

# The Influence of Religiosity and Contraception on the Odds of Abortion among Reproductive Age Women: Data from the 2017–2019 NSFG

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**Abstract:** The purpose of this paper is to discuss the influence of the three most frequently used methods of contraception (i.e., the hormonal pill, the male condom, and sterilization—male and female) on the likelihood of having an abortion among United States (US) 6,141 reproductive age women (15–50) in the 2017–2019 National Survey of Family Growth. A second purpose is to determine the influence of Church attendance and importance of religion on the likelihood of having an abortion among US reproductive age women. Findings show the ever use of contraceptive methods increased the odds of abortion from 4 to 32 times and that frequent church attendance showed a 40% less odds of abortion compared to women who were not religious and who have never used the three methods of contraception. Regression models also show an increased odds of abortion among older educated women with multiple children compared to less educated, younger, women with few children. Recommendations included supporting traditional religiosity that supports church attendance, use of family planning methods that integrate human sexuality, and the practice of chastity among single men and women.

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I HAVE BEEN STUDYING the association of contraception and abortion in the United States (US) for over thirty years. It is my contention that widespread use of contraception will lead to more abortions. I have argued that the use of natural means of family planning, fertility appreciation, and living with fertility rather than suppressing, blocking, or destroying fertility will help couples (and single women) be open to life even with an unintended pregnancy. I also maintain that the prolife movement needs to include contraception in its endeavors to reduce and eliminate abortion in our society.

To provide evidence for my assertions, I have been following population-based data from the United States (US) National Survey of Family Growth (NSFG) that provides population-based data and evidence for the increased odds of abortion with use of contraceptive methods. The NSFG is conducted by the Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS). I also have been consistent in investigating the influence of religiosity (i.e., importance of religion and frequency of Church attendance) on the odds of abortion with data from the NSFG. This paper presents new data from the latest (2017–2019) NSFG.

Several papers that I delivered at University Faculty for Life (UFFL) annual conferences and published in the UFFL proceedings serve as philosophical, and theoretical foundation for this current paper. In the first paper I presented at a UFFL meeting in 1994, I discussed the benefits of practicing natural family planning (NFP) and presented a model of fertility integration.<sup>1</sup> In that paper, I postulated and presented evidence that there are levels in using NFP and fertility appreciation. The first level was treating NFP as a method of contraception, the second level recognizing the positive ecological effects of living with fertility, the third level involved realizing the psychological, behavioral marital benefits of practicing NFP, and the final level was transcendent in that couples looked upon their fertility as gift and the fertile phase of the menstrual cycle as a holy time. In that paper the benefits of using NFP was presented by stating that couples who practice NFP become more loving persons through the integration of abstinence, the expression of increasing more caring behaviors, and being open to new life even when unintended.

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<sup>1</sup> R. Fehring, "Toward a model of fertility integration." *Life and Learning IV Proceedings of the 4th Annual University Faculty for Life Conference*. New York: Fordham University Press. (Ed. J. Koterski) (1994).

I presented two papers at subsequent UFFL conferences that compared the use of contraception with use of NFP. In the first paper I analyzed Pope Saint John Paul II's encyclical *Evangelium Vitae* and his contention that the use of contraception and abortion were the fruits of the same tree.<sup>2,3</sup> He indicated that use of contraception was a violation of the virtue of chastity, and abortion a violation of justice. But also, that contraception treats fertility as the enemy to be avoided and with abortion the baby becomes the enemy to be avoided. I expanded on this comparison with a new model (See Figure 1) that shows that contraception treats fertility as a disease and an obstacle to sexual relations whereas abortion sees the baby as a foreign growth or disease and an obstacle to life. Contraception often is used to destroy fertility and abortion to destroy life. In the second paper, I illustrated the comparison of biological, psychological, and spiritual differences in using NFP versus contraception at the 2002 UFFL conference.<sup>4</sup>

In 2007 I reported on the data from the 7,365 women participants in the 2002 Cycle 6 of the NSFG and found that those women who viewed religion as very important in their lives and who attended Church at least once a week had from 41–64% less odds of ever having an abortion compared with women who did not view religion as very important and did not attend church at least once a week.<sup>5</sup> In 2011, I reported on the odds of having an abortion among United States (US) women of reproductive age in Cycle 7 of the NSFG.<sup>6</sup> I found that the ever use of methods of contraception (outside of surgical female sterilization) coincides with a likelihood of every having an abortion was 1.8 times with ever use of the hormonal pill to 3 times the odds with use

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<sup>2</sup> R. Fehring, "Contraception and abortion: Fruits of the same tree." *Life and Learning VI Proceedings of the 6th annual University Faculty for Life Conference*. New York: Fordham University Press (Ed. J. Koterski) (1997).

<sup>3</sup> Pope John Paul II, *Evangelium vitae* (The Gospel of Life) in *Origins* 24/42 (6 April 1995): 694-95

<sup>4</sup> R. Fehring, & W. Kurz, "Anthropological Differences Between Natural Family Planning and Contraception." *Life and Learning*, X, New York, Fordham University Press. (Ed. J. Koterski) (2002) 237-264.

<sup>5</sup> R. Fehring, & J. Ohlendorf, "The Influence of Religiosity on Contraceptive Use and Abortion. In the United States." *Life and Learning*, XVII, (E. J. Koterski) (2008) 398-416.

<sup>6</sup> R. Fehring, "The influence of contraception on abortion among women of reproductive age in the United States." *Life and Learning XXI*. In *Proceedings of the Twenty First (2011) Conference of University Faculty for Life*. (Ed. J. Koterski). (2018): P 245-261.

of the male condom compared with women who never used the pill or the male condom. The influence of religiosity was not investigated in this paper.

In 2014 I reported on a study that involved 5,530 women of reproductive age in the Cycle 7 NSFG (2006–2010) who indicated that they were ever married.<sup>7</sup> The “Odds Ratio” analysis indicated that ever having an abortion, sterilization and/or methods of contraception increased the odds of divorce up to 2 times. Importance of religion did not show a significant odd of abortion, but frequent Church attendance showed a 37% less odds of divorce among women who attended Church frequently. At the 2017 UFFL conference, I reported on data from 1,365 adolescents and young adults in the Cycle 8 (2011–2013) NSFG to describe the influence of current use of contraception on sexual debut, multiple sex partners, sexually transmitted diseases, pregnancy, and abortion.<sup>8</sup> I found the odds of having had an abortion was over ten times more likely among those adolescents and young adults on some form of contraception, compared to those who were not. There was no significance on STD odds when analyzing importance of religion and church attendance.

At the 2019 UFFL conference, I reported on the influence of the three most frequently used methods of contraception (i.e., the hormonal pill, the male condom, and sterilization—male and female) on the likelihood of having an abortion among United States (US) among sexually active reproductive age women (15–44) in the 2010–2013 Cycle 8 of the NSFG data set.<sup>9</sup> A second purpose was to determine the influence of Church attendance and importance of religion on the likelihood of having an abortion among US reproductive age women. Findings showed the ever use of contraceptive methods increased the odds of abortion from 56% to more than 11 times and that frequent church attendance and those women who hold religion to be

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<sup>7</sup> R. Fehring, “The influence of contraception, abortion and natural family planning on divorce rates as found in the 2006-2010 National Survey of Family Growth.” *Life and Learning XXIV*. In Proceedings of the Twenty Fourth (2014) Conference of University Faculty for Life. (Ed. J. Koterski). (2017) P 199-213.

<sup>8</sup> R. Fehring. “Influence of current contraceptive use on the abortion and sexually transmitted disease rates among adolescents.” *Life and Learning XXVII*. In Proceedings of the Twenty Seventh (2017) Conference of University Faculty for Life. (Ed. J. Koterski). P 211-231.

<sup>9</sup> Fehring, R. “The Influence of Religiosity and Contraception on the Likelihood of Abortion among Reproductive Age Women.” *Life and Learning XXIX* Proceedings of the 29th University Faculty for Life Conference. New York; Fordham University press. (Ed. J. Koterski) (2019) p. 205-221. <http://www.uffl.org/pastproceedings.html>

very important in their lives decreased the likelihood of abortion compared to women who were not religious and not on the three methods of contraception.

Besides use of contraception, there are other factors that have an influence in women seeking an abortion. A study of 954 women seeking abortion from 30 abortion clinics in the US found that major reasons for seeking an abortion include financial reasons, timing of pregnancy, partner related reasons, and the need to care for other children.<sup>10</sup> A study by the Guttmacher Institute found most abortions are among younger white women, and about 75% were below the poverty line.<sup>11</sup> Of interest was that 17% of abortion patients in 2014 identified themselves as mainline Protestant, 13% as evangelical Protestant and 24% as Catholic, while 38% reported no religious affiliation and the remaining 8% reported some other affiliation. Jones reported in 2017 that although the abortion rate decreased 26% for women with incomes less than 100% of the federal poverty level, this population had the highest abortion rate of all the groups examined.<sup>12</sup> Jones also speculated that if the 2014 age-specific abortion rates prevail, 24% of women aged 15 to 44 years in that year will have an abortion by age 45 years. These figures and studies, however, are cross sectional cohort studies and not population based.

The purpose of this paper is to again discuss the influence of the three most frequently used methods of contraception (i.e., the hormonal pill, the male condom, and sterilization—male and female) on the likelihood of having an abortion among United States (US) reproductive age women (15–44) in the latest NSFG (2017–2019) data set. In addition, this study also investigates and discusses other influences or reasons why US women seek abortion.

The specific research questions are:

1. What are the odds of ever having abortion among reproductive age US women who ever used the most common forms of family

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<sup>10</sup> M Antonia Biggs, Heather Gould & Diana Greene Foster. Understanding why women seek abortions in the US. *BMC Women's Health*. 2013, volume 13, Article number: 29.

<sup>11</sup> Guttmacher Institute (2019) Fact Sheet  
<https://www.guttmacher.org/factsheet/induced-abortion-united-states>

<sup>12</sup> Rachel K Jones, Jenna Jerman. Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014. *Am J Public Health*. . 2017 Dec;107(12):1904-1909. doi: 10.2105/AJPH.2017.304042. Epub 2017 Oct 19.

- planning? (i.e., the Pill, the condom, and Sterilization) among US reproductive age women (15–50)?
2. What are the odds of ever having abortion among reproductive age US women who consider religion as very important in their life and have frequent Church attendance?
  3. What is the influence of age, poverty level, number of children, marital status, and educational level on odds of abortion?

### *Research Methods*

The participants in this study were taken from the 2017–2019 data set of the NSFG. The 2017–2019 was conducted by the CDC, NCHS, and other government programs.<sup>13</sup> The NSFG datasets use a nationally representative, randomly selected sample of U.S. women. Under-representative subpopulations, such as Hispanics, are adjusted by over-sampling these groups. Interviews were conducted in person and take approximately eighty minutes to complete. Sensitive questions (such as the use of abortion) are asked through a self-paced computer-assisted interview program. The response rates of these surveys range from 75% to 80%. The response rate for the overall response rate for 2017–2019 NSFG for ages 15–49 was 63.4% for women. There are over 2,000 variables in this NSFG data set and contains variables on ever use of abortion, current and ever use of methods of contraception, and the variables “importance of religion”, church attendance, and marital status. This report includes the 6,141 women in the NSFG between the age of 15 and 50. As with all NCHS data files provided for public use and research, the proposed NSFG public-use files for 2017–2019 were submitted to the NCHS Disclosure Review Board (DRB) to ensure no information on the data set can be linked to an individual respondent.

The independent or predictor variables (and their label) for this study taken from the NSFG data set were “ever use” of the hormonal contraceptive pill (PILL), sterilization (TUBES TIED), vasectomy (VAS), ever use of condoms (CONDOM), and ever use of abortion (ABORT). The hormonal pill, sterilization, and condoms were used because they are the most frequently ever used methods of contraception in the US. The abortion

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<sup>13</sup> National Center for Health Statistics (NCHS). (2020). 2017-2019 National Survey of Family Growth Public-Use Data and Documentation. Hyattsville, MD: CDC National Center for Health Statistics. Retrieved from [http://www.cdc.gov/nchs/nsfg/nsfg\\_2017\\_2019\\_puf.htm](http://www.cdc.gov/nchs/nsfg/nsfg_2017_2019_puf.htm).

imputation variable was added to the ABORT variable for managing missing data.

The main protective variables were importance of religion in respondent's daily life (RELDLIFE), and frequency of attendance at religious services (ATTNDNOW). For the purposes of this analysis, the importance of religion response was divided into two categories: (1) very important and (2) somewhat important and not important. Participants indicated their frequency of attendance at a religious service as more than once a week, once a week, one to three times per month, less than once a month, or never. For analysis, these responses were collapsed into two categories. Frequent attendance at religious services included one or more times per week and infrequent attendance included three times per month or less.

Other variables that are thought to influence abortion and that are in the NSFG data set include age of the participant, number of living children under 19 years of age, education level of the participant, poverty level, and marital status. For analysis, marital status was dichotomized into married or not.

Chi square and relative risk odds ratios (OR), i.e., the odds to have had an abortion or not (with 95% confident intervals) were calculated. Statistical significance was set at the 0.05 probability level. To control for increased error rates with multiple testing, the Bonferonni probability average of .008 was determined. Logistic regression analysis was used to determine the combination influence of contraceptive methods, church attendance, and importance of religion on the odds of ever having an abortion. Also included in the regression analysis were the predictive variables of age, education level, number of children, marital status (i.e., married or not), and poverty level. Statistical analysis was performed by use of the Statistical Package for Social Sciences (IBM SPSS version 27). Only variables that are in the public access of the 2017–2019 NSFG data set were used for analysis in this report. There are no personal identifiers in this data set.

### *Results*

**Demographics.** The mean age of the 6,141 women participants in the 2017-2019 NSFG data set was 31.15 (range 15–50), 31.2% of whom were married, 9.3% divorced, and 55.7% never married. The majority (68.8%) were of the White race, 23.6% were listed as Black, and 7.6% other races. The majority (44.4%) listed their religion as Protestant, 22.2% were Catholic, 7.8% other religion, and 25.6% no religion.

**Current and Ever Use of Family Planning Methods.** Most of the women participants (99.2%) have used the male condom, (78.9%) have ever used the

contraceptive pill, (20.7.9%) reported being sterilized and (14.0%) of their male partners have had a vasectomy. Female sterilization was the most frequent current method of contraception at (18.0%), (14.0) were currently using the contraceptive Pill, (8.4%) were using the male condom as their main method of contraception, and (5.6%) reported having a partner with a vasectomy. The percentage of abortions in the past year was 13.2% and ever use of abortion was 15.3%.

Odds of Abortion with Ever Use of Family Planning Methods. Table 1 shows the odds ratios (OR) of ever having an abortion based on ever use of the hormonal pill, male sterilization (vasectomy), female sterilization, and the male condom. The highest odds of ever having an abortion are over 33 times among those women with ever use of the condom compared with women who never used the condom. Women with ever use of the contraceptive Pill were over two times as likely to ever have had an abortion, and ever being sterilized (i.e., tubes tied or vasectomy) ranged from 52–86% more likely to ever have had an abortion compared to those who never used those method.

Odds of Abortion with Religiosity. Table 1 provides the odds ratios (OR) of having an abortion based on importance of religion and frequency of church attendance. Whereas those who felt that religion was important in their lives and attended church at least once a week were from 54 to 76% less likely to ever had an abortion compared to those who were less religious. These ratios were also consistent with the regression equation that showed more likelihood having an abortion with ever use of the Pill, condoms, or male and female sterilization and less likely to have had an abortion with frequent church attendance but not importance of religion (see Table 1). When calculating odds of abortion among those women identifying as Catholic the odds were 40% less compared to non-Catholic women ( $p < 0.001$ ) The odds of abortion among women who identify with no religions the odds increase 23% compared to those women who profess a religion. There was no increase or decrease in odds of having an abortion among protestants compared to non-protestants.

Odds of Abortion by Logistic Regression Analysis: Table 2 shows a regression model which produced eight steps with eight significant model coefficients ( $p < .001$  to  $.021$ ) and with an 89.3 percent prediction. The eight-step model is reported in Table 3 and shows ever use of the contraceptive pill, condom use, female sterilization, vasectomy, church attendance, age, education level, and number of children as the significant variables. The variables of poverty, marital status, poverty, and importance of religion were not in the final model. Of interest in this model is that higher education level

yielded a 10% less odds of abortion and frequent church attendance a 41% less odds of abortion.

### *Discussion*

#### *Findings*

According to the data from the 2017-2019 NSFG, there was greater odds of ever having an abortion among women who ever used the three most common methods of birth control from 53% to 11 times compared with women who never used these methods of contraception. The results for ever use of contraceptive methods with women from the 2017-2019 NSFG compares well with the findings that Fehring found with data from Cycles 7 and 8 of the NSFG in that there were greater odds of abortion among those women using the hormonal pill, condoms and compared with women who never used those methods of family planning.<sup>14</sup>

The findings of this study's chi square odds ratios only compare well with the findings of similar studies that show the protective factor of frequent church attendance among adolescent and young adult women was associated with less odds of abortion.<sup>15</sup> The importance of religion variable, however, did not show a protective influence in this study but was significant in the 2017 UFFL study among adolescents, and among the women reported in the 2019 UFFL study report. Findings in this study seem to show that religion has become less important in US life in regard to abortion. These findings could also be a reflection that "none's" i.e., those who list no religion in the NSFG are now more frequent than those who list as Catholic. I conducted a post hoc analysis of the data and found that Catholic women have about a 40% less odds of abortion compared with those who are not Catholic. The women who indicated they were Catholic had a 14% abortion rate compared with 21% of non-Catholics.

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<sup>14</sup> R. Fehring, "The influence of contraception on abortion among women of reproductive age in the United States." *Life and Learning* XXI. In Proceedings of the Twenty First (2011) Conference of University Faculty for Life. (Ed. J. Koterski). (2018): P 245-261.

<sup>15</sup> R. Fehring. "Influence of current contraceptive use on the abortion and sexually transmitted disease rates among adolescents." *Life and Learning* XXVII. In Proceedings of the Twenty Seventh (2017) Conference of University Faculty for Life. (Ed. J. Koterski). P 211-231; R. Fehring, R., T. Bouchard, and M. Meyer. "Influence of Contraception Use on the Reproductive Health of Adolescents and Young Adults." *The Linacre Quarterly*. 85 2, (2018): 167-177.

The regression analysis for this study resulted in mixed results. As with the chi square analysis, ever use of condoms, female and male sterilization, and hormonal contraceptive pills showed greater odds of having an abortion compared with women who never used those methods of family planning. So too, frequent church attendance showed 40% less odds of abortion compared with women who attend church less frequently, but importance of religion was not a significant variable. Of interest is that having more children resulted in five times the odds of ever having an abortion compared to women with less children. The variable of having more education showed that the more years of education there is about a 10% less odds of abortion compared with women who had less years of education. Poverty level and being single were not significant variables in this regression model.

The regression model results are somewhat contrary to what Jones and other found with similar data sets and cohort studies, i.e., more abortions among young women who live in poverty.<sup>16</sup> The regression model in this study showing that women who have more children have greater odds of abortion makes sense, in that older women will have limited their family size and might be fearful of having a deformed baby in their later years. The reason more educated women have lower odds of having an abortion might be due to a greater ability to control events in their life and systems that help them avoid unwanted pregnancies.

According to the CDC the abortion rate in 2019 was 11.4 abortions per 1,000 women aged 15–44 years, and the abortion ratio was 195 abortions per 1,000 live births. Although the abortion rate is declining over the past ten years, compared with 2018, the total number increased by 2% in 2019, the rate of reported abortions increased by 0.9%, and the abortion ratio increased by 3%. Like previous years, in 2019, women in their twenties accounted for most abortions (56.9%). The (CDC) reported that induced abortions usually result from unintended pregnancies, which often occur despite the use of contraception (CDC).<sup>17</sup> Even the Allen Guttmacher Institute (AGI), considered to be the most accurate regarding abortion rates among U.S. women, indicated that 54% of women having abortions used a contraceptive

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<sup>16</sup> Rachel K Jones, Jenna Jerman. Population Group Abortion Rates and Lifetime Incidence of Abortion: United States, 2008-2014. *Am J Public Health*. . 2017 Dec;107(12):1904-1909. doi: 10.2105/AJPH.2017.304042. Epub 2017 Oct 19.

<sup>17</sup> L.M. Koonin and J.C. Smith, “Legal Induced Abortion: From Data to Action,” *Public Health Surveillance for Women, Infants and Children* (Center for Disease Control, 1994).

method during the month they became pregnant (AGI).<sup>18</sup> The Jones and the AGI studies unlike the current study do not include the influence of the three most used methods of contraception in the US. The inclusion of these variables with other influences might be the reason for different results. Furthermore, other than the Jones study, the findings presented are based on non-population-based data.

Besides Pope Saint John Paul II, other theologians and philosophers have theorized on the connects of contraception and abortion. Doerflinger speculated that one of the reasons that contraception contributes to abortion rates is that abortion is often looked upon as a backup to failed contraception.<sup>19</sup> Based on this thinking, one would then expect higher odds of abortion among less effective methods of contraception, like condoms. The data from this current study shows the greatest odds for having an abortion is among those women who ever reported using condoms is 33 times greater than women who never used condoms. Smith suggested another reason why contraception might lead to more abortions. She maintained that cohabitating couples in unstable relationships would tend to seek abortion when their contraception fails.<sup>20</sup> Most women who have an abortion are single and not married. A study that analyzed the abortion and contraceptive rates in Spain showed a greater likelihood of having an abortion among women who were twenty-five years or older, cohabiting, and experiencing first intercourse

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<sup>18</sup> R.K. Jones, L.B. Finer, and S. Singh, "Characteristics of U.S. Abortion Patients," Allen Guttmacher Institute (2008); Stanley K. Henshaw and Kathryn Kost, "Trends in the Characteristics of Women Obtaining Abortions, 1974 to 2004," *Guttmacher Institute* (August 2008), on line at <http://www.guttmacher.org/pubs/>

<sup>19</sup> R.M. Doerflinger, *The Prevention Deception: How Not to Reduce Abortions* (Washington, D.C.: Secretariat for Pro-Life Activities, U.S. Conference of Catholic Bishops, 2007).

<sup>20</sup> J. Smith, *The Connection Between Contraception and Abortion*, downloaded from One More Soul Web site, June 3, 2011, at: <http://onemoresoul.com/contraception/risks-consequences/the-connection-between-contraception-andabortion.html>. 2008/09/18/Report\_Trends\_Women\_Obtaining\_Abortions.pdf; W.R. Johnston, "Historical Abortion Statistics: United States," *Johnston's Archive* (4 June 2008) online at: <http://www.johnstonsarchive.net/policy/abortion/ab-unitedstates.html>; "An Overview of Abortion in the United States," *Alan Guttmacher Institute* (Jan. 2008), online at [http://www.guttmacher.org/media/press\\_kits/2005/06/28/abortionoverview.html](http://www.guttmacher.org/media/press_kits/2005/06/28/abortionoverview.html).

before turning eighteen.<sup>21</sup> Our current study did not show greater odds of abortion among unmarried women.

### *Limitations of the Study*

A limitation of the NSFG data set is the potential under-reporting of abortion. The lower use of abortion among Christians and Catholics might be due to being embarrassed in admitting the use of abortion. Abortion is a grave matter in the Catholic faith and among Christians generally. There is also some question as to whether the population sampling technique truly represents the U.S. population, especially among the Hispanic population.<sup>22</sup> A strength of this study is that it is population based, and as such, the findings have implications for all reproductive age women in the United States.

### *Implications*

Traditional religions, especially the Catholic, Conservative and Evangelical Protestants, and Orthodox Jewish faiths support traditional beliefs of marriage and human sexuality. These beliefs include that sexual intercourse should only be within a marriage, the immorality of abortion, and the sanctity of all human life. Since religion and church attendance is associated with lower odds of abortion, supporting and encouraging the religiosity of young women and men, and encouraging regular attendance at Church services are recommended. The encouragement of religiosity to promote health has been supported in other studies, for example, a study that utilized data from the Nurse Health study, showed less likelihood of drug use, multiple sexual partners, and sexual debut, and more likelihood of having greater life satisfaction among adolescents and young adults who attend church frequently compared to those youth who do not.<sup>23</sup>

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<sup>21</sup> J. L. Dueñas, I. Lete, and R. Bermejo, et al., "Trends in the Use of Contraceptive Methods and Voluntary Interruption of Pregnancy in the Spanish Population during 1997-2007," *Contraception* 83 (2011): 82-87.

<sup>22</sup> J.A. McDonald, K. Suellentrop, L.J. Paulozzi, and B. Morrow, "Reproductive Health of the Rapidly Growing Hispanic Population: Data from the Pregnancy Risk Assessment Monitoring System," *Maternal & Child Health Journal* 12 (2008): 342-56.

<sup>23</sup> Ying Chen and Tyler J. VanderWeele. Associations of Religious Upbringing with Subsequent Health and Well-Being from Adolescence to Young Adulthood: An Outcome-Wide Analysis. *American Journal of Epidemiology*. (2018). DOI: 10.1093/aje/kwy142.

The recommendations of Saint Pope John Paul II in his encyclical *Evangelium vitae* are also recommended.<sup>24</sup> The Pope believed that only a true love can protect life. He felt that it is a duty to offer adolescents and young adults, an authentic education in sexuality and in love—education that involves training in chastity. He also promoted ways to build a culture of life. He urged that centers for natural methods of regulating fertility should be promoted, teaching the use of natural family planning (NFP) be taught to all married couples, and that universities be involved with the study of a true culture of life. He believed that NFP was a valuable help to responsible parenthood, in which all individuals, and in the first place the child, are recognized and respected, and where every decision is guided by sincere gift of self. He ended his encyclical by saying that it will be women who will lead the movement in building a culture of life.

#### *Recommendations for Future Research*

I would again recommend trend research by comparing the findings from the NSFG data sets throughout the past ten years, i.e., by combining the data sets from 2010–2019 and by comparing results from each of these data sets. Comparing the results would allow analysis of trends in contraception and the relationship with abortion. Another recommendation is to break down the analysis with special sub-populations of interest and especially different ethnicities (e.g., Hispanics) and African Americans. Finally, the influence of faith (i.e., religion) on family planning patterns and abortion (as expressed in the importance of religion and the frequency of church attendance) continue to be of interest. The trends of these religious variables among the available NSFG data sets would be of interest. Finally, the variable of cohabitation would be of interest in conjunction of not being married.

#### *Conclusion*

Modern medicine continues to promote the use of contraception to prevent unintended pregnancies. There is the belief that it is only through contraception that women can have control of their lives and careers. There is consensus among health professionals that there is a great need to provide unmarried sexually active adolescents with the pill, the condom, and more recently the use of the IUD and implants. These approaches are especially

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<sup>24</sup> Pope John Paul II, *Evangelium vitae* (The Gospel of Life) in *Origins* 24/42 (6 April 1995): 694-95).

focused among African Americans and the poor. Yet these approaches are not solving the problem of unwanted pregnancy and abortion and promote the likelihood of catching an STD.<sup>25</sup>

The reduction of abortion will only happen when a true understanding of human sexuality, marriage, and the conjugal act can be effectively communicated and lived. The only way to decrease abortion is through chastity-based human sexuality programs for teens and their parents, marriage preparation that includes the use of NFP, through the understanding that women's roles and careers are not contingent on eliminating their human fertility, and through promoting and defending the notion that marriage should only be between a man and a woman. The pro-life movement needs to embrace these methods. Not seeing the link between contraception and abortion is blinding the pro-life movement and eliminates strategies for effective change in our culture to become a culture of accepting life.

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<sup>25</sup> R. Fehring, "The influence of contraception, abortion and natural family planning on divorce rates as found in the 2006-2010 National Survey of Family Growth." *Life and Learning XXIV*. In *Proceedings of the Twenty Fourth (2014) Conference of University Faculty for Life*. (Ed. J. Koterski). (2017) P 199-213.

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**FIGURE 1**

**CONTINUUM-MODEL OF ABORTION AND CONTRACEPTION**

CONTRACEPTION

Fertility not integrated

Fertility is a disease

Fertility is an obstacle

Closed to generating life

Control fertility

Destroy fertility

Reject God's gift

ABORTION

Baby not integrated

Baby is a disease

Baby is an obstacle

Closed to life

Control life

Destroy life

Reject Image of God

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Table 1: Odds Ratio (OR) of Ever Having an Abortion by Ever Used Contraceptive Method and Religiosity (Importance of Religion and Church Attendance) among U.S. Women in the 2017-2019 NSFG.

<b>Method</b>	<b>Odds Ratio</b>	<b>95% CI</b>	<b>Significance</b>
<b>Pill</b>	4.28	3.43 – 5.35	< .000
<b>Condom</b>	32.33	17.71 – 59.02	< .000
<b>Sterilization</b>	10.95	7.89 – 15.20	< .000
<b>Vasectomy</b>	6.21	4.67 – 8.26	< .000
<b>Important Religion</b>	1.01	0.84 – 1.21	< .952
<b>Church Attendance</b>	0.61	0.48 – 0.77	< .000

Table 2: Logistic Regression Results and Odds Ratio (OR/Exp(B)) of Ever Having an Abortion by Ever Use of Contraceptive Methods, Church Attendance, and other variables (age, marital status, education level, poverty level, and number of children) among U.S. Women in 2017-2019 NSFG.

	<i>B</i>	<i>S.E.</i>	<i>Wald</i>	<i>df</i>	<i>Sig.</i>	<i>Exp(B)</i>	<i>Low95%</i>	<i>Upper95%</i>
<b>Pill</b>	.45	.168	7.17	1	.007	1.57	1.12	2.17
<b>Condom</b>	2.51	.354	50.13	1	.000	12.24	6.12	24.49
<b>Sterilization</b>	.53	.230	5.34	1	.021	1.70	1.08	2.66
<b>Vasectomy</b>	.62	.189	10.65	1	.001	1.86	1.28	2.68
<b>Church Attendance</b>	-.53	.174	9.20	1	.002	0.59	0.42	0.82
<b>Age</b>	.10	.008	154.77	1	.000	1.10	1.09	1.12
<b># of Kids</b>	1.76	.108	266.49	1	.000	5.79	4.69	7.14
<b>Education</b>	-6.22	.027	14.31	1	.000	0.90	0.86	0.96