measurement of the respondent's perceived understanding of the L.D.S. Church's attitude regarding birth control. Seven of these statements were matched item for item with the
hypothetical situations in the birth control attitudinal scale. This allowed measurement between personal beliefs and attitudes as compared to their perception of L.D.S. teaching.

One additional area was added to the general question as to whether or not the individual felt abortion should be legalized and why. This seemed important in measuring the generalized attitude concerning abortion against the particularistic attitudes identified on the abortion attitudinal scale.

The remainder of the questionnaire dealt with the demographic information such as age, sex, residence, family size, geographical location of home rearing, and level of education. Inasmuch as the pre-test did not verify the major hypothesis, questions on socioeconomic status were included so that if religiosity did not prove to be a significant correlary with birth control and abortion attitudes, perhaps socioeconomic status would.

Due to the length of the questionnaire and the time required to complete it, the questionnaire was designed to give the respondent a variety of methods in answering. In order to increase the response through return mailing, a fictitious sponsoring organization (The Institute for Family Research) was designated and registered with the Utah Secretary of State. For the cost of $1.00, the researcher is entitled to operate under this name for a period of eight years.

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15 A request was made to use the Utah County Medical Society letterhead for this study. The request was denied on the grounds of excluding the study only to L.D.S.
A cover letter was prepared following a recommended outline. It was printed on a letterhead designed by the researcher using the fictitious name. (See Appendix A) The letter was designed to give the appearance that the questionnaire would remain anonymous. The word confidential was used in place of anonymous.

Each questionnaire was carefully coded and recorded. Since dot codes on the edges of the paper are commonly used and looked for, a systematic code using a four column IBM punch card was used, placing the dots in the body of the letter with the appearance of ink spots.

As each questionnaire was returned in the mail, it was recorded, dated, and the student's studentbody number was placed on it. This allowed the measurement of difference between the respondents and non-respondents. (See Table 2).

Statistical Treatment of Data

Guttman, in introducing his unidimensional scalogram analysis, pointed out that his method was not a rigid statistical procedure but merely a method of summarizing a large quantity of data in getting a "picture" at a glance of the configuration of the qualitative data. For this purpose the Guttman scales were used in this study. Since a program was not available for running Guttman scales, the scales were analyzed by hand. Therefore, only


100 randomly selected questionnaires were used in each scale. Guttman explained that the entire sample need not be used, but that a working sample of 100 taking every nth respondent approximates the necessary conditions for scalogram analysis. 18

Ordinal assumptions were made with regard to three of the hypotheses, therefore, Goodman and Kruskal's gamma was used as a measure of association. Gamma was conveniently obtained through an "ANSTAT" computer program.

For one hypothesis a median test for matched pairs was used. Due to the matched factors, and the ordinal nature of the data, the requirements of this test were met. 19

Validity and Reliability

Validity of a measuring instrument is complex, controversial, and very important in research. 20 Poor measurement can invalidate any scientific study, although the researcher realizes that it is impossible to have complete validity in the use of the instrument. An instrument is valid if it measures or predicts what it claims to be measuring or predicting. 21 Of the four types of validation suggested by Kerlinger 22 content validation was given precedence


20 Kerlinger, op. cit., p. 444.


upon the strength of Guttman's statement that "'known group validation' consists of beginning with an informal judgement of one or more groups of people with respect to their attitudes."\textsuperscript{23}

A major criticism of scalogram analysis is that it is difficult to establish reliability. An instrument is reliable if it consistently measures the same things with different sample populations.\textsuperscript{24} A means for determining reliability has been the "test-retest" procedure. This study used a pre-test and then the actual test. However, some degree of reliability was indicated by the use of the Guttman scaling techniques.\textsuperscript{25}

**Methodological Limitations**

One primary limitation of a study of this nature is the difficulty in measuring attitudes. Blumer (1955) recommended the abandonment of the concept of "attitude" because it is so ambiguous.\textsuperscript{26} Newcomb's criticism of attitude measurement is that the subjects tend to "conceal, distort, or even deceive" their true position -- but, he also claims this is true of all measurement of human behavior.\textsuperscript{27}

\textsuperscript{23}Stouffer, *op. cit.*, pp. 53-54.

\textsuperscript{24}Sjoberg and Nett, *op. cit.*, p. 300.


Due to an oversight on the part of the researcher, the question asking the "desired size of family" was not included on the questionnaire. This additional question bears strong significance in the anticipated behavior of the individuals concerning use of birth control, since it has been discovered that the individual's desired family size (no. of children) is established while the person is young.\(^{28}\)

A question in the objectivity of the study is in the area of attitudes and behavior since the majority of the subjects were answering questions concerning hypothetical situations. The exception to this is the one area of birth control use as answered by married students. There has long been, and still continues, an argument among sociologists concerning the consistency between attitudes and behavior.\(^{29}\)

A criticism could be raised of the extreme religious and age homogeneity of the subjects from whom the data were collected. It has already been proven that in a heterogeneity grouping of L.D.S. members, there are distinctions which are significant in correlating attitudes with religiosity. This study is significant in that it attempts to correlate and find differences within a homogeneous grouping, thus several factors are automatically controlled.


\(^{29}\)Kerlinger, op. cit., p. 444.
CHAPTER IV

PRESENTATION OF FINDINGS

This research study had two goals. The primary objective was the theoretical aspect in determining if there were a correlation between the degree of religiosity of the respondents and their attitudes concerning birth control and abortion. The secondary objective was a general survey of L.D.S. college students' attitudes in regards to birth control and abortion since information of this type was previously not available.

In Chapter II, the researcher predicted there would be a correlation between the degree of religiosity in the L.D.S. Church and the respondents stand on abortion and birth control. Stolka and Barnett verified in their study that religious teachings motivate childbearing.¹ Not only does religion have direct influences upon the attitude toward childbearing, but also such religious faiths as the Catholic Church have taken a definite stand and have preached the "official teaching" of the church concerning the methods of birth control which may be practiced. Potvin and others found in their study that Catholic wives' conformity to the church's decree

on birth control is correlated to the same degree that the individual conformed to all the general standards of the Catholic Church. 

**Attitudes Concerning Birth Control**

In constructing items on birth control, the researcher identified seven situations in which the respondent was to indicate the degree of disagreement or agreement concerning his personal practice of birth control in reference to each of these situations. Table 5 summarizes the respondents' answers. It is interesting to note that the most accepted reason for practicing birth control is to protect the wife's physical health when it is threatened. It should be noted that while 86.5 per cent of the respondents approve of the practice of birth control when the mother's physical health is threatened, only 76.6 per cent approve when it is the mental health involved, a difference of 10 per cent. In ranking order, the third most prevalent acceptance given for birth control is to provide spacing of children. In a previous unpublished paper, written by the researcher, it was pointed out that there appears to be a problem of semantics when talking about birth control in the L.D.S. Church. In discussing the topic of family limitation, the use of the words "birth control" seem to have a negative connotation, while the words "family planning" seem to be more acceptable.

---

2 Potvin, et. al., *op. cit.*

3 Erlend Dean Peterson, "Birth Control Versus the Mormon Newlywed," (unpublished research paper, Brigham Young University, 1968).
<table>
<thead>
<tr>
<th>Birth Control When</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband is going to college</td>
<td>N</td>
<td>165</td>
<td>249</td>
<td>115</td>
<td>203</td>
<td>63</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>20.8</td>
<td>31.3</td>
<td>14.5</td>
<td>25.5</td>
<td>7.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Spacing of children is desired</td>
<td>N</td>
<td>145</td>
<td>183</td>
<td>111</td>
<td>265</td>
<td>91</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>18.2</td>
<td>23.0</td>
<td>14.0</td>
<td>33.3</td>
<td>11.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Children are not wanted in the marriage</td>
<td>N</td>
<td>572</td>
<td>116</td>
<td>39</td>
<td>42</td>
<td>26</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>72.0</td>
<td>14.6</td>
<td>4.9</td>
<td>5.3</td>
<td>3.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Mother's physical health is threatened</td>
<td>N</td>
<td>20</td>
<td>24</td>
<td>64</td>
<td>297</td>
<td>390</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>2.5</td>
<td>3.0</td>
<td>8.0</td>
<td>37.4</td>
<td>49.1</td>
<td>100.0</td>
</tr>
<tr>
<td>It is desired to get ahead economically</td>
<td>N</td>
<td>432</td>
<td>239</td>
<td>67</td>
<td>47</td>
<td>10</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>54.3</td>
<td>30.0</td>
<td>8.4</td>
<td>5.9</td>
<td>1.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>N</td>
<td>29</td>
<td>41</td>
<td>116</td>
<td>287</td>
<td>322</td>
<td>795</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>3.6</td>
<td>5.2</td>
<td>14.6</td>
<td>36.1</td>
<td>40.5</td>
<td>100.0</td>
</tr>
<tr>
<td>Desired family size is reached and no additional children are wanted</td>
<td>N</td>
<td>234</td>
<td>237</td>
<td>154</td>
<td>115</td>
<td>55</td>
<td>795</td>
</tr>
</tbody>
</table>
The indications of the respondents, therefore, tend to indicate that there is a moral obligation or religious commitment to having children, but that there is an informal sanctioning in the spacing of the children.

Since the respondents are college students, it is understandable that the fourth reason for approving birth control is education, while the husband is going to college. On the marital status, 31.6 per cent of the single students, 39.7 per cent of the engaged students, 33.5 per cent of the students married in the L.D.S. temple, and 100 per cent of the students married civilly approved the practice of birth control while the husband is going to school. Unfortunately, there were only 10 civilly married students in the responding sample. The data available suggests a significant difference in the attitudes of the students married in the L.D.S. temple and those married civilly. The three remaining areas which received relatively negative acceptance, are (5) birth control practice to prevent having additional children after having the desired size of family; (6) birth control to insure having no children; and (7) birth control to get ahead economically. A composite summarization of the attitudes of the respondents concerning the practice of birth control for the seven situations shows that 48 per cent disapprove, 40 per cent approve and 12 per cent are undecided as to the use of birth control.

More significant than the single student's answers to the questionnaire concerning birth control, since they had to hypothesize what they would do, are the answers given by married respondents. In the study, Table 12 points out that 70 per cent of the married
TABLE 12

B.Y.U. MARRIED STUDENT USE OF BIRTH CONTROL IN RELATIONSHIP TO OTHER NATIONAL STUDIES

<table>
<thead>
<tr>
<th>Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per Cent of B.Y.U. Married Couples Practicing Birth Control</td>
<td>70.37%</td>
</tr>
<tr>
<td>Per Cent of Married Couples Practicing Birth Control on National Survey</td>
<td>89.00%</td>
</tr>
<tr>
<td>Per Cent of Catholic Women Practicing Birth Control (Including Rhythm)</td>
<td>78.00%</td>
</tr>
</tbody>
</table>

---


couples have in the past or presently practice birth control. Table 13 indicates the method or methods of birth control being used by the couples.

It is significant to note that the average length of marriage for the married couples in this study is 2.25 years. In Potvin's study of Catholic women, he found that 78 per cent of the Catholic women were practicing birth control; however, of the 78 per cent, 25 per cent were practicing the rhythm method only, which is sanctioned by the Catholic Church leaving only 53 per cent practicing birth control using other methods. With this study, 5.9 per cent of the L.D.S. couples were practicing birth control with the rhythm method only, and 3.0 per cent were practicing birth control with abstinence only. This leaves 61 per cent of the L.D.S. couples practicing birth control by methods other than abstinence or rhythm. Table 13 shows that none of the married couples in the study use or have used medical operations or withdrawal as a method of birth control. As would be expected by the amount of coverage which the mass media have given the "pill," it is the most popular single method of birth control.

Keeping in mind that the average length of marriage is 2.25 years, most notable on Table 13 is the fact that 46 per cent of the couples have used or do use several different methods of birth control. Unfortunately, information in this study is not available as to whether this has been caused by dissatisfaction or curiosity.

Angrist, as a part of her study,4 asked the respondents to name the specific birth control methods know to them. She found

---

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>23.70%</td>
</tr>
<tr>
<td>Physical Devices</td>
<td>6.66%</td>
</tr>
<tr>
<td>Foam and Jellies</td>
<td>11.85%</td>
</tr>
<tr>
<td>Rhythm</td>
<td>5.92%</td>
</tr>
<tr>
<td>Medical Operations</td>
<td>0.00%</td>
</tr>
<tr>
<td>Douche</td>
<td>0.74%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>0.00%</td>
</tr>
<tr>
<td>Abstinence</td>
<td>2.96%</td>
</tr>
<tr>
<td>Several</td>
<td>45.93%</td>
</tr>
<tr>
<td>None</td>
<td>29.63%</td>
</tr>
</tbody>
</table>
that all of the students mentioned oral contraceptives and that about half of the students mentioned physical devices and rhythm method. The other methods such as douche, withdrawal, etc., were mentioned but with no consistency. Table 14 indicates the methods of birth control indicated by the respondents in this study. As with Angrist's study, the "pill" or oral contraceptive stands out as being the method of birth control most known by the respondents; in fact, only 2 per cent of the respondents did not mention it. Contrasting Angrist's study is the fact that physical devices, rhythm method and foam and jellies were mentioned more than half of the time. In this study, it is significant that more women identify knowledge concerning each method of birth control consistently, with the exception of medical operation, where more men acknowledged information of this method than women.

Angrist asked freshmen girls where they had received their information concerning birth control. Eighty-five per cent of them indicated that their primary source came through classes in high school and college. Other sources of information which were indicated were close friends or roommates, individual reading, and informal visits with mothers and teachers. In this study, the respondents were asked to rank in order the source from which they received their information concerning birth control. The results on Table 15 indicated that 39 per cent of the respondents received their primary information through individual reading and an additional 21 per cent received their primary information through classes in school. The Church as a source of information and also parents tend to play an insignificant role as sources of information.
TABLE 14

KNOWLEDGE OF BIRTH CONTROL METHODS BY
L.D.S. STUDENTS--BY SEX

<table>
<thead>
<tr>
<th>Method</th>
<th>Men</th>
<th>Women</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pill</td>
<td>42.82</td>
<td>54.28</td>
<td>97.99</td>
</tr>
<tr>
<td>Physical Devices</td>
<td>36.62</td>
<td>46.84</td>
<td>84.40</td>
</tr>
<tr>
<td>Foam and Jellies</td>
<td>25.84</td>
<td>37.92</td>
<td>64.28</td>
</tr>
<tr>
<td>Rhythm</td>
<td>33.77</td>
<td>42.71</td>
<td>77.11</td>
</tr>
<tr>
<td>Medical Operations</td>
<td>19.38</td>
<td>17.25</td>
<td>36.86</td>
</tr>
<tr>
<td>Douche</td>
<td>8.17</td>
<td>15.09</td>
<td>23.77</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>7.41</td>
<td>9.93</td>
<td>17.61</td>
</tr>
<tr>
<td>Abstinence</td>
<td>13.20</td>
<td>13.44</td>
<td>27.17</td>
</tr>
<tr>
<td>Source of Information Concerning Birth Control</td>
<td>Percentage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brothers and Sisters</td>
<td>3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Classes in School</td>
<td>21%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td>13%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Reading</td>
<td>39%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attitudes Concerning Abortion

With the recent movements toward the liberalization of abortion laws, discussion of abortion has become more common. During the months of June and July, 1970, right after the New York liberalization of the abortion laws, articles concerning abortion appeared in the local newspapers nearly everyday. Also, the popular magazines such as Time and Newsweek, during the summer months of 1970 carried several articles concerning abortion. As a result of the issue, the L.D.S. Church, in their April publication of the New Era, printed the official statement of the Church concerning abortion. 5

Table 16 reveals the respondents' attitudes toward abortion. It is significant to note that 76 per cent of the subjects approved of abortion in the case of necessity to save the mother's life. Secondly, 38 per cent approved of abortion in the case of pregnancy from rape, 20 per cent approved abortion when the baby is deformed, and 17 per cent approved it when the mother is mentally incapable of taking care of the baby. In all other cases, the approval of abortion is negligible.

In the L.D.S. Church's stand on abortion, they included the statement, "We are opposed to any modification, expansion, or liberalization of laws on these vital subjects" (abortion and sterilization). 6

6 Ibid., The New Era, p. 50.
TABLE 16
ATTITUDES CONCERNING ABORTION IN REFERENCE TO PERSONAL BEHAVIOR

<table>
<thead>
<tr>
<th>Abortion When</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy from rape</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>154</td>
<td>160</td>
<td>177</td>
<td>168</td>
<td>136</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>19.4</td>
<td>20.1</td>
<td>22.3</td>
<td>21.1</td>
<td>17.1</td>
<td>100.00</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>190</td>
<td>234</td>
<td>209</td>
<td>99</td>
<td>63</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>23.9</td>
<td>29.4</td>
<td>26.3</td>
<td>12.5</td>
<td>7.9</td>
<td>100.00</td>
</tr>
<tr>
<td>Baby is unwanted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>490</td>
<td>220</td>
<td>55</td>
<td>22</td>
<td>8</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>61.6</td>
<td>27.7</td>
<td>6.9</td>
<td>2.8</td>
<td>1.0</td>
<td>100.00</td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>210</td>
<td>231</td>
<td>217</td>
<td>84</td>
<td>53</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>26.4</td>
<td>29.0</td>
<td>27.3</td>
<td>10.6</td>
<td>6.7</td>
<td>100.00</td>
</tr>
<tr>
<td>Parents are economically unable to care for the baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>420</td>
<td>292</td>
<td>51</td>
<td>24</td>
<td>8</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>52.8</td>
<td>26.7</td>
<td>6.4</td>
<td>3.0</td>
<td>1.0</td>
<td>100.00</td>
</tr>
<tr>
<td>Necessity to save mother's life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>27</td>
<td>24</td>
<td>140</td>
<td>286</td>
<td>318</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>3.4</td>
<td>3.0</td>
<td>17.6</td>
<td>36.0</td>
<td>30.0</td>
<td>100.00</td>
</tr>
<tr>
<td>Mother is unwed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>453</td>
<td>247</td>
<td>61</td>
<td>22</td>
<td>12</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>57.0</td>
<td>31.1</td>
<td>7.7</td>
<td>2.8</td>
<td>1.5</td>
<td>100.00</td>
</tr>
</tbody>
</table>
In asking the question in this study, "Should abortion be legalized?", 22 per cent of the subjects indicated yes, 14 per cent indicated uncertainty, and 64 percent indicated that abortion should not be legalized. Thirty-six per cent of the respondents are not in harmony with the L.D.S. Church's stand on abortion. In giving the reasons for non-legalization, the primary reason indicated was that abortion was regarded the same as murder. This suggests an interesting question as to when the individuals perceive the spirit entering the fetus or body and the conditions by which abortion simulates murder. It is interesting to note that there is no significant relationship between marital status and advocacy of abortion legalization.

In a study done by Rossi, a comparison is made between the attitudes of a cross section of people concerning abortion for stated circumstances and the results on this study. (See Table 17) The L.D.S. attitudes were significantly more conservative than the general cross section of the national study, with the exception of abortion for saving the mother's life.

A composite summarization of the attitudes of the respondents concerning the use of abortion for the seven stated situations shows that 61 per cent disapprove, 22 per cent approve and 17 per cent are undecided as to the use of abortion. These percentages are nearly identical to the percentages expressed in the general question abortion law liberalization.

### TABLE 17

**L.D.S. ATTITUDES CONCERNING ABORTION APPROVAL IN RELATIONSHIP TO ANOTHER U.S. NATIONAL STUDY**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Group</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy from rape</td>
<td>LDS</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>56%</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>LDS</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>55%</td>
</tr>
<tr>
<td>Baby is unwanted</td>
<td>LDS</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>15%</td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>LDS</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>No Data</td>
</tr>
<tr>
<td>Economically unable</td>
<td>LDS</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>21%</td>
</tr>
<tr>
<td>To Save mother's life</td>
<td>LDS</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>71%</td>
</tr>
<tr>
<td>Unwed Mother</td>
<td>LDS</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Nat.</td>
<td>18%</td>
</tr>
</tbody>
</table>

---

Religious Behavior

Unique to this study is the attempt on the part of the researcher to measure the differences and associations of given attitudes with a homogeneous grouping of college-age L.D.S. Church members. The homogeneous grouping was assured in selecting students attending Brigham Young University since it is owned and operated by the L.D.S. Church. In addition to the basic identification between Church and educational institution, entrance requirements to the institution are based upon the grounds of willingness to live basic behavioral principles of the L.D.S. Church. The primary requirement is the observance of the Word of Wisdom. Although this is a basic requirement for admission, it is noteworthy to observe on Table 18 that there are 6 per cent of the respondents sampled not observing the Word of Wisdom. In addition to the Word of Wisdom standard for admission during the academic school year of 1970-71, attendance at Church meetings has become mandatory. Again, noting on Table 18, there are 16 per cent of the students who do not attend church on a regular basis.

In Table 13 it is indicated that there is a statistically significant relationship between married respondents and single respondents in regards to religious behavior. Married students are more regular in their observance of the Word of Wisdom, attendance at Church, payment of tithing, and fasting for two meals on Fast Sunday. Single students surpass the married students in the observance of individual prayer, family home evening, and family prayer. The only area in which there are statistically significant
TABLE 18

RELIGIOUS BEHAVIOR

<table>
<thead>
<tr>
<th></th>
<th>Seldom or Never</th>
<th>Now and Then</th>
<th>Fairly Often</th>
<th>Often</th>
<th>Regularly</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Prayer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>65</td>
<td>106</td>
<td>77</td>
<td>153</td>
<td>394</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>8.2</td>
<td>13.3</td>
<td>9.7</td>
<td>19.3</td>
<td>49.6</td>
<td>100.00</td>
</tr>
<tr>
<td>Attendance at church</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>5</td>
<td>20</td>
<td>35</td>
<td>64</td>
<td>671</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>0.6</td>
<td>2.5</td>
<td>4.4</td>
<td>8.1</td>
<td>84.4</td>
<td>100.00</td>
</tr>
<tr>
<td>Family home evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>59</td>
<td>72</td>
<td>67</td>
<td>167</td>
<td>430</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>7.4</td>
<td>9.1</td>
<td>8.3</td>
<td>21.0</td>
<td>59.1</td>
<td>100.00</td>
</tr>
<tr>
<td>Payment of tithing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>25</td>
<td>21</td>
<td>31</td>
<td>70</td>
<td>648</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>3.1</td>
<td>2.6</td>
<td>3.9</td>
<td>8.8</td>
<td>81.5</td>
<td>100.00</td>
</tr>
<tr>
<td>Individual prayer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>17</td>
<td>50</td>
<td>53</td>
<td>114</td>
<td>561</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>2.1</td>
<td>6.3</td>
<td>6.7</td>
<td>14.3</td>
<td>70.6</td>
<td>100.00</td>
</tr>
<tr>
<td>Word of Wisdom</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>7</td>
<td>3</td>
<td>11</td>
<td>27</td>
<td>747</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>0.9</td>
<td>0.4</td>
<td>1.4</td>
<td>3.4</td>
<td>94.0</td>
<td>100.00</td>
</tr>
<tr>
<td>Fast two meals each</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>65</td>
<td>59</td>
<td>76</td>
<td>192</td>
<td>403</td>
<td>795</td>
</tr>
<tr>
<td>%</td>
<td>8.2</td>
<td>7.4</td>
<td>9.6</td>
<td>24.2</td>
<td>50.7</td>
<td>100.00</td>
</tr>
<tr>
<td>Fast Sunday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 19

RELATIONSHIP BETWEEN RELIGIOUS BEHAVIOR
 AND MARITAL STATUS

<table>
<thead>
<tr>
<th></th>
<th>Word of Wisdom</th>
<th>Attendance at Church</th>
<th>Payment of Tithing</th>
<th>Individual Prayer</th>
<th>Family Home Evenings</th>
<th>Family Prayer</th>
<th>Fasting two Meals On Fast Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>92</td>
<td>84</td>
<td>80</td>
<td>72</td>
<td>57</td>
<td>52</td>
<td>44</td>
</tr>
<tr>
<td>Married</td>
<td>98</td>
<td>88</td>
<td>89</td>
<td>67</td>
<td>44</td>
<td>47</td>
<td>68</td>
</tr>
</tbody>
</table>

\[ X^2 = 14.675 \]
\[ df = 6 \]
\[ p < .05 \]

Based on percentages.
differences in religious behavior and sex is in the behavior of individual prayer. Using the Chi Square probability, the significance is at the .001 level. There is also a statistical significance at the .05 level between sexes in conjunction to fasting two meals on Fast Sunday. Table 20 is concerned with other correlations of the individual's education, number of children in family, geographic location in which the subject was reared and father's income. Out of all of these correlations, none are significant.

Relationship of Religiosity and Attitudes Concerning Birth Control

The major hypothesis (Hypothesis 1) has been stated as "There is a positive relationship between conservative attitudes towards birth control and one's degree of measured religiosity." In measuring the association between the Guttman scale type of religiosity and the birth control scale type a gamma correlation of -.22 was found. Therefore, the higher a person measures on the religiosity scale, the lower he measures on the scale in the acceptance of the use of birth control. In a Catholic-Protestant study concerning attitudes regarding family limitation, it was found that in controlling the variable of church attendance, Catholic wives who attended church regularly expressed unqualified disapproval in just about twice the proportion of those attending seldom or never. Protestant wives regularity of church attendance had little relation to family limitation attitudes.\(^8\) As

TABLE 20
RELATIONSHIPS* OF RELIGIOUS BEHAVIOR
WITH VARIOUS INDICES

<table>
<thead>
<tr>
<th></th>
<th>Individual's Education</th>
<th>No. of Children in Family</th>
<th>Geographic Rearing</th>
<th>Father's Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family prayer</td>
<td>.02</td>
<td>.08</td>
<td>.01</td>
<td>.06</td>
</tr>
<tr>
<td>Attendance at church</td>
<td>.00</td>
<td>.13</td>
<td>-.05</td>
<td>-.08</td>
</tr>
<tr>
<td>Family home evening</td>
<td>-.04</td>
<td>.09</td>
<td>-.01</td>
<td>.04</td>
</tr>
<tr>
<td>Payment of tithing</td>
<td>.03</td>
<td>.15</td>
<td>-.03</td>
<td>-.05</td>
</tr>
<tr>
<td>Individual prayer</td>
<td>-.04</td>
<td>.10</td>
<td>.02</td>
<td>-.01</td>
</tr>
<tr>
<td>Word of Wisdom</td>
<td>.07</td>
<td>.02</td>
<td>-.06</td>
<td>-.08</td>
</tr>
<tr>
<td>Fast two meals each</td>
<td>.02</td>
<td>.04</td>
<td>.07</td>
<td>-.04</td>
</tr>
</tbody>
</table>

*gamma
TABLE 21
RELATIONSHIP OF BIRTH CONTROL ATTITUDES AND SPECIFIC INDICES OF RELIGIOSITY

<table>
<thead>
<tr>
<th>Birth Control</th>
<th>Family Prayer</th>
<th>Attendance at Church</th>
<th>Family Home Evening</th>
<th>Payment of Tithing</th>
<th>Individual Prayer</th>
<th>Word of Wisdom</th>
<th>Fasting two Meals on Fast Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>While husband is going to college</td>
<td>.27</td>
<td>.55</td>
<td>.29</td>
<td>.44</td>
<td>.33</td>
<td>.49</td>
<td>.37</td>
</tr>
<tr>
<td>Spacing of children is desired</td>
<td>.14</td>
<td>.33</td>
<td>.20</td>
<td>.31</td>
<td>.22</td>
<td>.31</td>
<td>.29</td>
</tr>
<tr>
<td>Children are not wanted in the marriage</td>
<td>.33</td>
<td>.53</td>
<td>.23</td>
<td>.52</td>
<td>.32</td>
<td>.60</td>
<td>.35</td>
</tr>
<tr>
<td>Mother's physical health is threatened</td>
<td>.20</td>
<td>.33</td>
<td>.18</td>
<td>.26</td>
<td>.17</td>
<td>.22</td>
<td>.13</td>
</tr>
<tr>
<td>It is desired to get ahead economically</td>
<td>.32</td>
<td>.58</td>
<td>.31</td>
<td>.49</td>
<td>.40</td>
<td>.63</td>
<td>.41</td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>.14</td>
<td>.32</td>
<td>.17</td>
<td>.29</td>
<td>.20</td>
<td>.24</td>
<td>.13</td>
</tr>
<tr>
<td>Desired family size is reached and no additional children are wanted</td>
<td>.23</td>
<td>.45</td>
<td>.28</td>
<td>.44</td>
<td>.34</td>
<td>.44</td>
<td>.27</td>
</tr>
</tbody>
</table>
**TABLE 22**

THE RELATIONSHIP OF RELIGIOSITY SCALE TYPE TO BIRTH CONTROL SCALE TYPE

<table>
<thead>
<tr>
<th>Religiosity Scale Type</th>
<th>Birth Control Scale Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>5</td>
<td>22</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>7</td>
<td>24</td>
</tr>
</tbody>
</table>

\( \text{gamma} = -0.22 \)
with the Catholic wives, the L.D.S. student's attitudes correlated the highest on church attendance, although the correlation drops in the area of commonly approved reasons for birth control such as threatening the wife's physical health and mental health. As was mentioned in the birth control section, the correlation decreased in the area of providing spacing of children, again showing within the L.D.S Church that the members feel it is not right not to want children, but they tend to sanction the use of birth control for spacing purposes. Other areas of correlation of the moderate range is the standard of tithing and of the Word of Wisdom. The other religiosity behaviors fall in the low correlation range.

Table 23 shows correlations of categories other than religiosity with the birth control attitudes. Of these correlations, none are significant. Looking at the correlation of religiosity with birth control attitudes, in general, it appears that the religiosity has a low influence on the attitudes. In comparing the religiosity correlation with correlations other than religiosity, it appears that religiosity has a more significant impact on the birth control attitudes than any other single influence.

**Relationship of Religiosity and Attitudes Concerning Abortion**

The major hypothesis includes that there is a positive relationship between conservative attitudes towards abortion and one's degree of religiosity. As was the case with the correlation of religiosity and abortion attitudes, these same characteristics are found to be true, although to a higher degree of correlation. Attendance at Church
TABLE 23
RELATIONSHIPS OF BIRTH CONTROL ATTITUDES WITH VARIOUS INDUCES

<table>
<thead>
<tr>
<th>Birth Control When</th>
<th>Age</th>
<th>Individual's Education</th>
<th>No. of Children in Family</th>
<th>Geographic Rearing</th>
<th>Father's Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband is going to college</td>
<td>-.030</td>
<td>-.066</td>
<td>-.177</td>
<td>.082</td>
<td>.137</td>
</tr>
<tr>
<td>Spacing of children is desired</td>
<td>.125</td>
<td>.118</td>
<td>-.070</td>
<td>-.007</td>
<td>.092</td>
</tr>
<tr>
<td>No children are wanted in the marriage</td>
<td>-.090</td>
<td>-.083</td>
<td>-.184</td>
<td>.075</td>
<td>.126</td>
</tr>
<tr>
<td>Mother's physical health is threatened</td>
<td>.167</td>
<td>.116</td>
<td>-.098</td>
<td>.113</td>
<td>.086</td>
</tr>
<tr>
<td>It is desired to get ahead economically</td>
<td>.007</td>
<td>-.057</td>
<td>-.140</td>
<td>.114</td>
<td>.148</td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>.139</td>
<td>.093</td>
<td>-.090</td>
<td>.110</td>
<td>.092</td>
</tr>
<tr>
<td>Desired family size is reached and no additional children are wanted</td>
<td>.030</td>
<td>-.005</td>
<td>-.127</td>
<td>.037</td>
<td>.093</td>
</tr>
</tbody>
</table>

*gamma
TABLE 24

THE RELATIONSHIP OF RELIGIOSITY SCALE TYPE TO ABORTION SCALE TYPE

<table>
<thead>
<tr>
<th>Religiosity Scale Type</th>
<th>Abortion Scale Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>0</td>
<td>11 3 4 3 2 0 0 0</td>
</tr>
<tr>
<td>1</td>
<td>18 6 3 4 1 0 1 0</td>
</tr>
<tr>
<td>2</td>
<td>15 5 7 3 5 1 5 0</td>
</tr>
<tr>
<td>3</td>
<td>29 8 5 10 6 5 6 2</td>
</tr>
<tr>
<td>4</td>
<td>36 23 13 17 13 8 9 2</td>
</tr>
<tr>
<td>5</td>
<td>41 23 20 28 24 14 7 2</td>
</tr>
<tr>
<td>6</td>
<td>32 27 36 31 21 19 20 3</td>
</tr>
<tr>
<td>7</td>
<td>28 23 14 21 18 24 26 4</td>
</tr>
</tbody>
</table>

$\text{gamma}=0.12$
is the most significant correlation with abortion attitudes and the
Word of Wisdom standard and payment of tithing follow a close second
and third. The category of family prayer, family home evenings,
individual prayers, and fasting two meals on Fast Sunday fall into the
range of low correlation (refer to Table 25 for this information).
In comparing Table 25 and Table 26, it is again apparent that, while
religiosity does not have high correlation with abortion attitudes,
it is much more significant than any of the correlations outside of
religiosity. The general correlation of religiosity with abortion
attitudes of the Guttman scale type produces a correlation of .22.

Birth Control and Abortion as it
Relates to Significant Others
and Generalized Others

The underlying belief of religion is that the divinity of
the doctrine taught within the Church is universal and that the
practice of such religious tenets are not just an obligation to
the individual committed to that faith, but are of best interest
to all mankind as a whole. It is from this assumption that hypo-
thesis two asserts that there will be no significant difference between
the attitude of personal practice of birth control and abortion and
the practice permitted to others outside the religious group member-
ship. Contrary to what was anticipated (See Tables 27 and 28), the
study shows that there is a significant difference between the attitude
toward personal practice of birth control and abortion and the practice
permitted to others outside the religious group membership. The findings
suggest a challenge to the basic assumption.
<table>
<thead>
<tr>
<th>Abortion When</th>
<th>Family Prayer</th>
<th>Attendance at Church</th>
<th>Family Home Evening</th>
<th>Payment of Tithing</th>
<th>Individual Prayer</th>
<th>Word of Wisdom</th>
<th>Fasting Two Meals on Fast Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy from rape</td>
<td>.18</td>
<td>.45</td>
<td>.14</td>
<td>.30</td>
<td>.28</td>
<td>.43</td>
<td>.24</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>.19</td>
<td>.59</td>
<td>.26</td>
<td>.34</td>
<td>.31</td>
<td>.54</td>
<td>.34</td>
</tr>
<tr>
<td>Baby is unwanted</td>
<td>.19</td>
<td>.52</td>
<td>.14</td>
<td>.35</td>
<td>.30</td>
<td>.57</td>
<td>.31</td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>.18</td>
<td>.44</td>
<td>.13</td>
<td>.33</td>
<td>.25</td>
<td>.34</td>
<td>.25</td>
</tr>
<tr>
<td>Parents are economically unable to care for baby</td>
<td>.21</td>
<td>.48</td>
<td>.15</td>
<td>.41</td>
<td>.30</td>
<td>.51</td>
<td>.29</td>
</tr>
<tr>
<td>Necessity to save mother's life</td>
<td>.18</td>
<td>.52</td>
<td>.18</td>
<td>.27</td>
<td>.19</td>
<td>.31</td>
<td>.26</td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>.25</td>
<td>.51</td>
<td>.18</td>
<td>.34</td>
<td>.32</td>
<td>.44</td>
<td>.34</td>
</tr>
</tbody>
</table>
TABLE 26
RELATIONSHIPS* OF ABORTION ATTITUDES WITH VARIOUS INDICES

<table>
<thead>
<tr>
<th>Abortion When</th>
<th>Age</th>
<th>Individual's Education</th>
<th>No. of Children in Family</th>
<th>Geographic Rearing</th>
<th>Father's Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy from rape</td>
<td>-.083</td>
<td>-.074</td>
<td>-.109</td>
<td>.039</td>
<td>.141</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>.013</td>
<td>.033</td>
<td>-.069</td>
<td>.061</td>
<td>.047</td>
</tr>
<tr>
<td>Baby is unwanted</td>
<td>-.042</td>
<td>-.069</td>
<td>-.051</td>
<td>.079</td>
<td>.170</td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>-.016</td>
<td>-.034</td>
<td>-.089</td>
<td>.068</td>
<td>.068</td>
</tr>
<tr>
<td>Parents are economically unable to care for baby</td>
<td>-.074</td>
<td>-.064</td>
<td>-.067</td>
<td>.101</td>
<td>.100</td>
</tr>
<tr>
<td>Necessity to save mother's life</td>
<td>.102</td>
<td>.075</td>
<td>-.147</td>
<td>.106</td>
<td>.080</td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>-.025</td>
<td>-.062</td>
<td>-.036</td>
<td>.077</td>
<td>.148</td>
</tr>
</tbody>
</table>

*gamma
TABLE 27
MEDIAN TEST FOR MATCHED PAIRS BETWEEN ACCEPTED LDS BEHAVIOR AND NON-LDS BEHAVIOR WITH REGARDS TO BIRTH CONTROL

<table>
<thead>
<tr>
<th>Birth Control Situation</th>
<th>Personal Behavior</th>
<th>Non-LDS Behavior</th>
<th>Row Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife's physical health is threatened</td>
<td>4.48 (-)</td>
<td>4.71 (+)</td>
<td>4.595</td>
</tr>
<tr>
<td>Wife's mental health is threatened</td>
<td>4.24 (-)</td>
<td>4.60 (+)</td>
<td>4.420</td>
</tr>
<tr>
<td>To provide spacing of children</td>
<td>2.87 (-)</td>
<td>4.01 (+)</td>
<td>3.440</td>
</tr>
<tr>
<td>Husband is going to college</td>
<td>2.42 (-)</td>
<td>3.96 (+)</td>
<td>3.190</td>
</tr>
<tr>
<td>To prevent having additional children</td>
<td>2.18 (-)</td>
<td>3.95 (+)</td>
<td>3.065</td>
</tr>
<tr>
<td>To insure having no children</td>
<td>1.19 (-)</td>
<td>2.95 (+)</td>
<td>2.070</td>
</tr>
<tr>
<td>To get ahead economically</td>
<td>1.41 (-)</td>
<td>3.25 (+)</td>
<td>2.330</td>
</tr>
</tbody>
</table>

\[ X^2 = 7.00 \quad df = 1 \quad p < .01 \]
TABLE 28
MEDIAN TEST FOR MATCHED PAIRS BETWEEN ACCEPTED LDS BEHAVIOR AND NON-LDS BEHAVIOR WITH REGARDS TO ABORTION

<table>
<thead>
<tr>
<th>Abortion Situation</th>
<th>Personal Behavior</th>
<th>Non-LDS Behavior</th>
<th>Row Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby is unwanted</td>
<td>1.31 (-)</td>
<td>1.95 (+)</td>
<td>1.630</td>
</tr>
<tr>
<td>Mother is unwed</td>
<td>1.38 (-)</td>
<td>1.88 (+)</td>
<td>1.630</td>
</tr>
<tr>
<td>Parents are economically unable</td>
<td>1.45 (-)</td>
<td>1.99 (+)</td>
<td>1.720</td>
</tr>
<tr>
<td>Mother is mentally incapable</td>
<td>2.31 (-)</td>
<td>2.83 (+)</td>
<td>2.570</td>
</tr>
<tr>
<td>Baby is deformed</td>
<td>2.39 (-)</td>
<td>3.13 (+)</td>
<td>2.760</td>
</tr>
<tr>
<td>Pregnancy from rape</td>
<td>2.97 (-)</td>
<td>3.68 (+)</td>
<td>3.325</td>
</tr>
<tr>
<td>Necessity to save mother's life</td>
<td>4.22 (-)</td>
<td>4.42 (+)</td>
<td>4.32</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 7.00 \]
\[ \text{df} = 1 \]
\[ p < .01 \]
Particularistic or Universalistic Attitudes Concerning Birth Control and Abortion

The previous section revealed that the results of this study showed a particularistic attitude by the L.D.S. students concerning the use of birth control and abortion by L.D.S. and non-L.D.S. Parsons has suggested that when the "ego" becomes personally involved within the reference scheme, the object will be judged in particularistic terms. Hypothesis three posed the same question as Hypothesis two except in regards to the use of birth control and abortion within the L.D.S. membership group. A statistical test was not performed comparing given attitudes within categories. A particularistic attitude is verified in the fact that the items scaled on the Guttman unidimensional scale.

Relationship Between a Person's Attitude Concerning Birth Control and His Perception of the L.D.S. Church's Teaching

Keeping in mind the basic assumption of balance theory that a person seeks to reduce dissonance, Hypothesis four predicted that there would be a positive correlation between the individual's personal attitude toward birth control and what he perceives the L.D.S. Church teaches. The findings in the study produced the evidence that there is only moderate correlation between personal attitudes and perceived L.D.S. Church teachings. (See Table 29).

Cluster Factors Influencing Attitudes Concerning Birth Control and Abortion

Hypothesis five projected that of the many influences upon the attitudes concerning birth control and abortion that religion
would be the most significant of the ones tested. A statistical test was not run between correlations, but in reviewing Tables 15, 16, 17, and 18, the highest correlations produced are in conjunction with the religious influence. As part of the questionnaire, the respondents were asked to identify the source of greatest influence upon their attitudes concerning birth control and abortion. Fifty-seven per cent of the respondents identified their religious faith having the greatest influence and an additional 19 per cent identified that it ranked second in influence.
TABLE 29

CORRELATION BETWEEN INDIVIDUAL PERSONAL BELIEF AND PERCEIVED L.D.S. TEACHING ON BIRTH CONTROL

<table>
<thead>
<tr>
<th>Birth Control</th>
<th>Gamma</th>
</tr>
</thead>
<tbody>
<tr>
<td>When while husband is going to college</td>
<td>.262</td>
</tr>
<tr>
<td>To provide spacing of children</td>
<td>.233</td>
</tr>
<tr>
<td>To insure having no children</td>
<td>.358</td>
</tr>
<tr>
<td>When wife's physical health is threatened</td>
<td>.470</td>
</tr>
<tr>
<td>To get ahead economically</td>
<td>.320</td>
</tr>
<tr>
<td>When wife's mental health is threatened</td>
<td>.490</td>
</tr>
<tr>
<td>To prevent additional children after desired number</td>
<td>.339</td>
</tr>
</tbody>
</table>
CHAPTER V

GENERAL SUMMARY

Summary of the Problem

The purpose of this study was to investigate the following questions:

1. Is there a relationship between attitudes toward birth control and abortion and the degree of religiosity of an individual within the L.D.S. Church?

2. Is there a difference of attitudes concerning the practice of birth control and abortion permitted to people outside the L.D.S. membership group?

3. Are the attitudes concerning birth control and abortion within the L.D.S. religious membership group particularistic or universalistic?

4. Is there a correlation between a person's attitudes towards birth control and his perception of what his membership group teaches?

5. Are religious teachings the most significant factors influencing an individual's attitudes concerning birth control and abortion?

The general sociological theory applied in this study was reference group theory with the assumption that individuals seek identification with groups for self-evaluation and self-esteem, and that there tends to be patterned rules, values, and standards for
the conduct of the individual in accordance to his reference group. ¹ Coupled with reference group theory, Newcomb, in his Bennington College study, found that an individual's attitude development was a function of the way in which he related himself to his membership group.² It was, therefore, suggested that by measuring the degree of behavioral conformity to L.D.S. religious norms a correlating degree of conformity could be ascertained on the given attitudes of birth control and abortion. Questionnaires were mailed to 1,874 students who were enrolled at Brigham Young University Fall Semester 1970. Of the 1,021 questionnaires returned, 795 were used in the analysis of data.

Presentation of Findings

In a composite summarization of the attitudes of respondents concerning the factors of birth control for the seven situations indicated, it was found that 48 per cent disapproved, 40 per cent approved, and 12 per cent were undecided as to the use of birth control. Single students' attitudes tended to scale better than married students, as shown in the Guttman scaling where only two items were not within the range of marginal frequency for the single students, but four items were not within the range of marginal frequency for the married students. Married students, therefore, generally identified with the extremes of rightness or wrongness of birth control, whereas single students were more middle-of-the-roaders.

¹Sherif and Sherif, op. cit., p. 251.
²Newcomb, op. cit., p. 430.
The composite summarization of the attitudes of the respondents concerning the use of abortion, the seven data situation shows that 61 per cent disapproved, 22 percent approved, and 17 per cent were undecided as to the use of abortion. In the scaling of abortion attitudes, the married students tended to be much more conservative in the use of abortion than single students.

With respect to religious behavior of the respondents, there was an extreme homogeneous grouping. It was more apparent among the married students, causing an elimination of three scale items of the seven because of frequency above the 85 per cent limit. It was interesting to note that a greater percentage of married respondents observed the Word of Wisdom, attended church, paid tithing, and fasted two meals on Fast Sunday. On the other hand, single respondents tended to be more active in having individual prayer, family prayer, and family home evening.

Hypothesis One: There is a positive relationship between conservative attitudes towards birth control and abortion and one's degree of measured religiosity. In measuring the general association between birth control and religiosity using the scale types, resulted in a correlation of -.22 and, therefore, verified that the higher a person measures on a religiosity scale, the lower he measures on the scale in the acceptance of the use of birth control. In measuring the association of religiosity with abortion attitudes, again using a summated correlation, produced the result of -.12. The scale type correlation is inverse to the results produced when measuring specific indicies.
Hypothesis Two: There will be no significant difference between the attitude towards personal practice of birth control and abortion and the practice sanctioned to others outside the religious group membership. The findings, using a median test for matched pairs, show a significant difference between the attitudes concerning the use of birth control and abortion by L.D.S. and non-L.D.S. as being significantly different. In light of this information, the null hypothesis was rejected.

Hypothesis Three: That attitudes towards birth control and abortion within the L.D.S. religious membership group are significantly more particularistic than universalistic. A test of difference was not performed. By reason that the attitude items scaled on a Guttman unidimensional scale verifies that the attitudes are found to be particularistic in nature.

Hypothesis Four: That there is a significant correlation between the persons attitudes towards birth control and his perception of the L.D.S. Church teachings concerning birth control. In computing correlations between the individual's personal belief and the perceived L.D.S. teachings, the correlations ranged from a .23 to .49 showing a weak to moderate correlation in each situation.

Hypothesis Five: That of the cluster factors influencing the attitudes towards birth control and abortion, religious will be the most significant. A statistical test was not run between correlations, but correlations were run between specific attitudes and religiosity plus other various indices. It was found that religiosity correlated higher than the other correlaries, therefore, verifying that although religion is not a high influence upon attitudes
concerning birth control and abortion, it does remain the most significant influence.

Conclusion

From the findings of this study, it was found that there is a considerable variation of attitudes concerning abortion and birth control among the members of the L.D.S. Church. Reference group theory has helped to explain and identify the trend in attitudes concerning birth control through a measurement of L.D.S. behavioral norms. As was pointed out in Chapter I, there has long been a differentiation between religious groups and their attitudes concerning fertility. This study tends to point out that the attitudes concerning birth control of L.D.S. Church members in general as ranked in conservativeness, places the L.D.S. members not as conservative as the Catholic Church members but not as liberal as the Protestant Church members.

Perhaps some of the problems involved with the BYU students who are members of the L.D.S. Church, not being as unified in their attitudes as perhaps one might expect, could be the result that the L.D.S. Church was not reported as a source of information concerning attitudes. The respondents indicated that 39 per cent used individual reading as their source of information. If the L.D.S. Church is going to have a greater influence on attitudes, a suggestion is made that they either use the already existing primary source of information and prepare reading materials with the L.D.S. Church's influence, or that they re-align the sources of information, placing the L.D.S. Church in a position so that its members will turn to them for information of this nature.
Limitations

1. The scale items that were used on the religiosity scale were taken from studies that measured L.D.S. religiosity in heterogeneous groups of L.D.S. Since this study dealt with a homogeneous grouping of L.D.S., a refinement of the scale items to be included was needed. This was especially apparent with the married L.D.S. students.

2. Only twenty per cent of the respondents were married couples. It would have been desirable to have a better balance between married students and single students. Also, in the category of married students, nearly the majority of couples were married in the L.D.S. Temple. It appeared from the responses of the ten respondents who were married civilly, that there is a significant difference in attitudes concerning birth control and abortion by students who are married civilly than those who were married in the L.D.S. Temple.

3. The researcher neglected to include in the questionnaire the question asking the "desired size of family" the respondent desired having. By interjecting this question, it places the respondent in a position where it is obvious whether or not the individual is considering family limitation through one means or another.

Suggestions For Further Research

1. In coding the data in the questionnaire, it was interesting to note that some married couples indicated that they felt it was wrong to practice birth control in order for the husband to go to college and they also felt that the L.D.S. Church taught that
it was wrong to practice birth control while the husband was gaining an education, and yet they indicated that they were practicing birth control. This suggests a dissonance factor existing on the part of the respondent. A further investigation as to how they are reducing this dissonance and the means of justification for their actions would be useful to leaders in the L.D.S. Church in counseling married students concerning the decision that many have to make regarding the use of birth control.

2. The result of the data in testing Hypothesis Two suggested that religious attitudes are not perceived as being universalistic in adherence for individuals not L.D.S. A further investigation of this finding in areas other than attitudes of birth control and abortion is needed. The L.D.S. Church leaders need to be aware of this fact if it is true that the divineness of religious teachings are being perceived as God's will as necessary only to those who have committed themselves to the L.D.S. faith and not having universal implication.

3. This study examined the religious behavior of the respondents and measured the association of attitudes concerning abortion and birth control with it. A reverse of this procedure would prove interesting by identifying the respondents who polarize to the extremes on the attitudes. Then by including a larger number of religiosity items identify those items which are highly significant in association.

4. The data from this study suggest that the respondents are not against the use of birth control as a practice depending
upon the reason and circumstances. One area, particularly, which
needs further investigation is concerning the subject of using
birth control for the purpose of spacing children.
REFERENCES
REFERENCES


Peterson, Erlend D. "Birth Control Versus the Mormon Newlywed." Unpublished research paper, Brigham Young University, 1968.


Salt Lake Tribune. June 1, 1970.


APPENDIX A
Dear Student:

Since 1960 when the birth control pill was introduced to the open market and abortion laws in several states were liberalized, these two subjects have become very controversial.

The purpose of the enclosed questionnaire is to examine the attitudes of students in the L. D. S. community, who are parents or who soon may become parents, concerning birth control and abortion.

You have been selected at random to participate in this study by filling out the enclosed questionnaire. It is, therefore, important that we receive your responses. To be of value, the answers must factually represent your feelings. Therefore, by keeping the questionnaire confidential, you can give your frank statement of attitudes. Since your own opinions are desired please indicate your answers before discussing the questions with anyone else.

PLEASE DO NOT SIGN YOUR NAME. After completing the questionnaire, place it in the enclosed return envelope and put it in the mail.

Your cooperation is very much appreciated.

Sincerely,

Erlend D. Peterson
Director of Research
BIRTH CONTROL AND ABORTION

Please circle the answer which indicates the degree of wrongness or rightness which you feel about the practice of birth control:

Concerning both... YOUR personal beliefs and a NON-LDS's personal beliefs

<table>
<thead>
<tr>
<th>Reason</th>
<th>Strongly disapprove</th>
<th>Disapprove</th>
<th>Undecided</th>
<th>Approve</th>
<th>Strongly approve</th>
</tr>
</thead>
<tbody>
<tr>
<td>while husband is going to college</td>
<td>(1) 1 2 3 4 5</td>
<td>(8) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to provide spacing of children</td>
<td>(2) 1 2 3 4 5</td>
<td>(9) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to insure having no children</td>
<td>(3) 1 2 3 4 5</td>
<td>(10) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>when wife's physical health is threatened</td>
<td>(4) 1 2 3 4 5</td>
<td>(11) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to get ahead economically</td>
<td>(5) 1 2 3 4 5</td>
<td>(12) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>when wife's mental health is threatened</td>
<td>(6) 1 2 3 4 5</td>
<td>(13) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>to prevent additional children after having desired size of family</td>
<td>(7) 1 2 3 4 5</td>
<td>(14) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List the methods of birth control with which you are aware:

(15) ____________________________ (16) ____________________________ (17) ____________________________
(18) ____________________________ (19) ____________________________ (20) ____________________________
(21) ____________________________ (22) ____________________________

Rank in the order of importance the sources from which you have received information concerning birth control: (1 = most important; 6 = least important)

(23) _______ friends
(24) _______ parents
(25) _______ brothers or sisters
(26) _______ classes in school
(27) _______ church
(28) _______ individual reading
Please circle the answer which indicates the degree of wrongness or rightness which you feel about abortion...

being performed on... YOU or a FAMILY MEMBER and A NON-LDS FRIEND

<table>
<thead>
<tr>
<th>because of...</th>
<th>Strongly disapprove</th>
<th>Disapprove</th>
<th>Undecided</th>
<th>Approve</th>
<th>Strongly approve</th>
</tr>
</thead>
<tbody>
<tr>
<td>pregnancy from rape</td>
<td>(29) 1 2 3 4 5</td>
<td>(36) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>knowledge that the baby is deformed</td>
<td>(30) 1 2 3 4 5</td>
<td>(37) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the baby being unwanted</td>
<td>(31) 1 2 3 4 5</td>
<td>(38) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the mother being mentally incapable</td>
<td>(32) 1 2 3 4 5</td>
<td>(39) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>parents economically unable to take care of the baby</td>
<td>(33) 1 2 3 4 5</td>
<td>(40) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>necessity to save the mother's life</td>
<td>(34) 1 2 3 4 5</td>
<td>(41) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>mother being unwed</td>
<td>(35) 1 2 3 4 5</td>
<td>(42) 1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(43) Do you feel that abortion should be legalized? ___yes ___uncertain ___no
(44) What are the reasons for your answer: ___________________________

Circle the answer which best describes the frequency of your religious behavior regarding the following:

<table>
<thead>
<tr>
<th></th>
<th>Seldom or Never</th>
<th>Now and Then</th>
<th>Fairly Often</th>
<th>Often</th>
<th>Regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>(45) Family prayer</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(46) Attendance at church</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(47) Family home evenings</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(48) Payment of tithing</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(49) Individual prayer</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(50) Observance of Word of Wisdom (tea, coffee, alcohol, &amp; tobacco)</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>(51) Fasting two meals each fast Sunday</td>
<td>1 2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
Please circle the answer which indicates the degree to which you believe the statement agrees or disagrees with the official LDS Church teachings:

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>The postponement of children for the purpose of education is condemned</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>53</td>
<td>Proper spacing of children is justified when the health of the mother demands it</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>54</td>
<td>It is contrary to the teachings to prevent the birth of children</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>55</td>
<td>The health of the mother should be of primary concern in the consideration of child bearing</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>56</td>
<td>Limiting the number of children due to financial reasons is an excuse rather than a reason for practicing birth control</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>57</td>
<td>The mental health of the mother should be considered in determining the size of the family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>58</td>
<td>When a couple agrees to limit their offspring, they are guilty of iniquity which eventually must be punished</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>59</td>
<td>The practice of birth control is a personal matter left to the decision of the couple</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Please RANK the following factors in the order of influence in determining your attitude towards birth control: (1 = greatest influence; 7 = least influence)

- (60) formal education
- (61) family
- (62) religion
- (63) friends
- (64) individual reading
- (65) economic factors
- (66) health factors
(67) What is your marital status? Single Engaged

__________________________ Temple marriage ___________ Civil marriage ___________ Divorced

(68) If married, how many years? ______

(69) List ages of children by sex:

____ no children       male       female

____       ______

____       ______

____       ______

(70) Have you and your spouse ever practiced birth control? yes no

(71) List any birth control techniques you have used:

______________________________

(72) What is your age? ______

(73) What is your sex? ______ male ______ female

(74) Where is your BYU residence? ______ on campus ______ off campus ______ live with parents

(75) How many children were there in the family you were raised? ______

(76) How large is the home town in which you were raised?

________________________ Under 2,499 or rural

________________________ 2,500 to 4,999

________________________ 5,000 to 9,999

________________________ 10,000 to 24,999

________________________ one million or over

________________________ lived in several cities of various sizes

(77) What is the highest grade or year you have completed in school? ______

(78) What is the highest grade your FATHER completed in school? ______

(79) What is your father’s occupation? ______ Describe his type of work: ________________________________

(80) What is your father’s approximate annual income? ______

THIS CONCLUDES THE SURVEY.

Thank you kindly for your assistance and cooperation.
### TABLE 30

**RELATIONSHIP BETWEEN RELIGIOSITY**

**RESPONSE AND AGE**

<table>
<thead>
<tr>
<th>Religiosity Index</th>
<th>AGE</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16 - 19</td>
<td>20 - 22</td>
<td>23+</td>
<td>Total Number</td>
</tr>
<tr>
<td>Word of Wisdom SN, NT</td>
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<td>1.4</td>
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**Relationship Between Religiosity Response and Individual's Education**

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**RELATIONSHIP BETWEEN BIRTH CONTROL RESPONSE AND AGE**

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**RELATIONSHIP BETWEEN BIRTH CONTROL RESPONSE AND INDIVIDUAL'S EDUCATION**

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**RELATIONSHIP BETWEEN ABORTION RESPONSE AND GEOGRAPHIC REARING**

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*Transcendent person included in this category.*
## TABLE 46

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