Correlates of Religiosity Indicators Among Filipino Women

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Introduction

The concept of religiosity broadly refers to various aspects of religious activity, including its thinking, feeling, and behavioral aspects (Cornwall, Albrecht, Cunningham and Pitcher, 1986). Also referred to as spirituality, it had been associated with various outcomes, including lower rates of depression (Maselko, Gilman & Buka, 2009), lower smoking and alcohol use (Edlund et al, 2009) and better cognitive health (Hill et al., 2006).

The Philippines has been reported as being one of the most religious countries in the world. A Gallup Poll done some years ago (2006-2008) on the importance of religion in various countries which asked the question "Is religion important in your daily life?" put the Philippines within the classification of the "most religious" countries in the world, with 95% of the Philippine sample saying religion is important in their daily life (Gallup, 2009).

The present study has three objectives: 1) explore whether religiosity among Filipino women was also related to health outcomes, 2) explore whether religiosity is also associated with other background characteristics related to health, 3) assess whether the associations vary by the type of religiosity indicator used.

Data

This study utilizes data from the Cebu Longitudinal Health and Nutrition Survey (CLHNS), a 30-year ongoing collaborative study from 1983-2012. The CLHNS longitudinally surveyed a sample of childbearing women from 1983-1986, then followed them up again in 1991, 1994, 1998, 2002, 2005, 2007 and 2012. The main religiosity indicators and covariates for this study were taken from the 2012 survey round of the CLHNS where 1,818 women remained in the longitudinal sample.

Whereas in the prior surveys religiosity was only measured in terms of church attendance ("How often do you go to church?"), in the 2012 survey round, several other measures of religiosity were employed. For the present study, we analyze three religiosity measures: 1) church attendance 2) the importance of religious beliefs in one's own life and 3) the importance of praying in one's own life.

Methods and Analysis

We use frequency ands percentage distributions of religiosity measures, health and other characteristics. Then we cross-tabulate each of the religiosity measures with the health and other socio-demographic variables. To assess bivariate relationships, we used chi-squared test (when assessing religiosity association with categorical variables) and one-way Analysis of Variance (when assessing religiosity association with continuous variables). For further analysis, we intend to perform multivariable analysis (using logistic regression etc.) to assess relationships of religiosity with correlates controlling for confounders.

Results

Convergences in the Religiosity Indicators

We found that the three indicators were similar in that they were all associated with educational attainment, assets, the number of grandchildren, depressive symptoms score, and cognitive health as measured by the MMSE. More frequent in going to church and more likely to say that religious beliefs and/or praying were important in their life were those women who had higher educational attainment, had greater assets, had less grandchildren, had less depressive symptoms and had greater cognitive health.

Divergences in the Religiosity Indicators

Initial results, however, also found dissimilarities in the associations of the religiosity indicators with the variables studied. Notable were instances when church attendance yielded positive associations with background variables not associated with the importance of religious beliefs or praying in one's life. Marital status, having ADL/IADL difficulty, cigarette smoking, and drinking alcoholic beverages were significantly related with church attendance but not with the salience of praying or religious beliefs. Less frequently attending church services were those who were in non-legal or cohabiting partnerships, those with ADL/IADL difficulties, elderly, those who had ever smoked, and those who drank alcoholic beverages.

Conclusions and Future Directions

The initial findings point to several similarities and differences in the religiosity indicators studied. Socioeconomic status (education, assets) appeared to be a strong correlate of religiosity. The same could be said of variables representing mental and cognitive health. On the other hand, the church attendance indicators seemed to be negatively affected by physical disability and old age, or by behaviors associated with moral stigma such as cohabitation, smoking and drinking. The next stage of analysis would explore whether the significant correlations of religiosity with other variables would remain once confounders were already controlled.

Table 1. Characteristics of the study sample, 2012

CHARACTERISTICS	Frequency	Percent
Age		
Less than 50 yrs	337	18.54
50-59 yrs	1,072	58.97
60+ yrs	409	22.50
Religion		
Roman Catholic	1,700	93.51
Others	118	6.49
Frequency of church attendance		
None or occasional	208	11.44
About once a month	341	18.76
About once a week	1,085	59.68
More often than once a week	184	10.12
Whether religious beliefs are very important in one's own life		
No	514	28.27
Yes	1,304	71.73
Whether praying is very important in one's own life		
No	376	20.68
Yes	1,442	79.32
Marital status		
Never married	5	0.28
Legally married	1,238	68.10
Cohabiting	128	7.04
Widowed	349	19.20
Separated	98	5.39
Number of marriages (cohabiting/legally married)		
None or once	1,614	88.83
Married more than once	203	11.17
Work status		
Not working	621	34.16
Working	1,197	65.84
Educational attainment		
Less than elementary	595	32.73
Elementary/some high school	772	42.46
High school graduate or higher	451	24.81
Assets (score) quintiles		
First quintile	355	19.53
Second quintile	400	22.00
Third quintile	354	19.47
Fourth quintile	384	21.12
Fifth quintile	325	17.88
Urbanicity score (mean, min.-max.)	40.44 (8-61)	
Number of grandchildren (median, min.-max.)	5 (0-65)	
Self-rated Heath		
Poor	265	14.60
Good	1,446	79.67
Excellent	104	5.73
Physical difficulties (ADL/IADL)		
Without difficulty	1,684	92.63
With any ADL/IADL difficulty	134	7.37
Depressive symptoms score (mean, min.-max.)	23.27 (16-39)	
Cognitive Health: MMSE score (median, min.-max.)	24 (7-30)	
Cigarette smoking (at least 1 cigarette)		
Never smoked	1,311	72.23
Ever smoked	504	27.77
Whether mother drinks alcoholic beverages		
No	980	53.99
Yes	835	46.01
N	1,818	100.00

Table 2. Religiosity indicators by socio-demographic and health characteristics, 2012

	Frequency of church attendance				**Whether religious beliefs are very important in one's own life**		**Whether praying is very important in one's own life**	
	None or occasional	About once a month	About once a week	More often than once a week	No	Yes	No	Yes
Age	Chi-sq. p=.010				Chi-sq. p=.837		Chi-sq. p=.713	
Less than 50 yrs	9.20	23.15	60.53	7.12	28.49	71.51	21.96	78.04
50-59 yrs	10.73	17.72	60.07	11.47	27.80	72.20	20.06	79.94
60+ yrs	15.16	17.85	57.95	9.05	29.34	70.66	21.27	78.73
Marital status	Chi-sq. p=.002				Chi-sq. p=.229		Chi-sq. p=.188	
Never married/separated	14.56	20.39	54.37	10.68	30.10	69.90	24.27	75.73
Legally married	9.77	18.09	62.12	10.02	27.30	72.70	19.31	80.69
Cohabiting	20.31	26.56	45.31	7.81	25.00	75.00	21.88	78.13
Widowed	13.18	17.77	57.88	11.17	32.38	67.62	24.07	75.93
Number of marriages	Chi-sq. p=.056				Chi-sq. p=.347		Chi-sq. p=.271	
None or once	10.78	18.46	60.35	10.41	27.88	72.12	20.32	79.68
Married more than once	16.26	21.18	54.68	7.88	31.03	68.97	23.65	76.35
Work status	Chi-sq. p=.016				Chi-sq. p=.043		Chi-sq. p=.098	
Not working	14.17	15.94	60.23	9.66	31.24	68.76	22.87	77.13
Working	10.03	20.22	59.40	10.36	26.73	73.27	19.55	80.45
Educational attainment	Chi-sq. p=.000				Chi-sq. p=.000		Chi-sq. p=.000	
Less than elementary	17.14	23.87	55.13	3.87	36.47	63.53	28.57	71.43
Elementary/some hi school	10.10	20.08	59.97	9.84	26.81	73.19	18.91	81.09
High school or higher	6.21	9.76	65.19	18.85	19.96	80.04	13.30	86.70
Assets (score)	Chi-sq. p=.000				Chi-sq. p=.000		Chi-sq. p=.000	
First quintile	20.56	21.41	52.96	5.07	32.68	67.32	27.89	72.11
Second quintile	12.75	25.50	55.00	6.75	37.75	62.25	28.25	71.75
Third quintile	10.73	19.49	61.30	8.47	31.64	68.36	22.60	77.40
Fourth quintile	7.81	14.58	64.32	13.28	21.88	78.13	13.02	86.98
Fifth quintile	4.92	11.69	65.54	17.85	15.69	84.31	10.46	89.54
Urbanicity (score)	ANOVA p=.000				ANOVA p=.371		ANOVA p=.001	
Mean	37.65	38.90	40.87	43.89	39.98	40.62	38.35	40.98
Number of grandchildren	ANOVA p=.000				ANOVA p=.004		ANOVA p=.009	
Median	6.5	6	5	4	6	5	6	5
Self-rated health	Chi-sq. p=.186				Chi-sq. p=.039		Chi-sq. p=.005	
Poor	15.47	19.25	57.36	7.92	28.68	71.32	23.40	76.60
Good	10.93	18.46	60.03	10.58	28.91	71.09	21.09	78.91
Excellent	6.73	22.12	61.54	9.62	17.31	82.69	8.65	91.35
Physical difficulties (ADL/IADL)	Chi-sq. p=.000				Chi-sq. p=.439		Chi-sq. p=.548	
Without any difficulty	10.27	18.76	60.57	10.39	28.50	71.50	20.84	79.16
With ADL/IADL difficulty	26.12	18.66	48.51	6.72	25.37	74.63	18.66	81.34
Depressive symptoms (score)	ANOVA p=.000				ANOVA p=.000		ANOVA p=.000	
Mean	24.45	23.56	23.14	22.21	24.85	22.65	25.11	22.79
Cognitive health (MMSE score)	ANOVA p=.000				ANOVA p=.000		ANOVA p=.000	
Median	23	23	24	25	23	24	22	24
Cigarette Smoking	Chi-sq. p=.000				Chi-sq. p=.065		Chi-sq. p=.079	
Never smoked	9.84	16.86	62.24	11.06	27.00	73.00	19.68	23.41
Ever smoked	15.28	23.81	53.17	7.74	31.35	68.65	80.32	76.59
Whether mother drink alcoholic beverages	Chi-sq. p=.000				Chi-sq. p=.493		Chi-sq. p=.644	
No	10.00	15.00	64.29	10.71	28.88	71.12	21.12	78.88
Yes	12.93	23.23	54.37	9.46	27.43	72.57	20.24	79.76