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Religious Influences on Premarital Education: Access and Attitudes

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Religious Influences on Premarital Education: Access and Attitudes

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### Abstract

Premarital education has been strongly tied to religious organizations but minimal research exists on the relationship between premarital education and religion. Literature overwhelmingly supports the benefits of premarital education, but only few studies link to religiosity and how religion, religious organizations, or clergy may play factor in the ability to access premarital education, or overall attitudes towards completing premarital education. This brings researchers to ask: How does religion influence participation and attitudes towards premarital education? A mixed-methods study was completed in which 350 participants completed a survey collecting both quantitative and qualitative data. Findings suggest that religion does hold influence on participation and attitudes towards premarital education by: balancing of costs and rewards for participating, subjective norms within a religious community, perceived susceptibility and perceived severity of marital problems or divorce, and the correlation between positive outcomes of premarital education and religious encouragement. These findings are each significant because they each indicate the strong role that religious organizations play as primary providers of premarital education. Religious organizations should move forward with promoting an atmosphere where premarital education is encouraged and valued by members of the religious body. Further research should investigate the requirement of premarital education, and how a requirement may alter or diminish positive outcomes of the program. Further longitudinal research should also be conducted to evaluate the accuracy in perceptions of susceptibility and severity in correlation with religion.

## Chapter One: Introduction

Premarital education (PME) is defined by Senediak (1990) as, “Knowledge and skills based training that provides couples with information on ways to sustain and improve their relationship once they are married” (p. 118). Killawi, Fathi, Makijed, Daneshpour, Elmi, and Altlib (2017) define premarital education as, “any intentional effort delivered before marriage that is designed to help couples form and sustain healthy marriages” (p. 90).

Stahmann and Salts (1993), note that premarital education dates as far back as the 1930s. Since its conception, copious amounts of research overwhelmingly support the efficacy of PME (Blair & Cordova, 2009). Many findings point to the benefits couples report from participating in PME, and some look for how participation in PME may prevent divorce (Busby, Ivey, Harris, & Ates, 2007; Rhoades, Stanley, Markman, Allen, & Kaslow, 2014). Current studies also show PME may mitigate the risk factors for divorce in couples who cohabitate before marriage (Rhoades et al., 2014).

Common topics covered in premarital education are often: communication, conflict resolution, commitment, and expectations. But not all premarital marriage education looks the same and not all PME is created equally; PME may vary from program to program. Some programs that identify as providing premarital education are simply a meeting with religious clergy about aspects of the wedding ceremony, and other formats of PME provide an evidence based curriculum that extends over several weekly sessions (Duncan, Childs, & Larson, 2010; Markman, Rhoades, Stanley, & Peterson, 2013).

Duncan et al. (2010) evaluated the perceived helpfulness of some of the formats PME is offered. Classes, and self-directed methods of PME, were the methods reported to be most helpful. Additionally, research has looked at other formats of PME, including assessment-based curriculum, therapist-directed, self-directed, workshops, or services provided by a church (Busbey et al., 2007; Duncan et al.; Markman et al., 2013). All of these different formats have shown some utility.

However, no matter which way marriage preparation is defined, or what topics are covered, the following issues are pivotal to consider in terms of expanding the reach and impact of these services: premarital interventions are minimally accessed and most often monopolized to religious clergy (Killawi et al., 2018; Maybruch, Pirutinsky, & Pelcovitz, 2014;). Markman et al. (2013) researched how PME may be a moderator for divorce by comparing PME services provided in a religious organization versus an evidence-based PME program. Findings showed that there were no differences in outcomes in regard to divorce rates between the two groups. To think that *any* type of PME could be beneficial to a couple poses the question: Why would couples not access PME? If PME is more accessible within religious contexts, and potentially beneficial when offered through religious circles, how might PME specifically help religious couples?

Theoretical frameworks are often helpful in conceptualizing factors which impact decision making. The theory of planned behavior rests on three pillars that seek to address why people do or do not perform certain behaviors. The three pillars are: perceived behavioral control, subjective norms, and attitudes. Existing research explores common themes associated with perceived behavioral control, subjective



norms, and attitudes. However, there is an overwhelming void connecting the influence of religion to the process of the theory of planned behavior. There is also minimal literature available examining perspectives of PME among the religious. Currently, the most noteworthy samples explore Judaism and PME (Maybruch et al., 2014) and Muslim communities and PME (Killawi et al., 2018). While these studies provide valuable information, more research is needed on how religion impacts perspectives and the decision to attend PME.

Based on the above outlined literature, there remains much to be learned on how religion influences participation and attitudes towards PME. This study, therefore, specifically focuses on the role that religion may play on attitudes toward PME and willingness to participate. This study proposes a mixed-methods design to further explore this relationship.

## Chapter Two: Literature Review

As discussed in the introduction, PME has a long history and an affirmed usefulness. PME is popularly provided by religious organizations or by clergy, however, there is a large lack of evidence for how religion may influence access to and attitudes toward PME. To organize and further evaluate the connection between PME, the theory of planned behavior is an excellent framework for the review of literature, and also assists in developing questions on how religion may influence participation in and access to PME.

### **Overview**

The theory of planned behavior was designed by Icek Ajzen and has been used by researchers for decades to predict intentions to perform various behaviors. Intent to perform certain behaviors then translates into the actual completion of said behaviors. The three main areas that serve to predict the intentions are: perceived behavioral control, subjective norms, and attitudes towards the behavior. Although this theory does not generally focus on each of the three items from a religious framework, each of the pillars is influenced by religion, specifically for individuals who identify as religious. Perceived behavioral control can be linked with religion through the benefit of increasing the duration of the marriage and increasing quality of marriage - churches are known to promote the reverence of marriage (Schumm et al., 2010). Subjective norms can be tied to religion as religious organizations may or may not mandate the completion of PME (Killawi et al. 2018; Maybruch et al. 2014). Finally, attitudes can be linked to religion as they may mask or unveil the perceived susceptibility or perceived severity of divorce

and marital discord - this study seeks to determine which is true. Each pillar of the theory will be discussed further, as well as how each pillar is connected to religion.

Perceived behavioral control focuses on the perceived barriers or cost that a participant may face when considering PME. Conversely, there are many rewards that will be discussed that may motivate a participant. These rewards would help one's cost/reward analysis to be more in favor of participating and thereby would perceive a higher level of control over the behavior. Likewise, divorce and marital conflict are both considered "social costs" (Wilmoth & Smyser, 2012); the social aspect is further discussed in the next pillar.

Subjective norms focus on the societal influences that may influence a couple to participate. This topic is understandably tied to religion due to the fact that religious persons are most frequently the providers of PME (Maybruch et al., 2014; Wilmoth & Smyser, 2012). There are few studies that focus on how one's religious organization influences their willingness or attitude towards participation. This study will address the possibility that the church is a social factor and may play a large role in a couple's decision to complete PME.

Finally, the theory of planned behavior focuses on a participant's attitudes towards a behavior and how the attitude they hold would favor or reject the behavior. The attitudes towards PME have not been researched creating a lack of literature in this area in general, and especially so when incorporating religion as a variable.

Some research has been conducted using the health beliefs model to assess the attitudes, which is similar to the theory of planned behavior. Two components of the health beliefs model specifically focus on attitudes: perceived susceptibility and

perceived severity. These concepts will be explained further in the review of literature and will be used to guide the research questions for this study.

As mentioned, all three pillars of the theory of planned behavior will be used to guide this review of literature and underscore the contributions of this study. The theory will serve as a framework for the primary research questions, which connects religion to attitudes toward and attendance in PME.

### **Perceived Behavioral Control**

As described, the first pillar of the theory of planned behavior is perceived behavioral control. Perceived behavioral control is defined by Ajzen (1991) as, “the perceived ease or difficulty of performing the behavior and it is assumed to reflect past experience as well as anticipated impediments and obstacles” (p. 188). The most important, and most relevant, component of this definition for this study are the “obstacles” that Ajzen speaks of. Primarily, these obstacles are the costs that participants must assume in order to complete premarital education.

Several previous works point to the idea of minimizing cost and maximizing rewards. “...Couples see the benefits [of PME] but will still not attend suggests the various barriers outweigh the benefits that couples believe they will receive” (Blair & Cordova, 2009, p. 124). Most common “costs” are the commitment of time (duration and number of sessions) and the monetary expense of a program (Duncan et al., 2010; Silliman, Schumm, & Jurich, 1992).

The potential rewards for participating in PME would be addressing existing risk factors of divorce and/or improving the quality of marriage. Some studies report that the cost would need to be extremely low and the rewards would need to be maximized

(Blair & Cordova, 2009). However, costs and rewards seem to vary and are contingent upon the needs of the participants, which will also be discussed as a variable of perceived behavioral control.

### **Costs.**

Access to a premarital program that fits the participants needs is of great importance. Premarital programs can range from a short discussion of wedding ceremony plans to lengthy skills-based programs such as the PAIRS program that can require over 120 hours to complete (Schumm, Walker, Nazarina, West, Atwell, Barko, & Kriley, 2010). However, Schumm et al. do not place one of these interventions over another due to the fact that couples' needs for premarital education vary greatly. A couple with low levels of conflict may be ill fitted for a lengthy course such as PAIRS deeming the cost (in this instance time) too high. Likewise, a couple that has experienced high conflict, increased trauma, unrealistic expectations of a marriage relationship, or other risk factors, would benefit from longer interventions and may search for higher rewards. Schumm's work goes on to discuss that from comparative analysis, the maximum number of hours a participant should spend in a premarital education program could range from six to ten hours. This is where the "point of diminishing returns" seems to exist. Tambling and Glebova (2013) add support to this timeframe, stating four to six sessions are often preferred by participants.

It is logical to assume that the lower the associated fees of the premarital education, the lower the perceived "cost." It appears from previous research that monetary cost and time commitment can have similar value in people's perception: if the monetary cost or time commitment is too low, participants do not feel a level of

commitment or return in value. If the cost too high, it may be a deterrent factor for participants. Tambling and Glebova (2013) found that “thirty-seven percent of participants identified the total preferred cost of a course of premarital counseling as \$100–150, a quarter of the sample preferred less than \$50 with another quarter preferring between \$50 and \$99, and 11% preferred more than \$150” (p. 335).

### **Rewards.**

While many participants will look at the costs of a premarital education program, most will seek a program they feel offers them some sense of reward. Premarital education efficacy has been widely supported; There is no longer a real need to prove that premarital education is beneficial for participants (Blair & Cordova, 2009). PME has been shown to moderate risk factors of divorce and provide a higher quality of marriage. Both decreasing the risk of divorce and providing a higher quality of marriage are substantial rewards that may motivate participants (Rhoades, Stanley, & Allen, 2015; Tambling & Glebova, 2013; Williamson, Trail, Bradbury, & Karney, 2014).

When looking at the reward of moderating divorce factors, existing literature addresses this issue from both a secular (non-religious) perspective and from a religious perspective. Rhoades, Stanley, Markman and Allen (2015) generated research on how PME may moderate divorce. Findings from this study show that premarital education may mitigate the risk that precommitment cohabitation has on a relationship. In other words, their study shows that participation in PME is correlated with a decrease in marital stress and divorce for couples who live together before marriage.

More traditional beliefs in regard to marriage are generally supported by religious institutions, and religious beliefs may shape how meaning is attached to marriage

(Dollahite, Hawkins, & Parr, 2012). Thus, the 'religious context', which is often supportive of marriage, may influence attendance in PME. Churches and religious organizations are also generally associated with divorce prevention; churches are associated with divorce prevention due to "reverence to the institution of marriage" and the desire to decrease divorce rates (Schumm et al., 2010). It is of contributing value to research if the parallel between the church and prevention of divorce is predictive of participation. Additionally, strong religious beliefs are the most predictive demographic factor of participant interest and intent to participate in PME (as compared to other demographic factors) (Blair & Cordova, 2009). More research is needed to further investigate if the link between religion and intent to participate may be connected with the reputation the church has for attempting to prevent divorce.

Again, to state the efficacy of premarital education, one of the main rewards participants earn when participating in PME is an effective way to create and maintain a quality marriage (Blair & Cordova, 2009). Participants of PME have commonly reported communication, commitment, and conflict resolution to be the most helpful content areas (Schumm et al., 2010), and these content areas would understandably provide participants with a higher quality marriage.

A noteworthy contribution to the literature on premarital intervention is the work provided by Maybruch, Piruinski, and Pelcovitz (2014). This work focuses exclusively on the Orthodox Jewish community, but provides perspective to research on how premarital education provides the reward of quality of marriage to religious participants. Maybruch et al. detail how the Orthodox Jewish community mandates premarital education and specifically assists in creating a quality marriage by teaching participants

about the specific sexual practices unique to the Jewish community. To synthesize, Orthodox Jewish couples likely participate in PME with the reward in sight of having a healthy marriage in line with their doctrinal beliefs.

As has been established, perceived behavioral control focuses on a participant's anticipated obstacle; the obstacles identified in current literature are time and monetary cost. Regardless of religiosity, costs need to be perceived as low and rewards high. While the theory of planned behavior establishes perceived behavioral control as a participant's perceived costs/rewards, the theory of planned behavior describes the next pillar as a participant's perceived social pressure, or willingness to participate.

### **Subjective Norms**

The next pillar of the theory of planned behavior is subjective norms. Subjective norms are defined as "the perceived social pressure to perform or not to perform [a] behavior" (Ajzen, 1991, p. 188). There are a variety of sources social pressures can come from and many have been previously researched. According to research the most noteworthy of sources social pressures may derive from are a partner, a participant's religious community, and government organizations.

An important component of this part of the theory is the volition of participants greatly affects their interest in the program. Initially, research has recommended that professionals with high involvement or regular access to engaged couples or people respected in the community (clergy, mental health workers, doctors, politicians, etc) were identified to be of value in recommending engaged couples to complete PME (Sullivan, Pasch, Cornelius, & Cirigliano, 2004). However, more recent research suggests that those who are mandated, *or even recommended*, to complete a course,



show less interest in the course than those who attend by their own interest and desire (Duncan et al., 2010).

Silliman, Schumm, and Jurich (1992) state that the couple's motivation is the most influential factor in attending; couples who attend voluntarily rated the premarital education to be more helpful as compared to those participants who were recommended to take the course. The couple's motivation for completing premarital education is also the most predictive factor of an outcome of lasting change. (Duncan et al., 2010).

#### **Subjective Norms: Partner.**

Other researchers have investigated the origins of these requirements on couples. Starting most proximally, a person may feel pressure to complete a premarital program from their partner. In heterosexual couples, a woman's interest in a program is often the strongest motivating factor for a man to participate, and men are more likely to participate should the wife be interested in participating (Blair & Cordova, 2009). This is noteworthy for marketing purposes because education can be targeted for the wife in a relationship with the expectation that this would increase participation by the husband. This is also significant because of the role of volition and the possibility that men may report lower satisfaction of PME due to unwillingness to participate.

#### **Subjective Norm: Social.**

Moving more socially, couples develop subjective norms based on society telling them to complete, or not complete, a premarital program. Subjective norms are a significant predictor of intention to complete PME, and intention is the largest predictor of participation (Sullivan et al., 2004). Some subjective norms exist in the unspoken,

such as mental health and counseling stigma that exists. A similar stigma may be the thought that bringing up issues will weaken the couple's relationship or put the marriage at risk. Killawi et al. (2018) state that some Muslim families had "rushed marriage or worried about discussing concerns" (p. 100) in fear that these conversations would keep the couple from marrying.

**Subjective Norm: Religious.**

Some pressures are more direct and are even requirements. Certain religious organizations, or some religious clergy, require couples who intend to marry to complete premarital education or counseling. Killawi et al. (2018) and Maybruch et al. (2014) both speak on the religious requirement that may be placed on couples from Muslim and Jewish communities, respectively. Maybruch et al. state that the vast majority of Jewish couples participate in premarital education. It is also extremely common for a religious person to participate in premarital education through their religious community or provided by clergy. The church setting would be an important place to investigate volition and the subjective norms that exist due to the high volume of participants using clergy to provide premarital education. It also steals reason that some religious establishments require premarital education to be completed in order to have their wedding ceremony performed at their church. For example, Muslims also are frequently required by their mosques to participate in premarital education (Killawi et al., 2018).

**Subjective Norm: State/Government.**

Another requirement that is becoming more common is the suggestion by a state. Some states offer incentives to complete premarital education. For example, the standard marriage license in the state of Oklahoma cost is \$50. Should a couple

applying for a marriage license complete premarital education and present the certificate of completion, the cost for the marriage license is reduced to \$5. The reduction in cost, as supported by the state may increase interest and attendance in PME. Trends to support PME are growing nation-wide in some ways, as Tambling and Glebova (2013) indicate that “few states require some form of premarital education, though several have pending legislation to make premarital education mandatory” (p. 331).

Subjective norms clearly influence a participant’s intentions to participate, and again, intention is a predictive factor of participation according to the theory of planned behavior. Another similar theory, the health beliefs model, may give researchers more insight on the final pillar of the theory of planned behavior: attitudes.

### **Attitudes**

The next pillar of the theory of planned behavior is attitudes. Attitudes are defined as, “the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question” (Ajzen, 1991, p. 188). The attitudes one holds towards a behavior play in to their intentions to complete a behavior and then, in turn, the predictability of completing a behavior. Attitudes towards premarital education are generally self-reflective and are correlated with perceived susceptibility and perceived severity. Many couples believe that they possess the ability to maintain a successful marriage without any special training or education. Couples with this understanding would likely prioritize premarital education very low (Blair & Cordova, 2009).

Perceived susceptibility and perceived severity are key in the formation of our attitudes and are also a key portion of the health beliefs model. Perceived susceptibility

would lead a person to ask: Could this happen to me? The health beliefs model also incorporates perceived severity: How bad would it be if this happened to me? (Blair & Cordova, 2009; Sullivan et al., 2004) The health beliefs model also includes perceived barriers and perceived benefits which have been previously discussed.

### **Health Beliefs Model.**

When applying the health beliefs model (specifically severity and susceptibility) to PME, researchers use both divorce and marital issues as the issue evaluated. Participants would now ask, "Could I experience divorce or marital issues, and if so, how bad would that be for me?" The internal reflection values of the health beliefs model leave it to be an excellent evaluation of attitudes specifically when evaluating the "favorable or unfavorable appraisal" mentioned by Aizen (1991).

The study previously mentioned by Sullivan et al. (2004) used the health beliefs model to examine attitudes of participants about premarital education, but specifically focused on barriers to PME. Another study using the health beliefs model was conducted by Blair and Cordova (2009), and also focused primarily on the perceived barriers to participating in PME. The current study will similarly examine the attitudes participants have by using aspects of the health beliefs model as a guide. This study, however, will also focus on the perceived susceptibility and perceived severity aspect of the health beliefs model, while also incorporating how religiosity may affect attitudes. The current study will contribute to the small body of literature that exists on premarital education and attitudes, as well as the similarly relatively small body of literature on premarital education attitudes in connection with religion.

## Conclusion

As reviewed in this section, the current literature has addressed how the theory of planned behavior can be used to anticipate participation in PME. This is the first known study to use the theory of planned behavior as a framework to connect religious influences on participation in PME. Specifically, using the theory of planned behavior, this study will explore how religion may affect attitudes towards premarital education and attendance. The following guiding research questions are:

- 1) How do religious organizations promote a balance in the cost and rewards analysis that couples/participants may have?
  - i.e. Do they offer incentives for participating...? Do they place barriers for not participating...?
- 2) What pressures exist from one's own religious organization on the participation in premarital education?
  - i.e. Do church members or clergy promote/recommend PME?
- 3) How does religion influence the health beliefs model?
  - i.e. Do participants who identify as religious perceive themselves as susceptible to and/or perceive a varying degree of severity differently than non-religious couples?

## Chapter Three: Method

### **Mixed Methods Approach**

The purpose of this study is to examine the attitudes of people who identify as “religious” hold in regard to premarital education, and how religious organizations may foster attitudes about completing PME. This study used a mixed methods approach. Rather than only collecting data on the complexity of one’s “attitude” through quantitative methods, providing various data points with little to no explanations, and rather than strictly surveying attitudes providing general themes with little to no evidence of frequency a mixed-methods approach gives the ability to gather both qualitative and quantitative data simultaneously. The results will harvest the strengths of each type of data collection to provide a rich product to help understand the questions at hand (Merriam & Tisdell, 2016).

There are three different types of mixed-methods designs having closely to do with the order in which the data is collected. The most relevant to this study is the convergent design. In this design method, qualitative and quantitative designs are being collected simultaneously. Thus, participants completed a survey in which some questions were asked as scaled formats and some as open-ended responses, generating both quantitative, and qualitative data (Merriam & Tisdell, 2016). This approach is optimal for generating data that not only reflects the influences on attitudes and attendance but may glean a “why” perspective. Qualitative data may reveal richer trends in the development of attitudes towards PME, or “how” religious organizations promote PME.

## **Procedure**

As part of the study preparation process, the study survey was first pilot-tested with a class of Sociology students at the University of Central Oklahoma to assess for clarity of the survey language. Following the pilot-testing, some changes were made to add more clarity. Participants were recruited through sampling at the University of Central Oklahoma and through social media. Approval was sought and granted by the institutional review board, at the University of Central Oklahoma. Participants were recruited via their university email address and/or word of mouth from professors at the university, as well as through social media.

Initially, respondents were asked to provide consent and be informed that their participation is voluntary, including no reward given for completion of the survey. The participant was informed of their right to refuse participation at any time by exiting the survey. The sample size goal of 50 participants was set for the study, and this number was far exceeded, and 350 participants completed the survey.

## **Participants**

Of the 350 participants that completed the survey, 85.4% were female and 14.3% were male. The sample age ranged from ages 18 to 84 with a mean of 39 years old. Of the reported ethnicities, 89.4% were Caucasian, a percentage of 3.7 and 3.4 reported as African American or Black and Hispanic or Latino, respectively. Other ethnicities included: 2% Native American or Alaskan Native, .6% Asian or Pacific Islander, and .9% that identified as "other." When surveyed for geographic location (i.e. urban v. rural) the sample reported 31.9% living in an urban area, 51.7% living in a suburban area, and 16.4% living in a rural area. Participants most frequently resided in Oklahoma (53.3%),

followed by Texas (15.4%), Florida (6.7%), Iowa (4.9%), Arkansas (4.3%), and Washington (2.9%). Educational levels reported revealed that participants had a variety of educational levels: 18.6% had completed some postgraduate degree, 6.6% had attended some postgraduate work, 34.1% were college graduates, 28.1% had some college, 3.7% had attended a trade or technical training, 8.6% had completed high school with receiving a diploma or GED and .3% had completed less than high school. Income reports showed that 6.9% reported an annual income of less than \$5,000, 12.6% between \$5,001 and \$25,000, 28.1% between \$25,001 and \$50,000, 20.3% between \$50,001 and \$75,000, 13.5% between \$75,001 and \$100,000, and 18.6% reporting over \$100,000.

In order to identify relationship status, participants were asked "Which best describes your relationship status?" Of the respondents, 68.8% were married, 11.5% single (never married), 6.3% in a committed relationship (but not living together), 3.7% divorced, 3.4% living with a romantic partner, 3.2% engaged, and 2.9% remarried. Participants were asked several questions pertaining to religiosity, the first being "Which of the following best describes your religious affiliation?" Respondents selected Non-Denominational Christian most frequently (51.1%). Many were protestant (17.5%), or evangelical (14.1%), while some were Catholic (4.3%), Other Christian (Apostolic, LDS/Mormon, Jehovah's Witness) (1.7%), Agnostic (2.3%), Atheist (1.1%), and "none" (3.2%). In terms of prior attendance in PME, 61.8% reported that they had attended PME in the past.



## Research Questions

The guiding research question for this study were: How does religion affect a person's ability to access and their attitudes towards premarital education? Further research questions were asked guided by the theory of planned behavior and existing literature:

1. How do religious organizations promote a balance in the cost and rewards analysis that couples/participants may have?
2. What pressures exist from one's own religious organization on the participation in premarital education?
3. How does religion influence participants attitudes as guided by the health beliefs model?

Survey questions were structured to answer the research questions and were asked using scaled and short answer questions.

Participants were asked to complete the Duke University Religion Index (DUREL; Koenig & Büssing, 2010), which is a quick inventory of religiosity based on the Likert scale responses to the questions below\*:

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### Religiosity (DUREL)

1. How often do you attend church or other religious meetings?
2. How often do you spend time in private religious activities, such as prayer, meditation or Bible study?

The following section contains three statements about religious belief or experience.

Please mark the extent to which each statement is true or not true for you.

3. In my life, I experience the presence of the Divine (i.e., God)

4. My religious beliefs are what really lie behind my whole approach to life
  5. I try hard to carry my religion over into all other dealings in life
- 

\*See appendix B for more information

In addition to the DUREL questions surveying participants' religiosity, general survey questions were added to inventory: age, sex, race/ethnicity, religious affiliation/preference, income, education, and relationship status. To view the study survey, please see Appendix A.

### **Data Analysis**

Surveys were recorded electronically using the Qualtrics program to assist in the ease and evaluation of data collection, while also allowing for confidentiality. Data analysis (descriptive and correlational analysis) was completed through Qualtrics, as well as SPSS 24.0.

## Chapter Four: Results

The purpose of this study was to examine the access and attitudes that participants have toward premarital education, while also evaluating how religion may influence the access and attitudes that participants have. The results of the study were analyzed based on how participants responses to the research questions previously identified. Using the mixed-methods approach, both quantitative data and qualitative data were collected in the study. The data collected revealed much about how religion may play a role in developing one's access to, and attitudes towards PME. The results presented in this section are organized by the particular research question posed.

### **Research Question One: How do religious organizations promote a balance in the cost and rewards analysis that couples/participants may have?**

#### **Perceived Behavioral Control**

As discussed in the review of literature, the perception that one has on being able to control a certain behavior can be broken down into the balance that there is on the cost of completing the behavior, and the reward for completing the behavior. To evaluate the influence of religion on the cost/rewards that participants may perceive towards premarital education the first research question posed, was "How do religious organizations promote a balance in the cost and rewards analysis that couples/participants may have?"

This question was further shaped into survey questions to evaluate both costs participants may perceive, as well as perceived rewards. Participants were asked if there are difficulties that prevented, or may prevent them from completing a premarital program; Participants were also asked to identify said difficulties.

Participants were asked what rewards existed to them, by surveying what benefits they see personally, as well as relationally. There were consistent themes that emerged from the qualitative data as well, where participants reported what comes to mind when they think of personal benefits of completing PME as well as relational benefits of completing PME.

### **Cost.**

When participants were asked if they agree or disagree on whether there are difficulties that would prevent them from completing PME, the majority of participants disagreed (17.8% strongly disagree and 27.5% disagree). Many were also ambivalent, 27.2% (n=84) marked neither agree nor disagree. When asked more specifically about costs of attending, participants were asked which barriers existed to them: time, transportation, finding a location or provider, or “something else” with the option to enter text explaining or naming other difficulties/challenges. Respondents stated that time was a barrier 33.8% (n=118) of the time. Text responses also alluded to many time-commitment themed barriers. Some respondents gave answers relating to scheduling, such as conflicting time schedules with their partners, scheduling childcare for children, work schedules, or short engagements that did not allow for sufficient time to complete a PME program. One participant reported, “I came to the US for the wedding only six-weeks in advance...” Other respondents also reported that long-distance relationships posed a barrier to completing PME. Transportation as a barrier was surveyed, but reported much less frequently to be a barrier; only 1.7% (n=6) reported transportation as a difficulty/challenge.

The final option given as a difficulty or challenge to participants was locating a location or provider to provide PME. Almost a quarter of participants (24.1%, n=84) reported that this was something that may have kept them or may keep them from participating in PME. Written-text responses also indicated similar themes, “I did not know about [PME] when I got married,” or, “It was not something I knew about.” One participant reported that it was not available when they were married, and another participant stated “I did not know about premarital programs [when I got married].” Finally, one of the most gleaming and forthcoming responses stated this: “Both coming from failed relationships, and having definite ideas about what went wrong before, it didn’t seem like a necessity at the time. It was not exactly a problem to find the time or money for a class, but more of a lack of understanding of the importance.”

Item	There are some difficulties that prevented me, or may prevent me from completing a premarital program
Strongly disagree	17.8% (n=55)
Disagree	27.5% (n=85)
Somewhat disagree	4.2% (n=13)
Neither Agree nor Disagree	27.2% (n=84)
Somewhat Agree	11.3% (n=35)
Agree	8.1% (n=25)
Strongly Agree	3.9% (n=12)

z	What difficulties/challenges may prevent you from completing a premarital program
Cost	31.5% (n=113)
Time commitment	32.6% (n=117)
Transportation	1.7% (n=6)
Finding a location or provider	23.1% (n=83)
I was not interested	7.5% (n=27)
My partner was not interested	18.7% (n=67)

Something else 12.8% (n=46)

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### **Rewards.**

While most participants viewed that there was some sort of *personal* benefit for completing PME (35.9% strongly agree and 31.6% agree), there was an elevated response rate from participants regarding the benefits for their *relationship* to complete PME (46.5% strongly agree and 33.6% agree). Participants were also asked if attending PME would help improve a marriage/future marriage. Of participants, 43.9% (n=137) “strongly agreed” that attending PME would help improve a marriage/future marriage, and 33% (n=103) of participants “agree.”

When reviewing themes from the short answer sections of, “What personal benefits [of participating in PME] come to mind?” as well as “What relational benefits [of participating in PME] come to mind?” similar answers were reported by participants. Common themes were learning about one another, learning about communicating with a partner, expectations in a marriage, and other common topics of PME (sexuality, finances, child-rearing, faith, home management, etc.). Some participants reported that they felt it was beneficial to hear from older couples who have long successful marriages, i.e. “wise counsel,” and others reported that it was beneficial to have a neutral place to discuss some of the topics that may otherwise be difficult to discuss.

Another benefit shared by some couples throughout the questions relating to cost and rewards mentioned that participants see value in the reward of a reduced cost of the marriage license should a couple complete PME (cost is reduced by the state). This is important to note, because there are clear indications that this discount is valued by respondents. It is also valuable to note where there is a lack of response: there is no

discussion in the questions answered about financial cost of PME being a barrier to attending.

In general, cost and rewards are both analyzed on a personal level: “What am I putting into this, in exchange for what am I getting out of it?” Perceived behavioral control is a participant’s inward reflection on the ability to overcome any impediments or obstacles, as well as what benefit they may inquire for doing so. Subjective norms and attitudes, the second and third pillars, are different than perceived behavioral control in the fact that they are both influenced by the world around the participant. Social settings, parents, partners, the local and national government, and - when applicable - religious organizations.

**Research Question Two: What pressures exist from one’s own religious organization on the participation in premarital education?**

**Subjective Norms**

It was important when conducting this study, to be able to analyze how frequently participants identify as religious, as well as how frequently they have exposure to their religious communities. The DUREL measure offers information on the frequency of Organizational Religious Activities (ORA), frequency of Non-Organizational religious activities (NORA), and measures Intrinsic religiosity (IR). ORA is important to measure and report in the following two results, because ORA evaluates how frequently a participant has interaction with their religious community through worship services, prayer groups, and studying of scriptures within a group, and other organized religious activities.

Item	How often do you attend church or other religious meetings?
Never	5.1% (n=18)
Once a year or less	2.8% (n=10)
A few times a year	6.0% (n=44)
A few times a month	19.3% (n=114)
Once a week	37.5% (n=114)
More than once a week	11.9% (n=53)
Item	How often do you spend time in private religious activities, such as prayer, meditation or Bible study?
Rarely or never	15.1% (n=53)
A few times a month	10.2% (n=36)
Once a week	6.0% (n=21)
Two or more times per week	19.3% (n=68)
Daily	37.5% (n=132)
More than once per day	11.9% (n=42)

As previously discussed, subjective norms are the perceived social pressure to complete a behavior. In the circumstances of religion, researchers recognized the social setting to be the religious community. Research questions were each cross tabulated with frequency of ORA, as ORA indicates frequency of exposure to one's religious community. The first research question asked was, "Do church members or religious leaders promote/encourage premarital education in your religious community?" Most participants reported "yes" overall (69.4%, n=213), and those respondents who reported attended church/religious meetings frequently (once per week or more) were more likely to report that PME is promoted and encouraged by religious leaders. Most participants who had a high ORA attendance (once per week or more) also reported that PME is "strongly encouraged" in their religious community most frequently. Participants were also asked that if they felt PME was encouraged in their church community, how so. Participants generally responded with two similar themes: promoting PME or requiring PME.



**Promotion of PME.**

The data showed that promoting PME was done in several forms or formats. Many participants reported that there were classes offered within their church for engaged couples. One participant stated that they had “Retreats, classes, weekend conferences, [and] small groups” available that promoted or made PME available to congregants. Another participant said there were classes specifically available for engaged couples. Several other participants mentioned that there was some form of advertisement for PME: announcements from the pastor/religious leader, advertisements written in a weekly bulletin/newsletter or written on fliers, as well as word of mouth. Word of mouth was frequently reported as a way the religious community promotes PME. Participants also reported that PME was “recommended” to them by their religious community, and another participant stated that it was “highly valued and talked about.”

**Requirements.**

A shocking number of respondents answered differently to the question “If church members or clergy promote/encourage PME in your religious community, how is PME encouraged or promoted?” Many participants reflected on the requirement to complete PME. It was frequently reported that PME was required by the pastor, clergy, or staff member to perform or officiate the ceremony. It was also frequently reported that PME was a requirement to use the church’s location/building to host the wedding ceremony. Some other participants responded that you were asked or encouraged to attend PME and were approached by someone in the church (member or clergy) when they became engaged. One participant also stated, “Some pastors or churches require it. If your

friends are Christians you likely feel pressured to participate in premarital education.”

The phrase “if your friends are Christians you likely feel pressured,” speaks directly to the concept of subjective norms; because my social group believes “X,” I feel compelled to “Y.” This concept will be further referenced and evaluated in the discussion section.

When asked directly about the pressures to attend PME, participants with frequent ORA attendance (one per week or more) reported they disagreed or were neutral that there were pressures to attend PME. Similar patterns were also found when asked about pressures to attend by the religious community: respondents who had frequent ORA attendance (one per week or more) reported most frequently that they disagree with feeling pressure from their religious community to complete PME.

The next question that participants were asked, is if someone they know or trust recommended they complete PME. Results were fairly divided between “yes,” and “no” – 59.9% (n=188) “yes” and 33.8% (n=106) “no”. The divide was also true regardless of frequency of ORA attendance. Although most who reported frequent ORA attendance (one per week or more) reported “yes” (n=71), that someone they trust did recommend the completion of PME, 26 of those reporting attendance of once per week or more also responded “no” to this question. Most of those reporting ORA attendance of once per week or more reported that the person they trust who recommended PME was a friend, family member, or religious leader.

**Research Question Three: How does religion influence participants attitudes as guided by the health beliefs model?**

**Attitudes and Health Beliefs Model**

The final pillar of the theory of planned behavior is attitudes. To better understand the way attitudes are influenced and developed, two components were used from the health beliefs model: perceived susceptibility, and perceived severity. The question was posed: Do participants who identify as religious perceive themselves as susceptible to and/or perceive a varying degree of severity differently than non-religious individuals?

The following survey questions were given:

1. What is the likelihood that you may have problems later in in your marriage/future marriage?
2. How well could you handle problems that may arise in your marriage/future marriage?
3. How likely is it that your marriage/future marriage would end in divorce?
4. How impactful would it be if you got divorced?

Participants responded on a three-point Likert scale ranging from “not likely” to “very likely” or “not bad” to “very bad (catastrophic)” as applicable to the question.

These questions were subjected to bivariate correlation analysis with the ORA, NORA, and IR items from the DUREL measure. Again, ORA is Organizational Religious Activities, whereas NORA is frequency of Non-Organizational religious activities (religious activities performed in private, i.e. prayer, scripture study, etc.), and IR measures Intrinsic religiosity (the sense of living one’s religiosity and inward importance of religion).

The correlation analysis showed that ORA ( $r = -.16, p = .004$ ), NORA ( $r = -.20, p < .001$ ), and IR ( $r = -.18, p < .001$ ) all negatively correlated with the question “How impactful would it be if you got divorced?” Thus, the higher the ORA, NORA, and IR reported, the less impactful divorce would be, as reported by the study participants. The only other statistically significant correlation was found between ORA and the question: “What is the likelihood that you may have problems later in your marriage/future marriage?” -- showing a positive, significant correlations ( $r = .18, p = .002$ ). Therefore, the higher the frequency of attendance of ORA, the greater the likelihood that problems may be experienced in marriage/future marriage as reported by the participants. This finding will be further discussed in the results section.

	Not likely	Somewhat likely	Very likely
What is the likelihood that you may have problems later on in your marriage/future marriage?	26.1% (n=80)	41.7% (n=128)	32.2 (n=99)
	Not very well	Somewhat well	Very well
How well could you handle problems that may arise in your marriage/future marriage?	3.3% (n=10)	43.6% (n=134)	53.1% (n=163)
	Not likely	Somewhat likely	Very likely
How likely is it that your marriage/future marriage would end in divorce?	87.9% (n=270)	9.8% (n=30)	2.3% (n=7)
	Very bad	Somewhat bad	Not bad at all
How bad would it be if your marriage ended in divorce?	77.3% (n=235)	21.4% (n=65)	1.3% (n=)4

The final significance in answering the research question geared towards how religious organizations shape attitudes also ties back to subjective norms. Participants who had previously completed PME were asked to rate their experiences on a Likert scale. Results show statistical significances between a positive ranking of the overall

satisfaction/outcome of attending PME and a strong encouragement from the religious organization to complete PME.

## Chapter Five: Discussion

The main area of focus of this study is to provide more literature to the deficit that exists on specific connections between religion and access to and attitudes toward PME. The study also offers information on how participants (and particularly religious participants) make the decision to participate in PME, and the results offer a unique opportunity to provide new information for religious organizations that provide PME on how to effectively understand and serve their populations.

### **Discussion of Findings**

The study findings brings several new themes to the table, as well as solidifies and supports existing themes from prior literature. Religious organizations seem to minimize the cost in participating by offering free workshops or classes within the religious organization. However, time still is perceived to be a barrier over one-third of the sample. Commitments also reach far past the concept of not having enough time in a day or week to complete PME, but also includes conflicting schedules, and long-distance relationships (i.e. not enough time in the same geographical location before the ceremony).

In general, rewards seem to be accurate to the content provided in a typical PME program. Previous literature has reported communication, commitment, and conflict resolution to be the most helpful content areas (Schumm et al., 2010). These are among the most frequent content areas reported in this study. Participants also seem to indicate interest in reduction of the cost of a marriage license in exchange for proof of completion of PME.

When analyzing subjective norms, two strong themes emerged: *promotion* of PME and requirement of PME. Promotion of PME was accomplished through various formats, creating an understanding of what forms of PME are available within the church. Many respondents also report that PME is discussed within the church on multiple levels: pulpit preaching, announcements, bulletins/fliers, and word of mouth. It is valuable to know that many religious organizations promote PME in this way, and also poses the question on how can PME be promoted to a person who has infrequent religious attendance? As mentioned in the results, one participant stated, "If your friends are Christians you likely feel pressured to participate in premarital education." This indicates that there is a clear subjective norm within a religious community to complete PME.

Another study result that supports the value in the subjective norms pushing attendants towards PME, is the correlations reported by persons who had already completed PME. Study results show a positive, significant correlation ( $r = .27$ ,  $p = .0001$ ) between a positive previous experience and encouragement to attend from the religious community. In other words, this study showed a link between having positive outcomes from PME and the religious organization promoting and encouraging PME.

The second way churches promote PME is through the *requirement* of PME to be completed prior to being able to be married within the religious organization or by staff/clergy of the religion. This is a high point for continued discussion, as it has become clear in previous literature that couples mandated, required, or even suggested to complete PME may find it less valuable than choosing to go on their own (Duncan et al., 2010). On the contrary, Maybruch et al. (2014) frame a new understanding on the

volition of participants in the religious setting, stating that most participants in their religious setting (specific to Orthodox Jews) are mandated to attend but in-turn are seen to have a holy marriage. If participants are mandated by the church or religious organization they identify with, are the outcomes perceived as better or worse than if there were not requirements at all? Based on the results on this study, the preferred option would be to simply promote PME as mentioned, rather than making PME a stipulation.

The final discussion point comes from the findings about attitudes towards PME, and the health beliefs model. Participants who scored highly on ORA, NORA, or IR were more likely to report that divorce would be less impactful. Does this mean religious persons perceive divorce as less severe? Or, does the church emphasize support, meaning that if a divorce did happen, it would be less catastrophic? Based on previous research, it may be easiest to think that religious persons (high scores on ORA, NORA, IR) would be more impacted by divorce. Schumm et al. (2010) reports that churches are known for promoting marriage and working to decrease divorce. However, perhaps it is possible that churches are also equipping their members to be aware of the reality of divorce.

The second correlation in this section was the positive correlation between ORA and the agreement with the likelihood of problems in the marriage/future marriage. Does this indicate religious participants are more aware of the reality of having marital problems, or does it indicate that they have stronger fears that marital problems may arise? Ultimately, religious participants perceive themselves as susceptible to marriage problems. Perhaps this has something to do with the ongoing thread that religious



organizations or clergy are on the frontlines of providing PME, therefore religious organizations may be among the few that openly discuss the reality that problems may arise within a marriage.

### **Implication for Family Professionals and Researchers**

As a family practitioner or researcher in the field, there are several areas to further explore the literature. From a public policy perspective, funding should continue for programs or allowances for a reduction in the fees of a marriage license, as many participants see this as a reward for participating. There is also value in promoting the policy for fee reduction - as some participants made known that they did not even know about PME, it is an easy opportunity for them to be made aware when applying for or researching marriage licensing.

There is a clear indication that religious organizations continue to monopolize the availability of PME. Research should explore what ways couples are accessing PME when they do not identify as religious? The most beneficial future research could analyze how participants perceive the obligation to complete PME when the requirement is placed by the religious organization. An additional question, "Who else is requiring PME to be completed, and what are participants responses to that requirement."

Finally, longitudinal research should be pursued to investigate on perceived susceptibility and perceived severity of the outcomes of marriage problems and divorce. In reality, one could perceive marital problems or divorce as highly likely in their relationship and be completely inaccurate and experience neither. Unfortunately, the

opposite is also true - one could perceive no marital problems and no chance for ever divorcing and face the opposite.

### **Implication for Religious Professionals**

The findings of this study are of importance for leaders working with PME in religious communities. As mentioned, results from this study show a positive, significant correlation between positive previous experiences of PME and encouragement to attend from the religious community, but *no* correlation was found between a positive previous experience with PME and pressure to attend (from the religious community or a religious leader). The takeaway for religious leaders is that *promoting* and *encouraging* PME and having PME be a norm among couples who marry may increase positive outcomes, however *pressuring* couples to attend PME may lessen positive outcomes. Research at this time is variable on the outcomes of *requiring* PME, and research by Duncan et al. (2010) currently supports that requiring PME may actually have adverse effects. Rather than requiring PME, churches and religious organizations should create a culture where PME is encouraged, available, and valued within the community.

### **Limitations**

Limitations of the study are largely due to the sample composition. Though the sample size was adequate, it may not be diverse enough to have broad generalizability. The sample was mostly female, and was mostly Caucasian. The religious respondents were primarily of Christian religions. For a more generalizable data, more males are needed, as well as more diverse groups. Results from a more diverse population would help to provide further understanding of the relationship between PME and religion.

## **Conclusions**

Religious organizations have a clear stake in the ability for participants to access premarital education as well as the possibility to help shape the attitudes that participants will have toward completing PME. Using the theory of planned behavior, strong themes emerged from this study, that continue to support the valuable role that religious organizations can have. Costs are reported to be low, and religious organizations assist in keeping the cost low, but the reward for participating still has room for growth. Subjective norms exist within churches and may be a healthy place for participants to hear about the positive results that may be experienced by completing PME. From the study, attitudes towards PME may be influenced by religious organizations, and perceived susceptibility of marital problems may be influenced by religious organization attendance.

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## Appendix A

What is your age in years? (Drop down option 18-years and older)

What is your sex?

- a. Male
- b. Female
- c. Other: \_\_\_\_\_

Which of the following categories best describes your race/ethnicity?

- a. Asian or Pacific Islander
- b. African American or Black
- c. Hispanic or Latino
- d. Native American or Alaska Native
- e. White or Caucasian
- f. Middle Eastern or Arab
- g. Other: \_\_\_\_\_

Which of the following best describes your religious affiliation?

- a. Catholic
- b. Jewish
- c. Evangelical
- d. Protestant (Baptist, Methodist)
- e. Non-denominational Christian
- k. Other: \_\_\_\_\_
- f. Other Christian (e.g., Apostolic, LDS or Mormon, Jehovah's Witness)
- g. Atheist
- h. Agnostic
- i. Other, please specify \_\_\_\_\_
- j. None

What is your approximate current yearly total household income? Select the most accurate response.

- a. under \$5,000
- b. Between \$5,001 to \$25,000 per year
- c. Between \$25,001 to \$50,000 per year
- d. Between \$50,001 to \$75,000 per year
- e. Between \$75,001 to \$100,000 per year
- f. More than \$100,001 per year

What is the highest education grade you finished, received credit for, or the highest degree you have earned?

- a. Less than high school (0-11)
- b. High school graduate or GED equivalency (12)
- c. Trade/technical/vocational training
- d. Some college
- e. College graduate
- f. Some post graduate work completed (attended some graduate school)
- g. Post graduate degree (e.g., Master's degree, Doctorate degree, etc.)

In which state do you live? (Use the Dropdown Option for state)

Would you consider the area you live mostly:

- a. Urban (city living with numerous people in the area)
- b. Suburban (near a large city)
- c. Rural (country living with limited people in the area)

Which best describes your current relationship status?

- a. Single (never married)
- b. Committed relationship (not living together, i.e. dating)
- c. Living with romantic partner
- d. Engaged
- e. Married
- f. Separated
- g. Divorced
- h. Remarried
- i. Other, Please describe:

If you are married, how long have you been married? (Dropdown Options in 6-month increments, not married)

If you are in a romantic relationship (not married), how long have you been with your current partner? (Dropdown Options in 6-month increments)

How often do you attend church or other religious meetings?

1 Never	2 Once a year or less	3 A few times a year	4 A few times a month	5 Once a week	6 More than once a week
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How often do you spend time in private religious activities, such as prayer, meditation or Bible study?



1 Rarely or never	2 A few times a month	3 Once a week	4 Two or more times per week	5 Daily	6 More than once a day
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The following section contains 3 statements about religious belief or experience.  
Please mark the extent to which each statement is true or not true for you.

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In my life, I experience the presence of the Divine (i.e., God)

1 Definitely not true	2 Tends to not be true	3 Unsure	4 Tends to be true	5 Definitely true of me
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My religious beliefs are what really lie behind my whole approach to life

1 Definitely not true	2 Tends to not be true	3 Unsure	4 Tends to be true	5 Definitely true of me
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I try hard to carry my religion over into all other dealings in life

1 Definitely not true	2 Tends to not be true	3 Unsure	4 Tends to be true	5 Definitely true of me
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The next questions focus on premarital education. Premarital education is generally defined as: training completed before a marriage to help a couple or participant learn or acquire skills to obtain a healthy marriage.

There are personal benefits for me to complete a premarital education program.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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List some personal benefits that come to mind: \_\_\_\_\_

There are relationship benefits for completing a premarital education program.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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List some relational benefits that come to mind: \_\_\_\_\_

Attending premarital education can help improve my marriage/future marriage.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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There are some difficulties that prevented me, or may prevent me from completing a premarital program.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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What difficulties may prevent you from completing a premarital program: (check all that apply)

- Cost
- Time commitment
- Transportation
- Finding a location or provider
- I was not interested
- My partner was not interested
- Something else: \_\_\_\_\_.

I believe society in general is supportive of attending premarital education.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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Premarital education is widely available in the area where I live.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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If you do not identify as religious or you are not affiliated with a particular religion you may not find the remainder of the survey applicable.

My church or religious organization offers premarital education programs:

- a. Yes
- b. No
- c. Not Sure

Do church members or clergy promote/encourage premarital education in your religious community?

- a. Yes
- b. No
- c. Not Sure

If church members or clergy promote/encourage premarital education in your religious community, how strongly is premarital education encouraged?

1 Not encouraged at all	2 Low amount of encouragement	3 Moderately encouraged	4 Strongly encouraged
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If church members or clergy promote/encourage premarital education in your religious community how is premarital education promoted and/or encouraged?

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I feel/felt some pressure to attend premarital education by my religious leader.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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I feel/felt some pressure to attend premarital education by my religious community.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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Someone I know or trust recommended I complete premarital education?

- a. Yes
- b. No
- c. Not Sure

If someone you trust recommended you complete premarital education, who was this person? \_\_\_\_\_

My religious beliefs support the institution of marriage.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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My religious beliefs are a main reason I attended or am interested in attending premarital education.

1 Strongly Disagree	2 Disagree	3 Somewhat Disagree	4 Neither Agree nor Disagree	5 Somewhat Agree	6 Agree	7 Strongly Agree
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What is the likelihood that you may have problems later on in your marriage/future marriage?

1 Not likely	2 Somewhat likely	3 Very likely
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How well could you handle problems that may arise in your marriage/future marriage?

1 Not very well	2 Somewhat well	3 Very well
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How likely is it that your marriage/future marriage would end in divorce?

1 Not likely	2 Somewhat likely	3 Very likely
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How bad would it be if you got divorced?

1 Very bad (catastrophic)	2 Somewhat bad	3 Not bad at all
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Have you attended some type of premarital education in the past?

- a. Yes
- b. No
- c. Not sure

If you have attended a premarital education in the past, how would you rate your overall experience?

- a. Excellent
- b. Good
- c. Average
- d. Fair
- e. Poor
- f. Very Poor

If you have attended premarital education before, who provided this service? \_\_\_\_\_

## Appendix B

The following information is provided the Duke University Religious Index (DUREL;

Koenig & Büssing, 2010):

*The five-item scale assesses the three major dimensions of religious involvement identified at a National Institute on Aging and the Fetzer Institute conference (16–17 March 1995) on Methodological Approaches to the Study of Religion, Aging, and Health: organizational, nonorganizational, and intrinsic or subjective religiosity. Organizational religious activity (ORA) involves public religious activities such as attending religious services or participating in other group-related religious activity (prayer groups, Scripture study groups, etc.). Non-organizational religious activity Religions 2010, 1 80 (NORA) consists of religious activities performed in private, such as prayer, Scripture study, watching religious TV or listening to religious radio. Intrinsic religiosity (IR) assesses degree of personal religious commitment or motivation. IR has been compared to extrinsic religiosity (ER), a form of religiosity mainly “for show” where religiosity is used as a means to some more important end (financial success, social status, comfort, or as a congenial social activity), rather than for religion’s sake alone. IR, in contrast, involves pursuing religion as an ultimate end in itself. Allport and Ross defined IR as follows: “Persons with this orientation find their master motive in religion. Other needs, strong as they may be, are regarded as of less ultimate significance, and they are, so far as possible, brought into harmony with the religious beliefs and prescriptions. Having embraced a creed, the individual endeavors to internalize it and follow it fully. It is in this sense that he lives his religion.”*

Items of the Duke University Religion Index (DUREL).

(1) How often do you attend church or other religious meetings? (ORA)  
1 - Never; 2 - Once a year or less; 3 - A few times a year; 4 - A few times a month; 5 - Once a week; 6 - More than once/week

(2) How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)

1 - Rarely or never; 2 - A few times a month; 3 - Once a week; 4 - Two or more times/week; 5 - Daily; 6 - More than once a day

The following section contains 3 statements about religious belief or experience. Please mark the extent to which each statement is true or not true for you.

(3) In my life, I experience the presence of the Divine (i.e., God) - (IR)

1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(4) My religious beliefs are what really lie behind my whole approach to life - (IR)

1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me

(5) I try hard to carry my religion over into all other dealings in life - (IR)

1 - Definitely not true; 2 - Tends not to be true; 3 - Unsure; 4 - Tends to be true; 5 - Definitely true of me