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Changes in American Opinion about Family Planning

Clifford Grammich, Julie DaVanzo, and Kate Stewart

A 1998 public opinion survey conducted in the United States indicated high levels of support for many family planning policies, including US health insurance coverage of family planning services and US sponsorship of family planning programs in developing countries. To gauge changes in opinion on these issues since then, some of the 1998 questions were asked in an omnibus 2003 survey. The results indicate continuing high support for requiring US health insurers to cover family planning services (87 percent in 1998 and 84 percent in 2003), but some loss of support (from 80 to 69 percent) for US sponsorship of family planning programs in developing countries. Opinion remains divided on the policy of prohibiting nongovernmental organizations from receiving federal funding for performing or actively promoting abortion services. The authors explore several possible explanations for these findings, including the role changing presidential policy may have had in shaping opinion regarding family planning aid for developing countries. (STUDIES IN FAMILY PLANNING 2004; 35[3]: 197–206)

In the late 1990s, family planning programs at home and abroad enjoyed broad support among all Americans. A 1998 survey of public opinion (Adamson et al. 2000) on family planning issues found that: (1) six in seven Americans agreed “that health insurers in the US should cover family planning services, just like other doctor’s visits and services, as part of their regular health-care coverage”; (2) four in five favored US funding for “voluntary family planning programs in developing countries,” and half favored funding for “voluntary, safe abortion as part of reproductive health care in developing countries that request it”; and (3) more than half believed that making family planning “widely available in a country where it had not been” would help reduce the number of abortions there.

The five years since this survey have seen tremendous changes in both domestic and international politics potentially affecting Americans’ opinions about family planning and the priority they give for US government funding to support it internationally. Domestically, shifts in partisan control of the White House and Congress pre-saged shifts in policy for what is a tangential issue in the broader political arena.¹ Internationally, the September

2001 terrorist attacks against the United States and the more recent war against Iraq have raised several security issues for Americans potentially affecting their views on levels and types of foreign aid that the US government should offer.

Using a 2003 follow-up survey, this report analyzes shifts in opinion about family planning issues in recent years and considers possible explanations for changes. Continuity between the 1998 and 2003 results is great. Large majorities still believe that US health insurers should include family planning services as part of their regular health-care coverage and support US government funding for family planning programs in developing countries. Some change is seen as well. Support for family planning programs in developing countries has decreased as has that for offering aid for elective abortion in countries that request it. Continuity and changes in opinion on these and other issues related to family planning are examined below, including trends and how opinions vary and have changed among demographic and political subgroups.

Data and Methods

To examine attitudes toward family planning issues in 1998 and 2003, the RAND Corporation commissioned Belden Russonello & Stewart (BRS), a Washington, DC, public opinion research firm, to conduct a public opinion survey on these issues.

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In August and September 1998, BRS used a random-digit-dial sample of households across the United States to conduct interviews with 1,500 US residents aged 16 or older. Because the 1998 survey included an oversample of respondents aged 16–20, the results were weighted to adjust for differences between the sample and the US population at that time. The questions about family planning were part of a larger survey on public views regarding knowledge of global demographic trends and public attitudes toward issues such as international economic assistance, family planning, and abortion.

In April 2003, BRS used a random-digit-dial sample of households to conduct interviews with 1,014 adults aged 18 years or older. Because the 2003 sample closely reflected the US population by age, sex, race, and Hispanic origin, weights were not devised for it. The questions about family planning issues were asked as part of an omnibus survey on educational, environmental, and family planning issues conducted by BRS. (See the appendix for the number of respondents by demographic and political characteristics in both surveys.)

Questions that appeared on both the 1998 and the 2003 surveys were the following:

“Can you tell me what the term ‘birth control’/‘family planning’ means? What does it include?” This open-ended question² was asked of a split sample; a random half of the total sample was asked to define “birth control,” the other half was asked to define “family planning.”

(If respondent does not mention “abortion” in answering the open-ended question above)
“When you hear the term ‘birth control’/‘family planning,’ do you think it includes abortion?”

“Please tell me if you (strongly or somewhat) favor or oppose . . . the US sponsoring voluntary family planning programs in developing countries.”

“Please tell me if you (strongly or somewhat) favor or oppose US aid programs contributing to the funding of . . . voluntary, safe abortion as part of reproductive health care in developing countries that request it.”

“Please tell me if you (strongly or somewhat) approve or disapprove of the following: Congress (and President Bush, as mentioned in 2003) have voted to prevent the US from funding family planning services in health organizations overseas if those organizations also happen to perform abortions with other, non-US funding.”

“If family planning were made widely available in a country where it had not been, would you expect the

number of abortions to fall, or to rise, or would having family planning widely available make no impact on abortion rates?”

“Do you (strongly or somewhat) agree or disagree that health insurers in the US should cover family planning services, just like other doctor’s visits and services, as part of their regular health-care coverage?”

Chi-square analysis is used here to test significance of differences among subgroups in 2003. We use t-statistics to test significance of differences between 1998 and 2003. (Overall conclusions regarding any changes between 1998 and 2003 do not differ when respondents aged 16 or 17 are included or excluded from the 1998 sample.)

Definitions of “Family Planning” and “Birth Control”

“Birth control” and “family planning” have overlapping but distinct meanings for Americans (see Table 1). In responding to the open-ended questions about the meaning of these terms, most Americans use the term “birth control” in a technical sense; 61 percent in 2003 used it to refer to methods of preventing conception (for example, contraceptives or other means), and 27 percent used it to refer to behavioral choices related to reproductive behavior (for example, having control over the number of births or taking responsibility for reducing unwanted pregnancy). By contrast, only 16 percent used “family planning” to refer to methods of preventing conception, whereas 38 percent of respondents used it to refer to behavioral choices. The low proportion using

Table 1 Percentage of survey respondents, by their definition of the meaning of the terms “birth control” and “family planning,” United States, 1998 and 2003

Terms defined as including	Birth control		Family planning	
	1998	2003	1998	2003
Family planning	3	2	na	na
Birth control	na	na	23	18
Contraceptive methods	71	61	15	16
Behavioral choices	24	27	48	38
Education (giving information about family planning)	25	9	29	12
Demography	15	5	3	0
Health care or social benefits	9	4	16	9
Miscellaneous related	4	10	7	13
Unrelated responses	0	0	11	19
Do not know or decline to answer	4	5	10	10

Note: Because multiple responses are possible to open-ended questions, totals add to more than 100 percent.
na = Not applicable.

“family planning” to refer to methods of preventing conception is particularly surprising given the prevalence of “family planning” signs in drugstore aisles that advertise such products.

The term “birth control” appears to be clearer to respondents than “family planning.” In both 1998 and 2003, many more respondents did not know, declined to provide, or provided an only slightly related or an unrelated (for example, planning for retirement) definition for “family planning” as for “birth control.” Nevertheless, the proportion defining “birth control” in terms of contraception decreased between 1998 and 2003.³ The proportion defining either term in educational terms (for example, giving information) also decreased.

As noted above, if respondents did not mention abortion in answering the open-ended questions on the meaning of the two terms, they were explicitly asked, “Do you think [‘birth control’ or ‘family planning’] includes abortion?” In both 1998 and 2003, respondents were more likely to view “family planning” than “birth control” as including abortion, as shown in Table 2. The proportion defining birth control as including abortion decreased significantly from 1998 to 2003, whereas the proportion defining family planning as including abortion increased, but only slightly. In 2003, the respondents most likely to include abortion in defining family planning were college graduates, residents of the Northeast and the West, and non-Hispanic whites (not shown).

For the purpose of both surveys, respondents were explicitly told that in answering the remaining questions they should consider “family planning” as not including abortion but instead as meaning “having the information and services, including birth control or contraception, to determine if and when to get pregnant, and getting help with infertility problems.”

Changing Support for US Funding of Overseas Programs

Public support for international family planning remains strong, but some weakening has occurred since 1998 (see Table 3). Among all respondents in 2003, 69 percent sup-

Table 2 Percentage of survey respondents who said that the term “birth control” or “family planning” includes abortion, United States, 1998 and 2003

Term	1998	2003	Change
Birth control	33	24	-9 ^a
Family planning	46	49	+3

Note: Percentages include respondents who volunteered “abortion” in defining the term and those who were asked explicitly whether the term includes abortion.
^at-test calculation of significance of change since 1998 at < 0.01.

Table 3 Percentage of all survey respondents and of those who indicated that they are voters, by their opinions concerning US funding for voluntary family planning programs in developing countries, United States, 1994, 1998, and 2003

Respondents	Strongly favor	Some-what favor	Some-what oppose	Strongly oppose	Do not know or decline to answer
All respondents					
1998	45	35	9	9	2
2003	36	32	12	17	2
Voters					
1994	30	29	17	20	4
1998	45	33	8	11	2
2003	37	30	12	18	3

Note: Percents reflect rounding.

ported US funding for voluntary family planning programs in developing countries, marking a statistically significant decrease ($t = -6.3$; $p < 0.01$) from the 80 percent who supported such programs in 1998.

For this question, we are also able to compare changes in opinion since 1994, when a BRS survey of voters included this same question. In 1994, 59 percent of voters supported such policies, compared with 79 percent of voters in 1998 and 67 percent of voters in 2003.⁴ Although the 1998 and 2003 surveys clarified that, for the purposes of this question, “family planning” was defined as excluding abortion, such a clarification was not used in 1994. Therefore, we do not know whether the change in support since 1994 represents a true change or reflects a change in support caused by the wording used to clarify the exclusion of abortion from the term “family planning.” To the extent that the latter is true, findings suggest that the perception that these programs include abortion diminishes support for them (Adamson et al. 2000).

As Table 4 shows, among the groups most likely to support US funding of voluntary family planning in developing countries are college graduates, liberals, and Democrats. Support for these programs decreased by a statistically significant amount among most groups, with particularly sharp drops among those who did not graduate from college, who live in the Northeast, and who are political moderates, although support remained at 60 percent or higher for every demographic and political subgroup examined.

Public support for voluntary abortion services as part of reproductive health care in developing countries that request them is weaker than that for family planning programs (see Table 5). The United States has prohibited funding for such services since the mid-1970s (Seltzer 2002). Overall, in 2003, 45 percent of Americans indicated their support of US funding for voluntary abortion services for countries that request them, a statistically significant decrease ($t = -2.46$; $p < 0.05$) from the 50 percent

Table 4 Percentage of survey respondents who indicated support for US funding for voluntary family planning programs in developing countries, by selected characteristics, United States, 1998 and 2003

Characteristic	1998	2003	Change
Overall	80	69	-11 ^b
Age and sex			
Men < 45	78	67	-11 ^b
Women < 45	86	75	-11 ^b
Men 45+	75	65	-10 ^c
Women 45+	80	66	-13 ^b
Highest level of education ^a			
Did not complete high school	76	63	-13 ^c
High-school graduate	79	61	-18 ^b
Some college	79	66	-13 ^b
College graduate	82	77	-5
Graduate work or degree	83	80	-3
Region of residence			
Northeast	85	69	-16 ^b
Midwest	80	73	-7
South	77	64	-13 ^b
West	80	72	-8 ^c
Race or Hispanic origin			
White	80	68	-12 ^b
Black	80	66	-13 ^c
Hispanic	79	78	-1
Other	81	79	-2
Ideology ^a			
Liberal	84	81	-4
Moderate	86	70	-16 ^b
Conservative	72	62	-10 ^b
Party identification ^a			
Democrat	85	75	-9 ^b
Republican	72	60	-12 ^b
Independent or other	80	70	-11 ^b

Note: Percents in change column reflect rounding.

^a Chi-square significance of 2003 differences among groups at < 0.01. ^b t-test significance of change since 1998 at < 0.01. ^c t-test significance of change since 1998 at < 0.05.

who did so in 1998. The proportion opposing such support increased from 46 to 52 percent, with the proportion strongly opposing such support (not shown) increasing from 33 to 40 percent ($t = -3.57$; $p < 0.01$). In both years, opposition was more strongly felt than support.

Among demographic groups most likely in 2003 to support US funding of abortion services in developing countries are college graduates and those living in the West. Political divisions are also strong on this issue, with Democrats more likely to support such funding than Republicans, and no group exceeding the 65 percent support of liberals who support such funding.

Changes in opinion on this question have reinforced political divisions on it, with support among conservatives and Republicans decreasing by a statistically significant amount. Other groups whose support decreased by a significant amount include respondents who did not complete college and those who live in the Northeast.

Table 5 Percentage of survey respondents who indicated their support of US funding for voluntary, safe abortion as part of reproductive health care in developing countries that request it, by selected characteristics, United States, 1998 and 2003

Characteristic	1998	2003	Change
Overall	50	45	-5 ^b
Age and sex			
Men < 45	54	45	-9 ^b
Women < 45	51	48	-3
Men 45+	48	42	-6
Women 45+	46	42	-4
Highest level of education ^a			
Did not complete high school	41	34	-6
High-school graduate	48	40	-8 ^c
Some college	52	41	-11 ^c
College graduate	56	54	-2
Graduate work or degree	52	52	+1
Region of residence ^a			
Northeast	60	48	-12 ^c
Midwest	47	39	-8
South	43	40	-3
West	56	55	-1
Race or Hispanic origin			
White	50	44	-6 ^b
Black	54	43	-11
Hispanic	51	46	-5
Other	49	64	+15
Ideology ^a			
Liberal	62	65	+3 ^b
Moderate	55	49	-6
Conservative	39	31	-8 ^b
Party identification ^a			
Democrat	56	52	-4
Republican	41	34	-7 ^b
Independent or other	53	48	-5

Note: Percents in change column reflect rounding.

^a Chi-square significance of 2003 differences among groups at < 0.01. ^b t-test significance of change since 1998 at < 0.05. ^c t-test significance of change since 1998 at < 0.01.

Support for family planning and abortion services in developing countries greatly overlaps (as Table 6 shows), but support is not perfectly correlated for the two kinds of services. Among those who support funding of family planning services in developing countries, most (58 percent in 1998 and 57 percent in 2003) support funding of abortion services there. Even among those who oppose funding of abortion services in developing countries, most support funding of family planning services there, though this support has decreased considerably (69 percent in 1998 to 57 percent in 2003). Support for these programs has decreased by a statistically significant amount between 1998 and 2003 among most groups, while opposition to both has increased. Among those most likely to oppose US funding for both of these services are those who have not graduated from college, conservatives, and Republicans (not shown). Among those whose opposition to both policies has increased significantly since 1998

Table 6 Percentage of survey respondents who indicated their support of US funding for family planning and abortion services in developing countries, United States, 1998 and 2003

Opinion	1998	2003	Change
Support both family planning and abortion services	45	38	-7 ^b
Support family planning, oppose abortion services	32	29	-4
Oppose family planning, support abortion services	4	6	+2 ^c
Oppose both family planning and abortion services	14	22	+8 ^b
Other responses ^a	4	5	+1

Note: Percents in change column reflect rounding.

^a Percentages include those who responded "do not know" or declined to answer the question regarding support for at least one program. ^b t-test significance of change since 1998 at < 0.01. ^c t-test significance of change since 1998 at < 0.05.

are respondents in the Northeast and South, political moderates, and independents and members of other political parties (not shown).

Domestic Family Planning Questions

Although US opinion about international family planning issues has shifted in the past five years, attitudes about a domestic family planning issue—health insurance coverage for family planning services—have remained remarkably steady. During this time, insurance coverage of contraceptives has increased, as have public efforts to ensure contraceptive access.⁵ In both the 1998 and 2003 surveys, more than five in six respondents agreed that family planning services should be part of regular health-care coverage (see Table 7); nearly four in six strongly agreed with this statement (not shown).

Majorities of every respondent category agree that US health insurance should include family planning services, with majorities of every group except conservatives and Republicans agreeing strongly with such a policy; for these two groups slightly less than 50 percent strongly agree (not shown). Overall support for such a policy exceeds 90 percent among women of childbearing age, liberals, Democrats, and non-Hispanic blacks (although the chi-square distribution of opinion by race and Hispanic origin falls short of statistical significance, with $p = 0.08$). Support within categories has changed little since 1998, although statistically significant decreases are seen in support among Hispanics and respondents in the Northeast and West.

Noteworthy differences are observed in patterns of support for international family planning aid and for US health insurance coverage of family planning services. Respondents who did not complete college were less likely to support international family planning aid than those who did, but they were as likely as those with more education to support US health insurance coverage for family planning services. No significant differences were

Table 7 Percentage of survey respondents who indicated their support of US health insurance coverage of family planning services, by selected characteristics, United States, 1998 and 2003

Characteristic	1998	2003	Change
Overall	87	84	-2
Age and sex ^a			
Men < 45	87	84	-3
Women < 45	93	91	-2
Men 45+	77	73	-4
Women 45+	87	87	0
Highest level of education			
Did not complete high school	87	87	-1
High-school graduate	87	86	-1
Some college	86	83	-3
College graduate	86	80	-6
Graduate work or degree	86	86	0
Region of residence			
Northeast	90	84	-6 ^b
Midwest	83	84	+1
South	84	86	+2
West	91	83	-9 ^c
Race or Hispanic origin			
White	84	83	-1
Black	97	93	-4
Hispanic	96	85	-10 ^c
Other	79	85	+7
Ideology ^a			
Liberal	93	93	0
Moderate	90	87	-3
Conservative	80	78	-2
Party identification ^a			
Democrat	92	90	-2
Republican	79	85	+6
Independent or other	87	76	-11

Note: Percents in change column reflect rounding.

^a Chi-square significance of 2003 differences among groups at < 0.01. ^b t-test significance of change since 1998 at < 0.05. ^c t-test significance of change since 1998 at < 0.01.

found by age and sex in support of international family planning aid, but women were significantly more likely than men to support US health insurance coverage of family planning services ($t = 4.39$; $p < 0.01$), those younger than 45 were significantly more likely than older respondents to support it ($t = 2.64$; $p < 0.01$), and women of childbearing age, as noted, were most likely to support it.

Reasons for Changes in Attitudes

What might account for the change in support for funding of family planning and abortion services in developing countries, in contrast with the relative stability of support for health insurance coverage of family planning services within the United States? At least four plausible explanations can be suggested. First, respondents may not see the issues as connected, in which case we should not expect changes in the two kinds of sup-

port to be related. Second, recent events may have affected Americans' views concerning foreign affairs, including international family planning aid, in ways that have not affected their views concerning domestic affairs, including health insurance coverage of family planning services. Third, regardless of their current attitudes toward foreign and domestic affairs, Americans may have changed their opinions about the effectiveness of international family planning aid and revised their views concerning support for such programs accordingly. Fourth, Americans' attitudes toward international family planning aid may have been affected by some other policy variable. Evidence for each of these explanations is presented below.

The Relationship of Opinions about Domestic and International Family Planning

Little reason may exist for assuming that opinions about US sponsorship of voluntary family planning programs and about US health insurance coverage of family planning services are related. Respondents may see the US health insurance question as being more relevant to their immediate interests and be less likely to change their opinions on an issue with which they have such "cognitive engagement" (Zaller 1992:42).⁶ Furthermore, the health insurance question may be viewed as involving private expenditures, whereas the question concerning international family planning involves the expenditure of public funds; such a difference may lessen the likelihood that respondents will see a connection between these issues. Conversely, even if respondents view both as questions involving expenditure of public funds, health insurance coverage for contraception may continue to enjoy support because of the greater support US public health spending has received in recent years.⁷

A modest but weakening correlation is seen between support for US sponsorship of voluntary family planning programs in developing countries and for US health insurance coverage of family planning services. Both questions had a four-point scale for responses, ranging from "strongly" favor or agree to "strongly" oppose or disagree. A modest correlation ($r = 0.33$; $p < 0.001$) was found in support for both programs in 1998, and a smaller, but statistically significant, correlation in 2003 ($r = 0.21$; $p < 0.001$).

As this relationship has weakened, its nature may have changed. In 1998, for example, the correlation of opinions regarding these two issues was stronger for those with a college degree or higher education ($r = 0.36$; $p < 0.001$) than for those without any college education ($r = 0.26$; $p < 0.001$). In 2003, although some modest correlation was seen for those without any college education ($r = 0.23$; $p < 0.01$), the correlation for those with a college

degree or higher education was not significantly different from zero. We consider below different ways that other respondents may now view the relationship (or lack of relationship) between these two issues as we review other policy variables that may affect opinions about them.

Changing Events and Priorities

The 2003 survey, unlike the 1998 survey, did not include questions about attitudes toward different types of foreign aid. Opposition to funding family planning overseas in the 1998 survey appeared to spring from opposition to overseas economic assistance in general and perhaps from a belief that rapid population growth is not a serious problem in developing countries (Adamson et al. 2000).

In 1998, respondents ranked "helping women in poor countries avoid unintended pregnancies" as a priority ahead of several explicit political and security policies (for example, preventing regional conflicts and supporting governments friendly to the United States). Although Americans might change their ranking of foreign aid priorities from those they indicated in 1998, they do not appear to have changed their overall general opinions about foreign aid. Three time-series surveys—including Gallup polls (The Gallup Organization 2001–02), the National Election Studies (Burns et al. 2001; Burns and Kinder 2003), and the National Opinion Research Center General Social Survey (Davis and Smith 2002)—show that support for foreign aid in general has remained relatively stable in recent years.⁸ Other BRS surveys indicate that support for economic aid in particular has increased.⁹ Historically, a low, steady level of support for foreign aid in general has been observed, with such support increasing in times of war or other foreign crises and decreasing when such crises subside (Page and Shapiro 1992). Such evidence leads us to infer that recent events such as the September 2001 terrorist attacks have not, by themselves, affected Americans' general views about foreign aid in ways that could be expected to reduce support for specific policies such as family planning aid.

Opinions about the Efficacy of Family Planning Programs

Regarding views on the effectiveness of family planning programs in developing countries, there has been some change in views on the measure of effectiveness used in both surveys, that of the effect of family planning on the number of abortions in a country where it had not been widely available (see Table 8). Among respondents with the greatest belief in the efficacy of family planning pro-

Table 8 Percentage of survey respondents who indicated that they believe if family planning were made widely available in a country where previously it had not been available, the number of induced abortions would fall, by selected characteristics, United States, 1998 and 2003

Characteristic	1998	2003	Change
Overall	52	45	-6 ^c
Age and sex			
Men < 45	51	43	-8 ^d
Women < 45	54	49	-5
Men 45+	50	45	-5
Women 45+	51	44	-7
Highest level of education ^a			
Did not complete high school	40	37	-3
High-school graduate	48	39	-9 ^d
Some college	55	46	-10 ^d
College graduate	58	53	-5
Graduate work or degree	56	54	-2
Region of residence			
Northeast	50	49	-1
Midwest	52	42	-10 ^d
South	51	46	-5
West	53	43	-10 ^d
Race or Hispanic origin			
White	52	48	-4
Black	47	41	-6
Hispanic	52	42	-10
Other	55	38	-16
Ideology			
Liberal	52	47	-5
Moderate	57	47	-10 ^d
Conservative	48	44	-4
Party identification ^b			
Democrat	52	50	-2
Republican	51	46	-5
Independent or other	51	40	-11 ^d

Note: Percents in change column reflect rounding.

^a Chi-square significance of 2003 differences among groups at < 0.01. ^b Chi-square significance of 2003 differences among groups at < 0.05. ^c t-test significance of change since 1998 at < 0.01. ^d t-test significance of change since 1998 at < 0.05.

grams to reduce the number of abortions are college graduates and Democrats. Ideological divisions are not evident for this question, and divisions between Republicans and Democrats are less evident here than they are concerning issues of international family planning aid considered above. Put another way, opinions about how family planning could affect abortion rates appear to be relatively free of partisan or ideological considerations. Over the period between the two surveys, statistically significant decreases occurred among several groups, including men younger than 45, those who have not completed college, respondents in the Midwest, West, and small cities or towns (not shown), political moderates, and independents or members of other political parties.

Respondents with a greater belief in the efficacy of family planning programs to reduce numbers of induced abortions are more likely to favor US support for such programs in developing countries, as shown in Table 9.

Table 9 Percentages showing changes in support of US funding for international family planning programs, by belief that availability of family planning will reduce number of induced abortions, United States, 1998 and 2003

Opinion	Support US funding of family planning programs in developing countries ^a	
	1998	2003
Believe making family planning more available would reduce number of induced abortions	87	76
Do not believe making family planning more available would reduce number of induced abortions	72	62

Note: All differences between and within years are statistically significant at $p < 0.01$.

^a In 1998, 13 percent of respondents did not support US funding of family planning in developing countries although they believed that making contraception more available would reduce the number of induced abortions; 28 percent neither support such funding nor believe that making contraception more available reduces the number of abortions. The percentages in these categories for 2003 are 24 and 38, respectively.

Whether decreasing confidence in such programs has, by itself, reduced support for US government sponsorship of family planning programs in developing countries is not clear. Such support has decreased among both those who do and those who do not believe that family planning can help reduce the numbers of elective abortions. In fact, respondents who believe that family planning can have this effect were about as likely to support such programs in 2003 as were those in 1998 who did not believe such programs could do so. Nonetheless, in both years, respondents who believed family planning reduces the number of abortions were significantly more likely to support international family planning assistance than were those who did not hold this belief.

Effects of Other Policies on Public Opinion

To learn about the effect of other policies that might influence opinions about abortion and family planning issues in developing countries, we asked respondents their view of federal policy requiring nongovernmental organizations to agree, as a condition of their receipt of US government funds for international family planning programs, that they will neither perform nor actively promote elective abortion, even with their own funds. The Reagan Administration instituted this policy in 1984, the Clinton Administration rescinded it in 1993, and the Bush Administration reinstated it in 2001.

Overall support for this policy was virtually the same in the 1998 and 2003 surveys (see Table 10). Nevertheless, opinion concerning this policy has become more polarized, with 64 percent of respondents expressing strong approval or disapproval of it in 2003, compared with 52 percent in 1998 (not shown), a difference that is statistically significant ($t = 5.79$; $p < 0.01$).

Table 10 Percentage of survey respondents who said they supported preventing the US from funding family planning services in health organizations overseas if those organizations also perform abortions using other, non-US funding, by selected characteristics, United States, 1998 and 2003

Characteristic	1998	2003	Change
Overall	44	47	+3
Age and sex			
Men < 45	48	46	-2
Women < 45	44	47	+3
Men 45+	46	48	+2
Women 45+	38	49	+11 ^c
Highest level of education			
Did not complete high school	45	49	+5
High-school graduate	44	50	+6
Some college	49	52	+2
College graduate	43	43	0
Graduate work or degree	38	43	+5
Region of residence			
Northeast	41	44	+3
Midwest	45	50	+6
South	46	50	+4
West	43	43	0
Race or Hispanic origin ^a			
White	46	50	+5 ^c
Black	36	36	0
Hispanic	42	42	0
Other	48	38	-9
Ideology ^b			
Liberal	35	26	-9 ^c
Moderate	40	45	+5
Conservative	56	60	+5
Party identification ^b			
Democrat	38	38	0
Republican	54	64	+10 ^c
Independent or other	42	42	0

Note: Percents in change column reflect rounding.

^a Chi-square significance of 2003 differences among groups at < 0.05. ^b Chi-square significance of 2003 differences among groups at < 0.01. ^c t-test significance of change since 1998 at < 0.05.

Opinion has also become more polarized within some respondent categories, particularly among political groups. In both 1998 and 2003, conservatives and Republicans were among the groups most likely to support this policy, and liberals and Democrats were among those least likely to support it. Between 1998 and 2003, support for the policy increased among Republicans more than among those in nearly any other category, while support decreased among liberals more than among those in any other category. Support for this policy changed most among women aged 45 and older, whose opinions on this issue are now more comparable to those of other groups defined by age and sex.

One reason for this increased political polarization may be a slight change in the wording of the question in the second survey. The 1998 survey asked respondents their opinion of this policy that “Congress” had voted to approve without mentioning that President Clinton

had rescinded it. The 2003 survey noted that both “Congress and President Bush” had approved this policy.

Opinion Trends and Their Implications

The reinstatement of the policy prohibiting nongovernmental organizations that receive US funding from performing or promoting abortion is not the only family planning policy likely to have affected opinion on these issues since 1998. This period has also seen the Bush Administration terminate US support of the United Nations Population Fund, in part because of allegations that the fund assists a Chinese policy of coercive abortions for reducing population growth.

The attention that the Bush Administration has given these issues, as well as the changes in US policy from the Clinton administration to the Bush administration, are plausible explanations for changing opinions on them. Although our data do not permit direct analysis of how public opinion about family planning issues might have been influenced by Bush Administration policies, other analyses have indicated that active presidential effort can be expected to yield a five to ten percentage point change in opinion on issues of concern to the administration (Page et al. 1987), particularly in times of high presidential approval such as the Bush Administration enjoyed in its first years in office. Support for family planning aid among voters may have been boosted by the actions of the Clinton Administration between the 1994 and 1998 surveys. In this context, European opinion concerning family planning aid to developing countries was virtually unchanged between 1996 and 2001, lending credibility to explanations focusing on the shift in US politics for the changes that our data reveal.¹⁰

Media coverage of these issues, particularly to the extent that it has reflected changes in administration policy, may have affected opinion as well. For example, Zaller (1992) notes that information sources can vary in their effects on opinion by the credibility an individual gives to them. The Bush Administration presumably is a credible source for conservatives, Republicans, and some independents and moderates, and these are the groups whose opinions have generally changed the most on these issues. Conversely, the Bush Administration presumably is not a credible source for liberals and Democrats, and these are the groups whose opinions on these issues have not changed as much, or, in the case of liberal respondents, have even shifted sharply in opposition to the Bush Administration in its effort to enforce the policy prohibiting nongovernmental organizations that receive federal funds from performing or advocating elective abortion services.

In sum, our research provides some evidence that changing administration policy has had an effect on opinion regarding international family planning issues, whereas opinion on the domestic health insurance coverage of family planning services does not appear to have been affected by changing political circumstances. Decoupling of opinion on foreign and domestic family planning issues may also have its own effect on support for international family planning aid. The recent lack of correlation on these issues among the most-educated respondents in particular may presage changes in opinion among other respondents (Zaller 1992).

As analysis of the 1998 survey also noted, the public lacks a clear grasp of what the term “family planning” means and whether it encompasses abortion (Adamson et al. 2000). This finding is not surprising given that demographers and family planning program leaders do not always agree on the meaning of the term (Seltzer 2002). Distinguishing between family planning and abortion could clarify debate concerning these issues.

Appendix

Number of survey respondents, by selected characteristics, United States, 1998 and 2003

Characteristic	1998 (weighted)	2003 (unweighted)
Overall	1,500	1,014
Age and sex		
Men < 45	422	277
Women < 45	417	259
Men 45+	302	210
Women 45+	356	253
Highest level of education		
Did not complete high school	191	67
High-school graduate	457	289
Some college	370	267
College graduate	275	215
Graduate work or degree	200	143
Region of residence		
Northeast	315	194
Midwest	323	230
South	558	362
West	303	228
Race or Hispanic origin		
White	1,117	720
Black	169	110
Hispanic	150	102
Other	63	47
Ideology		
Liberal	423	228
Moderate	426	300
Conservative	579	415
Party identification		
Democrat	536	322
Republican	426	304
Independent or other	457	324

Notes

- 1 Aside from the partisan differences regarding elective abortion and public funding for it, little political attention is given to “family planning” issues. “Family planning” was mentioned only once in the platform of each major party for the 2000 campaign, with the Republican mention made in the context of favoring abstinence education for teenagers (Democratic National Committee 2000; Republican National Committee 2000). Survey researchers have given sporadic attention to these issues. The 1998 survey on population issues was the first of its kind since 1994, and the 2003 questions on these issues that we analyze are the first that are comparable to those in the 1998 survey. In light of the tangential position of family planning in US politics and public opinion, rather than shaping policy, public opinion on this issue may be shaped by shifts in policy.
- 2 Because this question was open-ended, and because of the errors that may arise in transcribing respondents’ answers and the analysts’ coding of these answers, in analyzing changing responses to this question here, we do not test for statistical significance of differences between 1998 and 2003.
- 3 The meanings associated with both terms have changed throughout the past century. Margaret Sanger introduced the term “birth control” in the first decades of the twentieth century to help legitimize women’s efforts to prevent pregnancy. In the mid-1930s, she and others introduced the term “family planning” for these efforts in an attempt to have reproductive health and pregnancy prevention included as part of the public health movement. The term “birth control” took on new meaning with the introduction of modern contraceptives in the 1960s (Chesler 1997). Sanger and her allies appear to have been prescient in their attempts to influence public opinion, in light of research (Page and Shapiro 1992:352–353) more than a half-century later suggesting that “the public . . . respond[s] more favorably to . . . general ‘public interest’ appeals than to those of ‘special interests.’”
- 4 This question was the only one to appear on all three surveys. Voters in 1994 and 1998 were respondents who said they were registered to vote at their current address and that they had voted in the previous presidential election (weighted $n = 935$ for the 1998 survey). Voters in 2003 were respondents who said they were registered to vote at their current address and that they “almost always” voted in presidential elections (unweighted $n = 690$). For all these questions and the dynamics of changing opinion regarding them, little difference is found between voters and nonvoters. This finding is not surprising given the general similarity that Wolfinger and Rosenstone (1980) found in the views of voters and nonvoters, as well as the attention, noted by Geer (1996), that politicians and other opinion leaders must give to all citizens who, even if they are not currently voters, could become future voters.
- 5 Coverage by US health insurers of the five leading methods of reversible contraception—diaphragm fitting, IUD insertion, oral contraceptives, and injectables of one or three months’ duration—increased from 28 percent in 1993 to 86 percent in 2002, with coverage for some specific methods exceeding 95 percent in 2002. Coverage of tubal ligation and vasectomy was about 90 percent in 2002 (Sonfield et al. 2004). By contrast, 99 percent of health insurance plans cover prescription drugs. Among factors that appear to be responsible for the increase in contraceptive coverage are state health insurance mandates, national policy and court decisions, a general increase in coverage of prescription drugs and preventive services, growing attention given to contraceptive issues, and shifts in the insurance market toward companies

more likely to offer contraceptive coverage. Recent US Equal Employment Opportunity Commission and federal court decisions have found some employers in violation of Title VII of the Civil Rights Act of 1964 for excluding prescription contraceptives from their overall coverage of prescription drugs (see Sonfield et al. [2004] and Kaiser Family Foundation [2002]).

- 6 In this context, we note again that women of childbearing age are among the greatest supporters of US health insurance coverage of family planning services. Also, Americans may value programs that help other Americans more than they value programs designed to aid developing countries. Analysis of the broader 1998 survey led Adamson et al. (2000:78) to conclude the (lower) level that year of “opposition to funding family planning overseas does not seem to result from an opposition to family planning in general. Rather, it seems to spring from opposition to overseas economic assistance and perhaps also from a belief that rapid population growth is not a serious problem in developing countries.” Unlike the 1998 survey, the 2003 survey did not include questions soliciting respondents’ opinions about general economic assistance and population growth in developing countries.
- 7 Between 1998 and 2002, for example, the proportion of respondents to the General Social Survey of the National Opinion Research Center who believe “too little” is spent on “improving and protecting the nation’s health” increased from 69 to 75 percent (Davis and Smith 2002).
- 8 In particular, these surveys show little change in opinion before and after the events of September 11, 2001. In February 2001, 9 percent of Gallup respondents said “the United States is spending too little on foreign aid,” and in February 2002, 8 percent said the same. In both 2000 and 2002, 9 percent of National Election Studies respondents said “federal spending on foreign aid [should] be increased.” In 2000, 9 percent of General Social Survey respondents said “we [are] spending . . . too little money . . . on foreign aid,” while in 2002, 7 percent said so. Since 1972, the proportion of General Social Survey respondents saying “too little” is spent on foreign aid has fluctuated between 3 and 9 percent.
- 9 BRS survey researchers in 1998, 2000, and 2004 asked respondents “Are you generally in favor or opposed to the United States giving economic assistance to help other countries?” The proportion in favor was 59 percent in 1998, 56 percent in 2000, and 73 percent in 2004.
- 10 Surveys in 1996 and 2001 conducted by Marketing & Opinion Research International (MORI) for the United Nations Population Fund in 13 European nations—Austria, Belgium, Denmark, Finland, France, Germany, Great Britain, Ireland, Italy, The Netherlands, Spain, Sweden, and Switzerland—found that 50 percent of respondents in both years indicated that their governments should help fund “contraceptive and family planning advice” in “Third World countries;” 36 percent of respondents in 1996 and 40 percent in 2001 indicated that their governments should fund “contraception”; and 18 percent in 1996 and 20 percent in 2001 indicated that they should fund “both male and female sterilization” (MORI 2001).

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