



The Relationship between Religiosity and Emotional Well-Being among Adolescents



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Introduction

- There are rising mental health challenges among youth -- 21% of adolescents ages 12-17 reported experiencing symptoms of anxiety in the past two weeks and 17% reported having symptoms of depression in a survey conducted in early 2022 (Lee, 2024).
- Many Americans reported to be religious in a survey -- among adolescents ages 13 to 17, roughly 63% identify with Christianity (Pew, 2019).
- Research suggests that religious involvement, such as attending services and engaging in prayer, can provide adolescents with psychosocial support, serving as protective factors against depression, anxiety, and suicidal thoughts (Aggarwal et. al, 2023).

Research Questions

- Is the extent of religious practice correlated to adolescents' emotional well-being?
- Does this relationship vary in different religions?

Methods

Sample

- Adolescents (n=5625) in grades 7-12 from the Wave 1 data of the National Longitudinal Study of Adolescent Health (Add Health) 1994-2008.

Measures

- Religiosity (0-7; 7=the most) is evaluated by combining participants' frequency of praying and attending religious services.
- Emotional well-being (0-12; 1= least depressive) is evaluated by combining participants' feeling of depression, hopefulness, happiness, and desperation.

Results

Bivariate

- Pearson correlation reveals an r value of -0.128, suggesting a very weak negative relationship between religiosity and emotional well-being.
- $P < 2.2e-16$ confirms this correlation is statistically significant, so it's unlikely that this weak negative relationship is due to random chance.

Multivariate

- Only the highest religiosity (7) is significantly associated with a higher level of emotional well-being ($p=0.00948$).
- Other levels of religiosity do not show significant associations or substantial difference in the likelihood of the outcome. While certain levels of religiosity and categories of religion are associated with significant changes in the likelihood of the outcome, the impact varies across interaction terms. The results indicate a complex relationship between religiosity, religious affiliation, and the likelihood of the outcome.

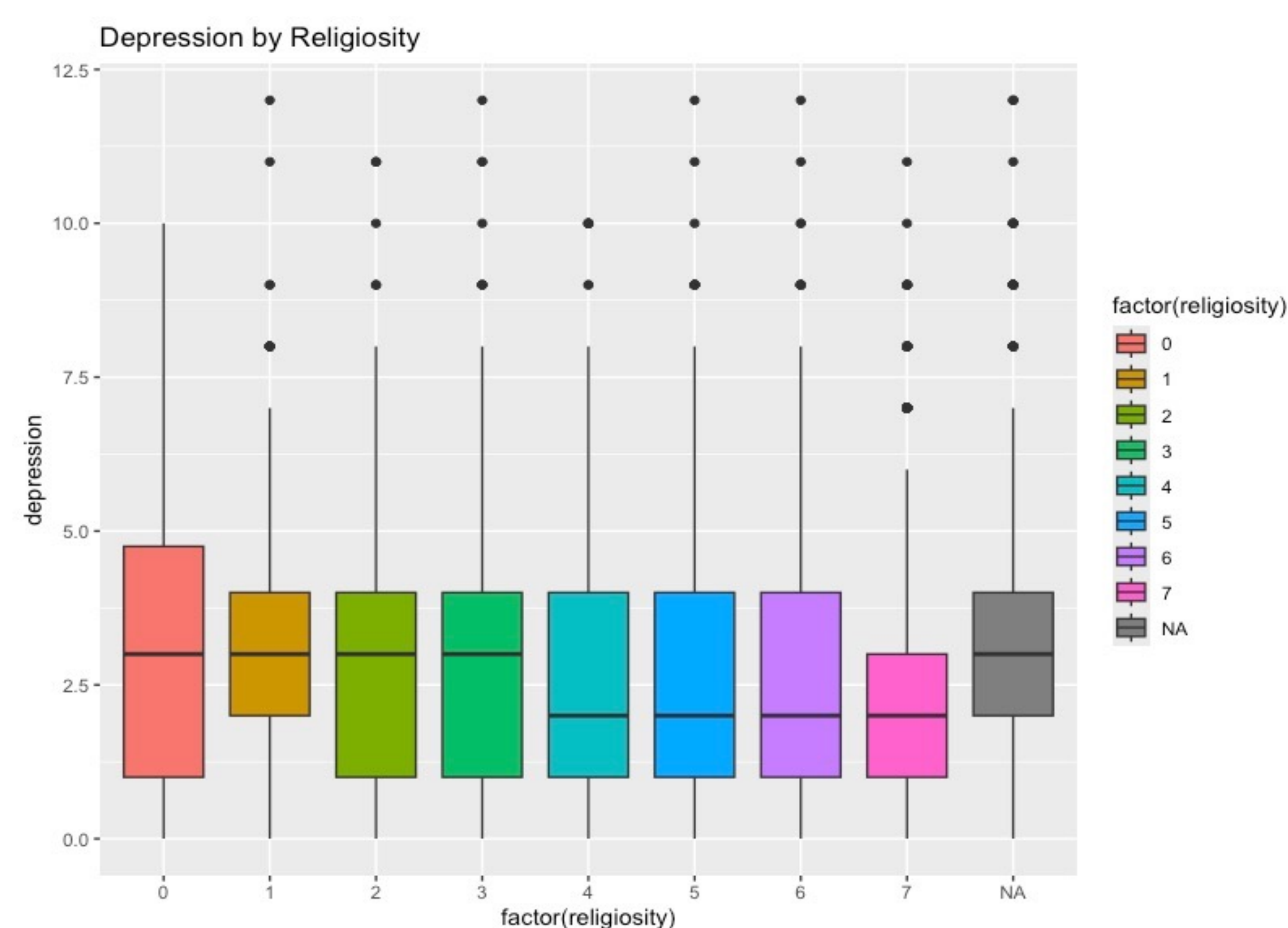


Figure 1: The emotional well-being indexes plotted against religiosity

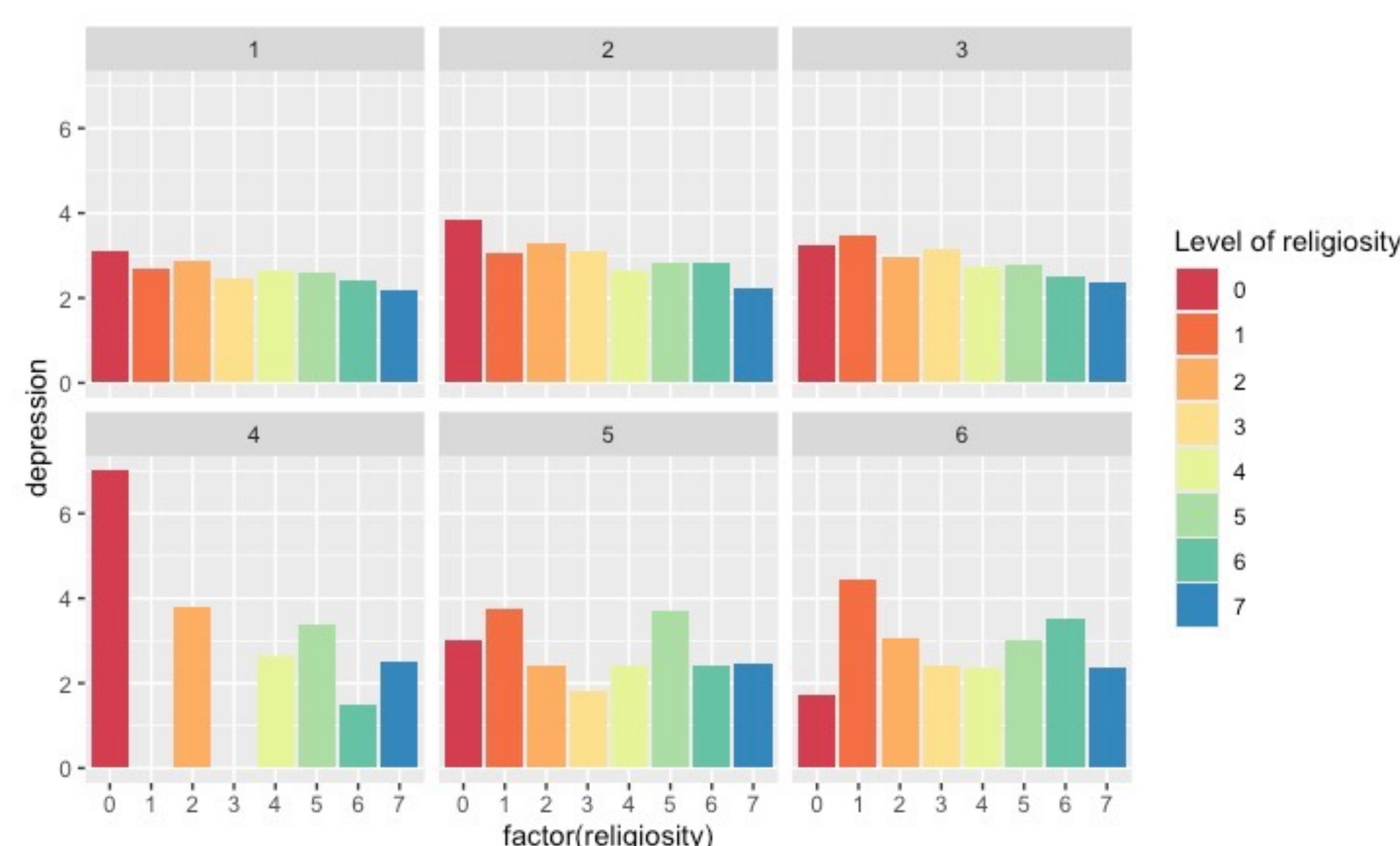


Figure 2: The emotional well-being indexes plotted against religiosity in 6 groups of religions

- Religions are grouped into six categories: No religion (1), Mainline Protestant (2), Evangelical Protestant (3), Catholic (4), Orthodox (5), Non-Christian Religions (6).

Discussion

- Higher level of religious practice, public and private, is significantly but weakly correlated to higher level of emotional well-being in all adolescents in the study.
- Religious grouping confounds the correlation as the correlations are no longer significant and reflect varying relationships between religiosity and emotional well-being among different religion groups.

References

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