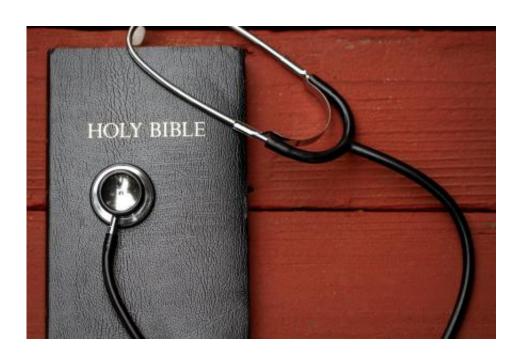


Religion and support for birth control health coverage can mix

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New research debunks the assumption that a woman's religion predicts her views on policies affecting reproductive health care such as insurance coverage for birth control.

Even when it comes to policies that have sometimes been characterized as going against Christian views - such as the Affordable Care Act mandate for employer-provided contraception coverage- religious women's opinions are mixed, finds the nationally-representative study by



the University of Michigan.

Protestants and Catholics were most likely to agree that employer health plans should cover contraception (66 % and 63% respectively) - even ahead of non-religious women (59 %) and women of non-Christian religious affiliation (59%), according to the study. Least likely to support the ACA requirement were Baptists (48 %) and other Christians (45 %).

Fifty-six percent of women overall supported mandated health coverage of contraceptives and less than a fourth believed employers should be exempt from the law due to religion. The findings appear online ahead of print this month in international <u>reproductive health</u> journal *Contraception*.

"We wanted to examine the relationship between religious affiliation and a woman's views on reproductive <u>health care policy</u> and what we found was that one didn't necessarily predict the other," says lead author Elizabeth Patton, M.D., M.Phil, M.Sc an obstetrician-gynecologist at the University of Michigan Health System and researcher with the VA Center for Clinical Management Research.

"Debates surrounding reproductive health care have often been framed as religious versus non-religious but that's not an accurate narrative. Our findings show that religious women's attitudes toward policies affecting reproductive health care are much more complex than they are often portrayed. The differences in opinions about these policies between religious women and non-religious women are not always as striking as some may believe."

The Affordable Care Act's contraceptive coverage mandate was challenged last year by the owners of Hobby Lobby and Conestoga Wood who said providing contraceptives to female employees went against their religious beliefs. The Supreme Court sided with them,



ruling that corporations with religious owners cannot be required to pay for <u>insurance coverage</u> of contraception under the ACA.

Just this week, the Supreme Court asked a lower court to reconsider its decision that barred Notre Dame - a Catholic university - from refusing to provide contraceptive coverage to employees on religious grounds.

The U-M study found that just 23 percent of women believed religious hospitals and colleges should be excluded from contraceptive coverage requirements. The majority of women however disagreed with insurance coverage for abortion, with just 23 percent supporting abortion coverage in health plans. When controlling for factors such as income, education, ethnicity and political party, women who attended services most frequently (weekly or more, regardless of religious affiliation) were less likely to support employer sponsored insurance coverage of contraception and abortion care, but more likely to support the exclusion of religious hospitals and colleges from contraceptive coverage requirements.

Researchers analyzed data from the Women's Health Care Experiences and Preferences survey, which was conducted by the Program on Women's Health Care Effectiveness Research of the Department of Obstetrics and Gynecology at the University of Michigan and includes a nationally-representative sample of 1,078 women in the U.S. age 18-55. The study examined associations between religious association (based on self-reported religious affiliation and frequency of attending religious services) and attitudes toward employer-provided insurance coverage of contraception and abortion services.

"When religion enters political discussions, we tend to hear from politicians, business leaders or church leaders who are often the most vocal, but these voices don't represent the religious community as a whole," says Patton, who is also a Robert Wood Johnson Clinical Scholar



and member of the U-M Institute for Healthcare Policy and Innovation.

"Political debates in the U.S. about reproductive health and religion continue. These policies primarily affect women - the vast majority of whom identify with a religion - and we need to ensure their viewpoints are heard so that misconceptions aren't perpetuated in these conversations.

"We need to be aware of the complexity of how religion affects women's views so we can design reproductive health policies that truly reflect the beliefs and desires of most <u>women</u> in our country."

More information: "How does religious affiliation affect women's attitudes toward reproductive health policy? Implications for the Affordable Care Act," *Contraception*, March, 2015: <u>DOI:</u> 10.1016/j.contraception.2015.02.012

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