Cultural and Religious Studies, ISSN 2328-2177
April 2014, Vol. 2, No. 7, 244-256
doi:10.17265/2328-2177/2014.04.007

"Thou Shall Not Kill": Abortion, Euthanasia, Suicide, and Religious Context

Cassady M Pitt
Spring Arbor University

Religion has been found to be an important predictor in public opinions about life related issues. Because, religion serves as setting the moral rules to determine attitudes about what is right and wrong, people who value religion as important are more likely to have disapproving attitudes about sanctity of life, e.g., euthanasia, suicide, and abortion. This study draws on data from the fourth wave of the World Values Survey and multilevel models to explain the micro and macro influences of religion for public opinion about abortion, euthanasia, and suicide. Results found that more religious people and people in more religious countries are more disapproving of abortion, euthanasia, and suicide.

Keywords: Religious context, public opinion, religious affiliation, Catholic, Protestant, Muslim.

Introduction

Public opinion and laws about suicide, euthanasia, and abortion vary considerably. For example, people in the Netherlands can choose euthanasia without legal repercussions. Conversely, when Dr. Jack Kevorkian helped over 100 residents euthanize themselves, he was sent to prison for murder. Residents in some countries appear to take a more utilitarian perspective on life-related issues, believing that in some situations suffering may be worse than no life at all. Conversely, others tend to take an absolutist perspective, arguing that humankind should maintain life regardless of cost (Cleghorn, 1986; Kaye 2001; Singer 2001).

Research that has been done on public opinion about life-related issues points to religion as an important predictor (Ellison, Echevarria, & Smith, 2005; Jelen & Wilcox, 2003; Sherkat & Ellison, 1997; Perl & McClintock, 2001; Bjarnason & Welch, 2004; Hoffmann & Johnson, 2005). Conservative religious groups and people who find religion important are more likely than others to disapprove of suicide, abortion, and euthanasia. However, almost all of this research has been done in the United States and Europe. Very few studies have examined whether the same relationship exists in countries outside of Europe and North America. Additionally, no attention has been given to the extent to which people's religious beliefs may shape other's attitudes. Even residents who are not particularly religious themselves may interact regularly with others who are religious and may be influenced by these interactions with regard to their beliefs about suicide, euthanasia and abortion. Attitudes about these issues may have a powerful influence on laws, policies and media attention given to moral issues of life and death. The current study draws on data from the fourth wave of the World

Geraldo José de Paiv, Universidade de São Paulo.
Correspondence concerning this article should be addressed to 343 Old Creek Dr. Saline, MI 48176. Email:gjdpaiva@usp.br.

Values Survey and multilevel models to explain the micro and macro influences of religion for public opinion about abortion, euthanasia, and suicide. This study aims to test the national religious contextual influences on the relationship between individual religiosity and attitudes toward sanctity of life issues concerning abortion, euthanasia, and suicide.

Religion and Life Issues

Around the world, religious beliefs about life issues are found to be an important predictor in public opinions about life-related issues (Perl & McClintock, 2001; Bjarnason & Welch, 2004). Many conservative religious groups and those who value religion as important are more likely to disapprove of suicide, abortion, and euthanasia. For example, many Western-religions follow a "thou shall not kill" doctrine, which seeks to sanctify human life at all costs and sees taking a life as a disruption of God's plan (Burdette, Hill, & Moulton, 2005; Kelley, Evans, & Headely, 1993; Hessini, 2007; Bowen, 1997). Those whom are religious often view life as a gift from God. Hence, only God is the giver and taker of life (Callahan, 2001; Durkheim, 1954; Hessini, 2007; Hunter, 1991). Therefore, fear of divine punishment for individuals and their communities may encourage more conservative religious people to influence others about their attitudes in maintaining sanctity of life (Regnerus, 2003; Tubergen, Grotenhuis, & Ultee, 2005).

While religious people may have more disapproving attitudes about abortion, euthanasia, and suicide than non-religious individuals, religions vary with regard to each life issue and to the extent of which they disapprove. In the United States, while most religions disapprove of elective abortions (Ellison, Echevarria, & Smith, 2005; Hoffman & Johnson, 2005; Hessini, 2007; Bowen, 1997), there is variation in the reasons for abortion such as the pregnancy resulted from rape, baby defect, or mother's health (Hoffmann & Johnson, 2005; Bjarnason & Welch, 2004; Bendyna Green et al., 2001). A number of studies have found that church attendance and religious commitment are important predictors of disapproval of euthanasia and suicide in the United States (Stack 1983; Tubergen, Grotenhuis, & Ultee, 2005; Ellison, Echevarria, & Smith, 2005; Smith 2005; Bjarnason & Welch, 2004). Those with a higher level of religious commitment tend to have more life-preserving beliefs and values (Stark, 1983). In his cross-national study of religion and suicide, Stark found that higher levels of religious commitment were linked to lower suicide rates. Similarly, those who attend church services frequently and find religion important are generally less accepting of physician-assisted suicide and terminal palliative care than non-attending affiliates (Sherkat & Ellison, 1997; Burdette, Hill, & Moulton, 2005; Moulton, Hill, & Burdette, 2006). These ideas lead to the first hypothesis:

H1: People who are more religious will have more disapproving attitudes towards abortion, euthanasia, and suicide.

National Religious Context and Sanctity Of Life

Studies conducted in the United States and Europe primarily focus on individual religious affiliation and religious commitment as it pertains to disapproval abortion, euthanasia, or suicide. Nations across Europe and the United States vary widely culturally. The nations' religious culture may significantly shape residents' attitudes about abortion, euthanasia, and suicide on a country level. That is, as Durkheim (1951) suggests that religious societies are unified in their share collective moral beliefs that reflect the norms of their culture. Therefore, religious context does matter when it comes to attitudes/ beliefs individually for those residing in a predominately religious nation. For example, religious contextual research examines that the attitudes and

values of secular and religious people alike may be influenced by the religious cultures in which they live in. While some research (Kelley & De Graaf, 1997; Moore & Vanneman, 2003; Scheepers, Grotenhuis, & Slik 2002; Adamczyk & Felson, 2006) found religious contextual effects for people who were not religious residing in communities sharing similar beliefs as those who were religious, while Stark (1996) found that the larger context influenced only religious people. Scheepers, Grotenhuis, and Slik (2002) suggest that the influence of religious beliefs is important in explaining moral attitudes cross-nationally concerning abortion, premarital and extramarital relations, and homosexual relations were more disapproving in more religious countries than secular countries.

Countries differ substantially with regards to public opinion and laws about suicide, euthanasia, and abortion. For example, in the Netherlands, physician-assisted suicide is legal. While in the United States there was much controversy when the prospect of ending Terri Schiavo's life when she lay unconscious in a hospital bed for 17 years. Likewise, people across Western-Europe can chose abortion with fewer limitations and without any legal repercussions. Conversely, in some Muslim majority countries, like Iran, religion is deeply rooted in the laws and norms of society. As a result elective abortions are illegal and considered a criminal offense (Erfani & McQuillan, 2008; Hessini, 2007; Bowen, 1997). These laws suggest that since all citizens are exposed to the nations' religious disposition, even people who are not particularly religious, may be less tolerate of life issues. Thus these ideas lead people to another hypothesis:

H2: Individuals from more religious countries will have more disapproving attitudes on abortion, euthanasia, and suicide, whether they are personally religious or not.

Moral Communities Theory

The majority of the quantitative research on life issues is derived from samples of one life issue in a particular nation or culture. Few studies have examined the influences of religion on national contextual effects. Interestingly, most sociological theories address the importance of establishing attitudes and beliefs with regards to social networks. Durkheim (1951) established the macro-level argument that moral communities have the ability to influence others in their community because of their shared unified beliefs and collective identity. Durkheim's ideas are often applied to religious national context as religious beliefs and attitudes about morality are deeply rooted into culture.

Stark used this to further the concept of "moral communities", the idea that the overall religious community's norms substantially influence the beliefs and values of individuals who are religious (Stark & Bainbridge, 1996). Using moral communities theory, Stark and others (Desmond, Morgan, & Kikuchi, 2010; Stark, Kent, & Doyle, 1982; Regenerus, 2003; Stark, 1996) used moral communities theory to indicate that there is a significant relationship between religiosity and the deterrence of delinquent behavior when the majority of the community or school is actively religious. Thus religious teachings have more of an impact on the individual if the community around them reinforces those doctrines. Finke and Adamczyk (2008) examined the influence of national religious context on moral beliefs regarding attitudes about cohabitation/premarital sexual relations and found that when a country's overall level of religiosity increases, the level of individual's negative attitudes towards cohabitation/premarital sexual relations also increases. In examining attitudes for disapproval of suicide cross nationally, Stack (2011), found support for moral communities that suggest that individuals who resided in nations with high religiosity levels had lower levels of attitude acceptance of suicide. This suggests that religious context provides the opportunity for religious beliefs to be interwoven into the

social structures of the community implying that religious people who reside in these religious cultures will align their moral attitudes and beliefs with the greater cultural expectations. That is, in more religious nations messages about the sanctity of life would be conveyed continuously in public institutions, laws, family structures, and gender roles amplifying the social norms of the religious society. Thus these ideas lead to another hypothesis:

H3: Religious individuals residing in religious countries will have more disapproving attitudes on abortion, euthanasia, and suicide.

These two hypotheses propose that there is a greater link between life issues and religion on both the individual and national levels. National religious context will strengthen the relationship between religious importance and issues of abortion, euthanasia, and suicide. However, in less religious nations this will not be the case. To test these effects of religion on abortion, euthanasia, and suicide, the World Values Survey and Hierarchical Liner Modeling were used.

Data and Methods

To examine these issues data from the fourth and latest wave of the World Values Surveys was used (Inglehart, 2004). The WVS was designed to enable a cross-national comparison of values and norms on a wide variety of topics and to monitor changes in values and attitudes across the globe. The sample includes adults 18 and over from 40 societies resulting in a total of 60,047 cases.

Dependent Variables

The focal outcomes of attitudes toward abortion, euthanasia, and suicide were measured using a single question that asks whether abortion, euthanasia, or suicide can always be justified, never be justified, or something in between. Responses ranged from always wrong equal 1 to always right equal 10. The variable was reverse coded so that higher numbers indicate more disapproval. These three outcomes were chosen because they best evaluate the life issues as outlined by previous research.

Individual-level Variables

The key indicator of personal religiosity is religious importance, which is measured with a single question that asks respondents to indicate how important religion is in their life. Responses were reverse coded so that the highest category, “4” indicates “very important” and the lowest category, “1” indicates “not at all important”.

Religious affiliation is measured with a series of binary variables. Religious affiliations include: Buddhist, Catholic, Hindu, Jewish, Orthodox, Protestant, Other religion, no religious affiliation, and all else, which includes people who were not asked the question, don’t know or for whom the question was not applicable. Muslim was used as the reference category. Several control variables were used as reflected in previous research being linked to religion and sanctity of life (Jelen et al., 1993; Jelen & Wilcox, 2003; Stack, 1983; Van Tubergen et al., 2005). These are marital status, number of children, age, gender, and socio-economic status. Married was measured as a binary variable. The number of children is associated with a single question that asks, respondents how many children they have. Level of education is taken from a question that asks respondents, “What is the highest educational level that you have attained?” Responses range from 1 equal no formal education to 9 equal university with degree. Age was measured in years. Female was measured as a

binary variable. Finally, to measure socio-economic status, financial satisfaction was used because it was the closest measure to socio-economic status available through WVS (Adamczyk & Pitt, 2009). Financial satisfaction was measured with a single question that asks respondents to rank on a 10-point scale how satisfied they are with the financial situation of their household. Higher numbers indicate more satisfaction.

Table 1

Descriptive Statistics

	Minimum	Maximum	Mean	Std. Deviation
Age	15.00	97.00	38.4170	15.15054
Female	.00	1.00	.5066	----
Amount of formal education	1.00	9.00	5.1423	2.51302
Married	.00	1.00	.5931	----
Number of children	.00	8.00	2.0998	2.03762
Financial Satisfaction	1.00	10.00	5.4043	2.67157
Church attendance	1.00	7.00	4.3356	2.14951
Religious Importance	1.00	4.00	3.4239	.89922
Religious Affiliation	1.00	10.00	4.8139	2.77600
How justifiable is abortion on a scale of 1 to 10	1.00	10.00	8.3482	2.52577
How justifiable is euthanasia on a scale of 1 to 10	1.00	10.00	8.0585	2.93776
How justifiable is suicide on a scale of 1 to 10	1.00	10.00	9.2587	1.83083

Country-level Variables

To evaluate the influence of context a measure of national religious importance was included. This was calculated as the average religiosity from the individual religious importance measure such that higher numbers indicated that higher values indicate country-level religiosity.

The level of religious concentration for each nation was also added to test for previous research support that religious consensus deters deviant beliefs (Durkheim 1951; Stark & Bainbridge, 1996). To measure the level of religious concentration in each country, individual religious affiliations were aggregated to the country level. This index represents any persons randomly selected from the church population, who share the same religious affiliation. These religious traditions are Catholic (Canada, Puerto Rico, Mexico, Venezuela, Spain, Argentina, Peru, Chile, Uganda, and The Philippines), Hindu (India), Orthodox Christian (Moldova, Serbia, Montenegro, and Macedonia), Protestant (USA, South Korea, South Africa, and Zimbabwe), and Buddhist (Japan and Vietnam), where Islam (Nigeria, Egypt, Tanzania, Indonesia, Singapore, Bosnia, Bangladesh, Algeria Albania, Kyrgyzstan, Jordan, and Pakistan) is the reference category.

Since the influence of individual religiosity on attitudes may be moderated by the religious context in each nation, a cross-level interaction measure was created. This measure was composed by multiplying individual religiosity with country level religiosity. In effect this would indicate whether individual religiosity increases when country level religiosity also increases.

Also as a control measure for modernization was used at the country-level, Gross Domestic Product per person (GDP). This measure was logged and taken from the 2004 CIA's World Factbook.

Analytical Strategy

To simultaneously test the individual and country level effects of religion on life issues, Hierarchical

Linear Modeling (HLM) techniques were used with the HLM software created by Raudenbush et al. (2005). This technique allows for the distinction between the variation within nations (individual effects) and the variation between nations (country level effects). Unlike standard OLS regression modeling, HLM allows and accounts for the clustering of individuals within nations, which would otherwise violate standard OLS assumptions. In other words, HLM accounts for the correlated errors of respondents within the same country and adjusts degrees of freedom appropriately.

At level one, HLM assesses the contribution of the individual-level variables toward within-country variation in attitudes toward life issues. This level-one model is as follows:

Yij =þoj + þ1 (married) + þ2 (num children) + þ3 (education) þ4 (Age) + þ5 (female) + þ6 (financial)+ þ7 (religious affiliation) + þ8 (religious importance) + rij :

At level-two, the intercept from level-one is allowed to vary randomly as a function of between-country variables. The level-two model is then:

Boj= Y00 + Y01 (religious tradition) + Y02 (country religious importance) + Y03 (cross level interaction religiosity) + u oj.

Boj, is the intercept term from the individual –level equation and the *uoj* is the country level error terms which is assumed to be normally distributed. Finally, a cross-level interaction between individual and country-level religiosity is estimated via a random slope model. In this model, the slope is associated with individual religiosity at level one, which is allowed to vary randomly, and modeled as a function of country level religiosity.

Results

Attitudes towards Abortion

Table 2 presents coefficients from the level-one models predicting within-country variations in attitudes toward abortion. Model 1 includes individual-level control variables thought to be associated with attitudes toward abortion. Younger people are observed to be less disapproving of abortion than older people. Females appear to have more liberal attitudes about abortion than men. Likewise, those who are married are more likely to disapprove than those who are single or divorced. Disapproval decreases with greater levels of educational attainment.

The second model in Table 2 introduces religious affiliation. Compared to Muslims, people with no religion, other religion, and all other religious affiliations (Catholic, Protestant, Orthodox, Jewish, Hindu, and Buddhist) have less disapproving attitudes towards abortion. However, when religious importance is added in Model 3, those who place more importance on religious have more disapproving attitudes towards abortion. This supports the first hypothesis.

The level-two portion of the models, and thus focuses on between-country variations in attitudes toward abortion are shown in Model 4. This model introduces indicator variables for the dominant religion of the country in which the respondents live. Compared to people living in Muslim-majority countries, people who live in Orthodox majority countries have more approving attitudes towards abortion regardless of the religion they personally affiliate with. There was no significant difference in attitudes about abortion for people who resided in all other religious affiliated countries. However, those who lived in a country where there was high religious importance were more likely to disapprove abortion regardless of their own individual religiosity. This provides support for my second hypothesis indicating country contextual effects.

Table 2

Disapproval of Abortion

	Model 1		Model 2		Model 3		Model 4		Model 5	
	Coefficient	SE	Coefficient	SE	Coefficient	SE	Coefficient	SE	Coefficient	SE
Intercept	9.571***	0.047	9.629***	.062	6.937***	.079	8.590***	.173	8.594***	.173
Individual-level variables										
Married	-.146***	.024	-.077***	.024	-.031	.023	.080**	.025	.080**	.025
Number of children	-.190***	.007	.120***	.007	.086***	.007	.015*	.007	.015*	.007
Education	-.122***	.005	-.091**	.005	-.077***	.004	-.075***	.005	-.075***	.005
Age	-.020***	0.001	-.009***	.001	-.007***	.001	.005***	.001	.004***	.001
Female	-.183***	.022	-.146***	.021	-.171***	.021	-.173***	.021	-.173***	.021
Financial Satisfaction	-.0005	.004	-.019***	.004	-.019	.004	-.005	.004	-.006	.004
Religious affiliation:										
No religion			-1.384***	.055	-.447***	.056	-.354***	.050	-.353***	.050
Catholic			-.536***	.052	-.420***	.051	-.157**	.050	-.157**	.050
Protestant			-.107*	.055	-.265***	.054	-.034	.049	-.035	.050
Orthodox			-1.699***	.062	-1.294***	.130	-.383***	.070	-.383***	.070
Jewish			-2.058***	.192	-1.821***	.187	-1.242***	.184	-1.242***	.184
Hindu			-.760***	.075	-.643***	.073	-.008	.100	-.008	.100
Buddhist			-1.128***	.085	-.485***	.084	-.195**	.083	-.196*	.083
Other			-.255***	.065	-.182**	.064	-.091	.063	-.092	.063
All Else			-.240**	.074	-.240**	.074	-.240**	.074	-.240**	.074
Religious importance					.612***	.014	.471***	.056	.422***	.056
Country-level variables										
Country Cultural/Religious Tradition[1]										
Catholic							.171	.549	.170	.282
Protestant							.003	.288	.002	.288
Orthodox							-0.890*	.354	-.891*	.354
Hindu							-0.615	.580	-.614	.579
Buddhist							.278	.441	.281	.441
Country Religious Importance Mean							.794**	.241	.858**	.249
Country GDP							-2.1E-05	.000	-2.1E-05	.132
Cross-level interaction										
Religious importance X Country									-.109	.105
Individual variance:							4.796		4.796	
Country variance:							0.333***		0.334***	
Religious importance slope variance:							.095***		.094***	

*<.05, **<.01, ***<.001

[1] Muslim-majority country is the reference category.

In Model 5 the cross-level interaction for country religiosity increasing individual religiosity was added to the model. There was no significance found to support that people living in a predominately religious nations

who are personally religious form stronger proscriptions toward abortion. Therefore, hypothesis 3 suggesting moral communities theory was not supported for attitudes about abortion.

Attitudes toward Euthanasia

Attitudes about euthanasia are presented in Table 3. This multivariate analysis turned similar results found for abortion attitudes. Model 1 indicates the influence of the individual level demographic variables regarding the approval of euthanasia. Similar to attitudes about abortion, respondents who are married, older, less education, and males tend to have more disapproving attitudes about euthanasia. In Model 2 religious affiliation indicates that when compared to Muslims, all other respondents regardless of affiliation have more approving attitudes toward euthanasia. This finding is identical to that of abortion. Model 3 implies again that respondents who find religion important have more disapproving attitudes about euthanasia. This again supports the first hypothesis that those who identify as religion being important will have more disapproving attitudes about issues concerning life.

Model 4 indicates the religious majority for the country in which the respondent resides. Compared to people living in Muslim-majority countries, people who live in Catholic majority countries tend to have more accepting attitudes toward euthanasia. However, regardless of religious affiliation respondents who reside in countries with high religious importance have more disapproving attitudes about euthanasia. Likewise with abortion attitudes, the writer's second hypothesis regarding national contextual effects is supported indicating that country level religiosity influences individual attitudes regardless of personal religious importance. In Model 5 the cross-level interaction testing for moral communities hypothesis was added to identify whether countries with a high proportion of religious people could strengthen their attitude about euthanasia. Similar to attitude about abortion, no significance for this hypothesis was supported.

Attitudes about Suicide

Table 4 presents the coefficients for attitudes toward suicide accessing the influence of individual and country level measures are presented. Similar to abortion and euthanasia attitudes, single and divorced respondents, younger, and those with higher levels of education have more approving attitudes about suicide. Likewise, respondents with various religious affiliations are more accepting of suicide when compared to Muslims. Those who indicate that religion is important are more disapproving of suicide. This again further supports the writer's first hypothesis that religious individuals will have more disapproving attitudes about suicide.

Model 4 presents the nations religious traditions. People who live in countries with the religious majority of Catholic, Protestant, and Hindu tend to have more accepting attitudes about suicide when compared to those who reside in Muslim majority countries. In comparison to attitudes about abortion and euthanasia, religious importance still holds indicating respondents who live in a religious majority country regardless of personal religiosity will have attitudes similar to those who are religious, disapproving suicide. This provides further support for the writer's second hypothesis stating that those who live in a religious majority country will have more disapproving attitudes about suicide.

In Model 5 moral communities hypothesis was added to the model and indicated significance, but with an inverse relationship. While this does not support the writer's hypothesis that religious individuals living in a predominately religious nation will have stronger attitudes against suicide, it does indicate that religious people in religious nations are more accepting of suicide. This may be due to that fact that religions are increasingly

agreeing that mental state or stability is taken into consideration when one may be contemplating suicide.

Table 3

Disapproval of Euthanasia

	Model 1		**Model 2**		**Model 3**		**Model 4**		**Model 5**	
	Coefficient	SE	Coefficient	SE	Coefficient	SE	Coefficient	SE	Coefficient	SE
Intercept	9.687***	0.057	9.807***	.073	6.603***	.094	8.742***	.163	8.750***	.163
Individual-level variables										
Married	.013	.030	.051	.029	-.108***	.028	.099***	.028	.099***	.028
Number of children	.219***	.009	.131***	.008	.090***	.008	.036***	.008	.036***	.008
Education	-.122***	.005	-.115***	.005	-.096***	.005	-.063***	.005	-.063***	.005
Age	-.026***	0.001	-.011***	.001	-.009***	.001	.005***	.001	.004***	.001
Female	-.090***	.027	-.025	.025	-.059**	.025	-.004	.024	-.003	.024
Financial Satisfaction	-.032***	.005	-.038***	.005	-.038***	.005	-.002	.005	-.002	.004
Religious affiliation:										
No religion			-2.193***	.064	-1.106***	.066	-.652***	.057	-.650***	.057
Catholic			-1.484***	.062	-1.367***	.061	-.455***	.057	-.455***	.057
Protestant			-.781***	.065	-.998***	.064	-.297***	.056	-.298***	.056
Orthodox			-1.607***	.073	-1.144***	.072	-.808***	.079	-.807***	.079
Jewish			-2.177***	.225	-1.924***	.218	-.922***	.208	-.923***	.208
Hindu			-1.391***	.087	-1.271***	.085	-.334**	.113	-.334**	.113
Buddhist			-2.305***	.099	-1.571***	.098	-.397***	.093	-.383***	.094
Other			-.775***	.081	-.683**	.080	-.174**	.070	-.174*	.070
All Else			-.462**	.082	-.462**	.082	-.462***	.083	-.462***	.083
Religious importance					.699***	.017	.428***	.057	.418***	.056
Country-level variables										
Country Cultural/Religious Tradition[1]										
Catholic							-.651*	.261	-.652*	.261
Protestant							-.459	.266	-.457	.266
Orthodox							-.496	.331	-.494	.330
Hindu							-.915	.534	-.914	.533
Buddhist							- .714	.410	- .703	.409
Country Religious Importance Mean							.940***	.223	1.084***	.236
Country GDP							-2.3E-05	.000	-2.3E-05	.000
Cross-level interaction										
Religious importance X Country									-.196	.105
Individual variance:							6.100		6.100	
Country variance:							0.314***		0.311***	
Religious importance slope variance:							.097***		.090***	

*<.05, **<.01, ***<.001

Muslim-majority country is the reference category.

[1] Because Muslims are most conservative regardless of sect, it is expected that in comparison to other religions that those who reside in Muslim majority countries would be more conservative in their attitudes than those in other religious nations.

Table 4

Disapproval of Suicide

	Model 1		Model 2		Model 3		Model 4		Model 5	
	Coefficient	SE	Coefficient	SE	Coefficient	SE	Coefficient	SE	Coefficient	SE
Intercept	9.676***	0.036	9.735***	.047	8.526***	.061	9.610***	.113	9.614***	.113
Individual-level variables										
Married	.039*	.019	.061***	.018	.084***	.018	.108***	.019	.108***	.019
Number of children	.069***	.005	.037***	.005	.021***	.005	.001	.005	.001	.006
Education	-.050***	.004	-.032***	.003	-.025***	.003	-.010**	.004	-.010**	.004
Age	-.007***	0.001	-.001	.001	.000	.001	.005***	.001	.004***	.001
Female	-.012	.016	-.014	.016	-.005	.016	-.009	.016	-.009	.016
Financial Satisfaction	-.010***	.003	-.012***	.003	-.013***	.003	-.001	.003	-.001	.003
Religious affiliation:										
No religion			-.799***	.041	-.382***	.043	-.250***	.039	-.248***	.039
Catholic			-.592***	.039	-.531***	.039	-.191***	.039	-.192***	.039
Protestant			-.337***	.041	-.388***	.042	-.052	.039	-.053	.039
Orthodox			-.560***	.047	-.347***	.047	-.296***	.055	-.296***	.055
Jewish			-1.359***	.145	-1.245***	.144	-.944***	.144	-.945***	.144
Hindu			-1.097***	.056	.133***	.037	-.062	.078	-.062	.078
Buddhist			-.859***	.064	-1.037***	.055	.008	.065	.005	.065
Other			-.333***	.052	-.269***	.052	-.040	.049	-.040	.049
All Else			-.332***	.057	-.332***	.057	-.332***	.058	-.332***	.058
Religious importance					.285***	.011	.214***	.034	.206***	.033
Country-level variables										
Country Cultural/Religious Tradition[1]										
Catholic							-.456*	.182	-.454*	.181
Protestant							-.397*	.185	-.393*	.185
Orthodox							-.416	.230	-.412	.229
Hindu							-1.249**	.370	-1.247**	.369
Buddhist							- .189	.284	- .177	.284
Country Religious Importance Mean							.288	.155	.392*	.164
Country GDP							0.000	.000	0.000	.000
Cross-level interaction										
Religious importance X Country									-.125*	.062
Individual variance:							2.932		2.932	
Country variance:							0.152***		0.148***	
Religious importance slope variance:							.033***		.030***	

*<.05, **<.01, ***<.001

Muslim-majority country is the reference category.

Discussion and Conclusion

This study was the first to explore the influence of religiosity on life issues pertaining to choice of life comparatively and cross nationally. Research by Stark and Bainbridge (1996) found a link between religious

context and social control. Consistent with these findings, this study found that regardless of individual religiosity and attitudes toward abortion, euthanasia, and suicide, respondents residing in nations with a religious majority will adopt more disapproving attitudes about abortion, euthanasia, and suicide. This indicates that religiosity acts as a means of social control for various beliefs pertaining to the sanctity of life. These findings suggest that religious beliefs are still deeply rooted regardless of religious affiliation. This study can help explain why religious beliefs in countries like the United States do not necessarily match a particular religious affiliation, but rather the religiosity of many affiliations having similar beliefs. As life issues continue to be controversial debate, people who reside in religious majority countries may be influenced to view abortion, euthanasia, and suicide differently. Likewise, as religious people become increasingly more accepting such as the case with attitudes about suicide, their beliefs will become stronger in approval.

However, what this study was not able to support was moral communities hypothesis, which indicates that religious persons residing in religious nations will have stronger opposition toward abortion, euthanasia, and suicide because the greater religious majority reinforces the individual's religiosity. This study's results may have concluded as such for two reasons with regards to religious affiliation. First, while many religious affiliations teach proscriptions valuing human life, affiliation alone has not been able to account for attitudinal beliefs at the individual level. This could in part be due to the declining affiliation identification and church attendance. Therefore, measures of religious importance have more influence on people's beliefs because they are embedded within the nations culture. Because religious affiliation is different for each person, affiliation is not able to capture these details pertaining to religious importance and abortion, euthanasia, and suicide. Second, at the country-level ideally, moral communities theory often works better for nations that have affiliation homogeneity because people with same religious faiths are likely to trust the social norms instituted by the shared religion (Ellison, Burr, & McCall, 1997). While neither Islam or Catholicism support abortion, euthanasia, and suicide, Islam has significantly more influence in laws, norms, and family structures as a religious majority than Catholicism because the Catholic Church throughout Europe has increasingly been experiencing declining membership since Vatican II. Thus, reducing religious majority influences into societal norms and laws.

There are some limitations with the data and the analysis. First to date there are only two major ongoing international surveys, the World Values Survey (WVS) and the International Social Survey Program (ISSP). While the ISSP is primarily conducted in Western industrialized nations and have higher quality of sampling and measurement, it lacks the inclusion of Muslim countries. Second, the WVS does not make the distinction between various Protestant denominations such as mainline Protestants tend to be more liberal than conservative evangelical Protestants. These classifications have been made throughout literature in the United States (Steensland et al., 2000). Similarly a classification between different Muslim groups should also be made. For example, a Muslim in the United States may believe and behave differently than one in Indonesia. Future research could focus on this limitation, how does national context vary by different religious sects within a denomination? Smaller sects would have stronger ties to the community and cultural norms. Smaller religious groups tend to develop their own values and moral codes. Therefore, it would be expected that these groups would have more influence in shaping and strengthening attitudes of its members. Since the data available was not able to test these differences among sects constructed among a religious group, this questions was not able to be addressed.

The use of cross national surveys has been able to capture different country's culture and religious influences in shaping the belief systems in which people abide by. In the Netherlands, for example euthanasia is readily available and accepted, but in countries like the United States it is highly controversial and legally treated as murder. These results indicate that beliefs are often established at the societal level, however, most prior research has focused on explaining people's attitudes on the individual level without taking into consideration the contextual effects the greater society can have on shaping attitudes.

Acknowledgments

Portions of this paper were presented at the 2009 annual meeting for the Society for the Scientific Study of Religion, Denver, Colorado with previous co-author, Dr. Amy Adamczyk. The author would like to thank Dr. Amy Adamczyk for assistance on previous drafts of this paper.

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