

The Association between Adolescent Subjective and Active Religiousness and Adult Alcohol Consumption



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Introduction

- Alcohol consumption costs the US about \$250 billion each year ((Draskovic, 2024) and causes over 178,000 deaths (NIAAA, 2024)
- Religious affiliation is a recognized protective factor against alcohol use; numerous global and national studies show a negative relationship between religious affiliation and alcohol consumption (Holt et al., 2006)
- There is a significant gap in research concerning how the nuances of religious influence compare to other factors like gender, socioeconomic status, and mental health in shaping drinking patterns (Baena et al., 2019)
- Many studies generalize individuals' level of religious affiliation into broad terms like "religiousness" and "religiosity"
- This project seeks to expand upon the sparse research that delineates religiousness into the distinct categories of 'active' (participation, practice of religious affiliation) and 'subjective' (beliefs, significance of religious affiliation) facets, especially the enduring influence of adolescent religious practices and beliefs on adult alcohol consumption patterns, an area largely underexplored

Research Question

What is the association between active and subjective adolescent religiousness and adult alcohol consumption?

Methods

Sample

- Respondents (n=4,196) were drawn from the U.S. National Longitudinal Survey of Adolescent Health, a study following a nationally representative cohort from adolescence to adulthood
- Data utilized was taken from from Wave I (an in-home questionnaire of adolescents in grades 7-12 during the 1994-1995 school year) and Wave V (a mixed-method survey of the participants in their late 30s to early 40s during 2016-2018) of the study

Measures

- Adolescent religious affiliation was categorized based on the response to "What is your religion?" into four primary groups reflective of predominant US religions: 1) Catholic, 2) Mainline Protestant, 3) Other Protestant denominations such as Pentecostal and Baptist, and 4) No religious affiliation. Participants outside these categories were excluded from the analysis.
- Adolescent active religiousness was measured with the question, "In the past 12 months, how often did you attend religious services?" Responses ranged from never, less than once a month, once a month or more, but less than once a week and once a week or more
- Adolescent subjective religiousness was measured with the question, "How important is religion to you?" Responses were collapsed and ranged from unimportant and important
- Adult alcohol consumption frequency (ACF) variable represents the total number of alcoholic drinks consumed in a month, calculated by multiplying the number of days one drank in the month by the number of drinks they typically drank on those days

Results

Univariate

- The distribution of religious affiliation among the individuals was: 13.4% non-religious, 25.13% Catholic, 27.15% Mainline Protestant, and 34.68% Other Protestant
- For adolescent religious service attendance: 23.78% never attended, 17.03% attended less than once a month, 19.63% attended once a month or more, and 39.56% attended once a $\frac{7}{20}$ week or more
- Of the respondents, 77.47% viewed their religion as fairly or very important to them
- The average adult ACF was 25.66 drinks/month, widely ranging from 0 to 750

Bivariate

- ANOVA analysis indicated a significant difference in mean adult ACF across different levels of adolescent active religiousness (p = 0.0006)
 - Post-hoc comparisons revealed that individuals who attended religious services "Once a week or more" had a significantly lower mean ACF (Mean difference = -12.5012, p=0.000) compared to those who "Never" attended services (Figure 1)
- Significant (p=0.0074) ANOVA results showed lower adult ACF for adolescents valuing religion as "Important" compared to those deeming it "Unimportant" (Figure 2)

Multivariate

- The multivariate linear regression between adult ACF, active religiousness, and subjective religiousness showed that, holding all other variables fixed (Figure 3):
 - Weekly attendance at religious services is associated with a notable decrease in adult ACF (beta=-12.26, p=0.002)
 - Attendance at less frequent intervals, such as less than once a month (beta=-6.64, p=0.107) and once a month or more (beta=-7.95, p=0.064), does not show a statistically significant relationship
 - The personal importance of religion (beta=-0.35, p=0.93) showed a negative, but non-significant association with ACF
- The regression examining the combined effect of religiousness forms, holding all other variables fixed revealed,
 - Results indicated that the interaction between how often someone attends religious services and how important they view their religion does not significantly alter the relationship with alcohol consumption frequency (Interaction terms: Less than once a month * Important (beta=8.278, p=0.333), Once a month or more * Important (beta=10.218, p=0.413), Once a week or more * Important (beta=4.066, p=0.742))

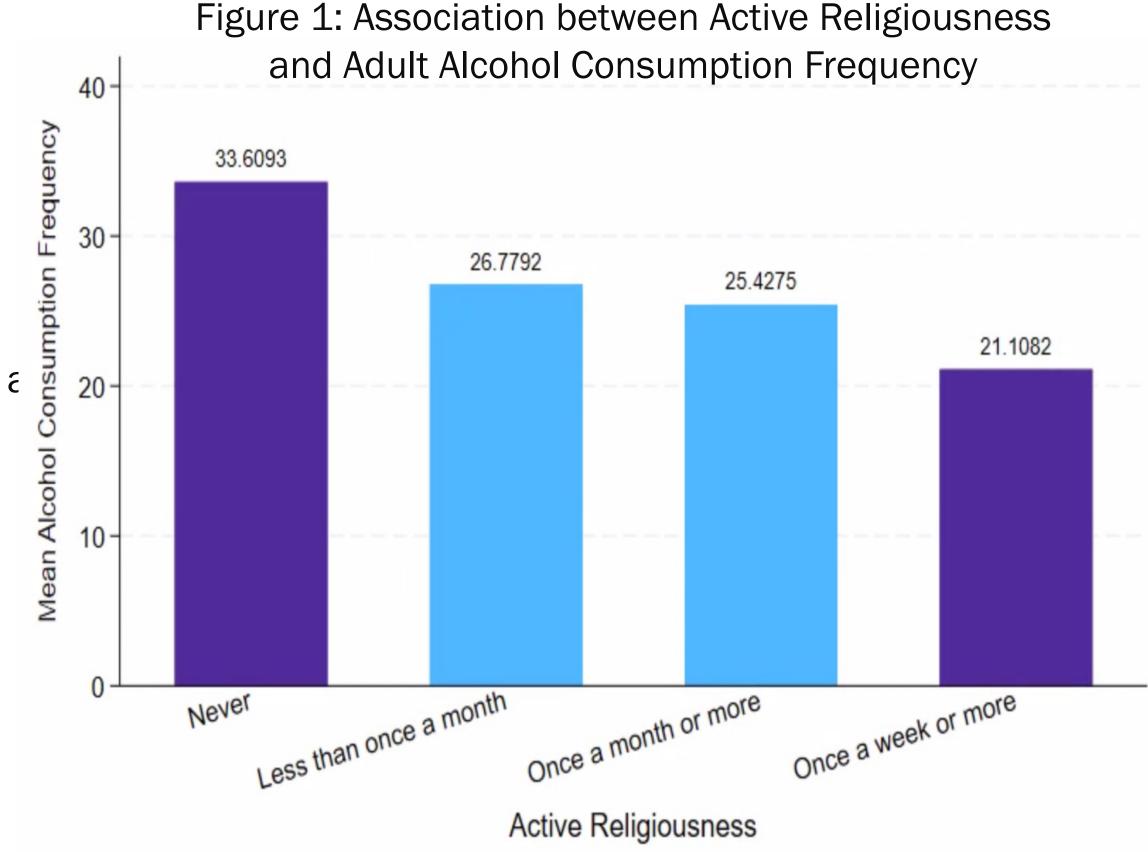


Figure 2: Association between Adolescent Subjective Religiousness and Adult Alcohol Consumption Frequency

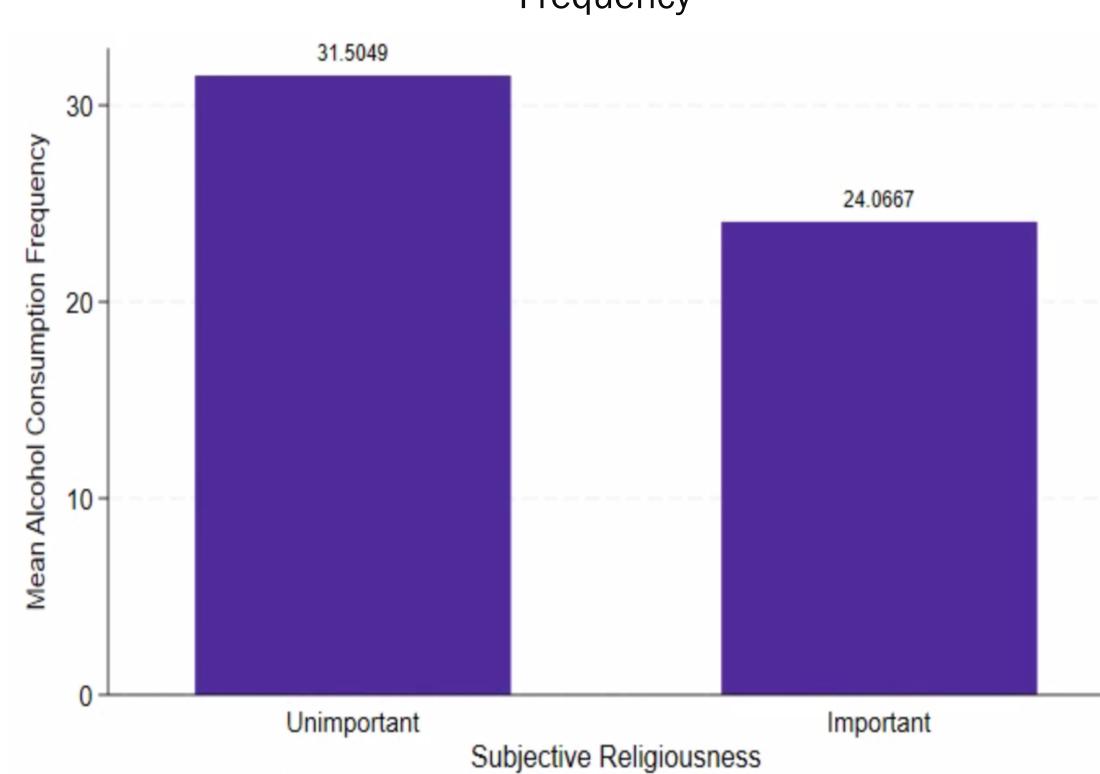
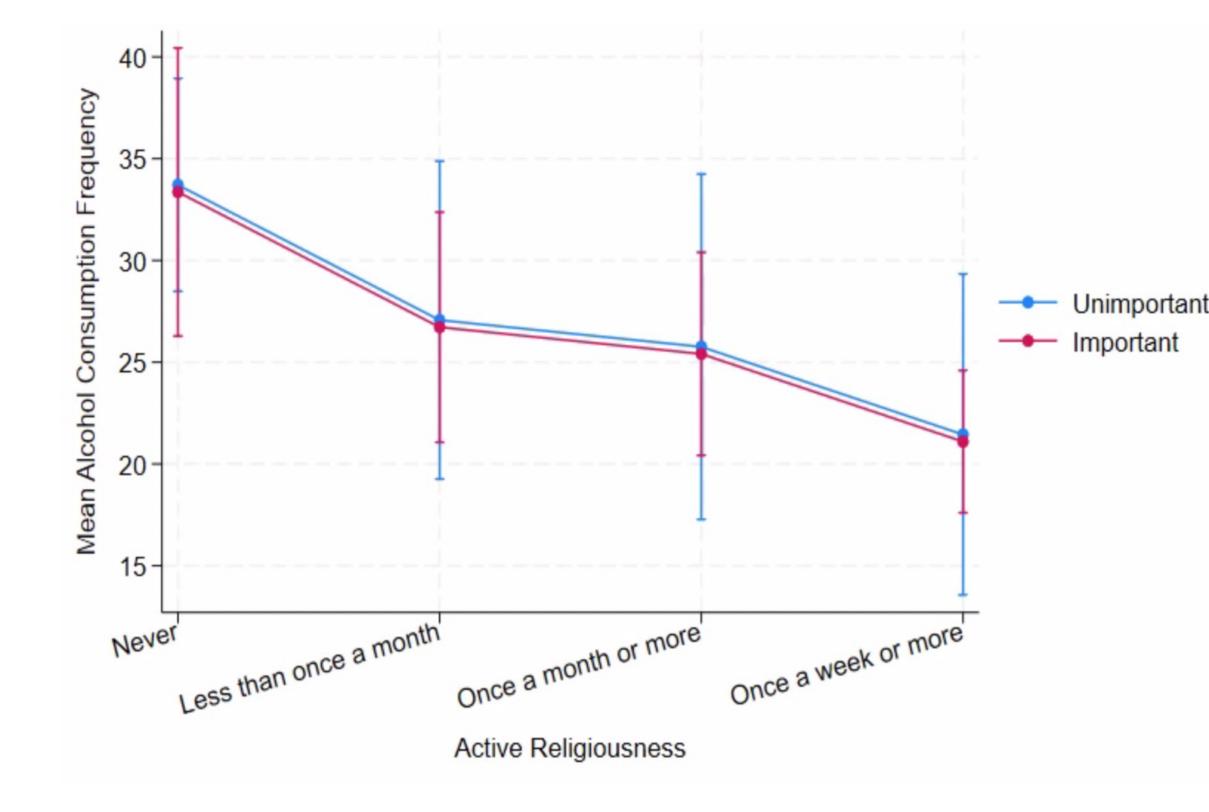


Figure 3: Adult Drinking Frequency by Attendance and Importance Levels Without Considering **Interaction Effects**



Discussion

- Active religiousness during adolescence serves as a strong predictor of adult ACF at the extremes of religious activity
- Contrary to active religiousness, adolescent subjective religiousness does not associate adult ACF, indicating that the practical aspects of religious involvement (i.e., attendance) may have more influence on drinking behaviors than personal religious importance
 - Active religious attendance may be confounding the association of subjective religiousness and adult ACR
 - People who view religion as more important might also attend services more frequently, and it is this attendance, rather than their personal belief in the importance of religion, that actually influences their drinking behavior observed in bivariate ANOVA analysis
- These findings contribute to public health initiatives and programs regarding the implications of facets of religiousness and alcohol consumption
- Future studies should disaggregate the data by specific religions and incorporate this into regression analysis to better understand how their unique attributes might influence the relationship between adolescent dimensions of religiousness and adult alcohol use
- This study's reliance on a limited set of questions to gauge active and subjective religiousness presents a simplified view of complex construct, a broader and more comprehensive range of indicators should be employed to measure active and subjective religiousness
- Comparative studies involving data from countries other than the US with varying degrees of religiousness and differing norms about alcohol could provide deeper insights into the cultural contexts that shape these behaviors

References

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