

The Relationship Between Mental Health, Education, and Religious Engagement

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INTRODUCTION

For this project I will be exploring the relationships between religious engagement, education and mental health. More specifically, I examined the interrelationships between religion and education on depression and suicide using data gathered from the National Longitudinal Study of Adolescent to Adult Health. Previous studies covering religion and mental health have highlighted religion as a significant source of social support in the form of community. While previous studies have examined the value of religious engagement in regards to mental health, I will specifically be relating it to suicide and depression in order to determine if it could possibly reduce their occurrence.

RESEARCH PROBLEMS

- A person's educational experiences lays the foundation for an individuals problem solving skills and career opportunities. However, the impact of academic experience on navigating mental health problems is unknown and if there are any specific risk factors involved.
- While both religious institutions and educational institutions provide support in the form of knowledge and can have significant impact on a person's future, it is unclear what impact it has on their mental health status.

RESEARCH QUESTIONS

- Does the level of a person's religious engagement relate to their mental health?
- Does a person's level of education relate to their mental health?
- Is education or religious engagement a better determinant of mental health status?

METHODS

Sample characteristics : National Longitudinal Study of Adolescent to Adult Health

- 6,504 participants, (N= 5,100 for analysis)
- Age: 24-32
- Gender: Male and Female
- Ethnicity: Range, not specified
- Survey conducted via in-home interview

VARIABLES

Gender- Does the person identify as male or female?

Age- What is the person's age?

Depression Diagnosis – Has a doctor or nurse ever given the person a diagnosis of depression?

Prayer Frequency- How frequently does the person pray?

-Participants self identified prayer frequency from list of rates

Education status – What is the highest degree or education level achieved?

-Participants self identified education status from list of categories

STATISTICAL ANALYSIS

Chi-squared test of association

-To test the difference in Prayer frequency within Gender

Two way ANOVA Model –

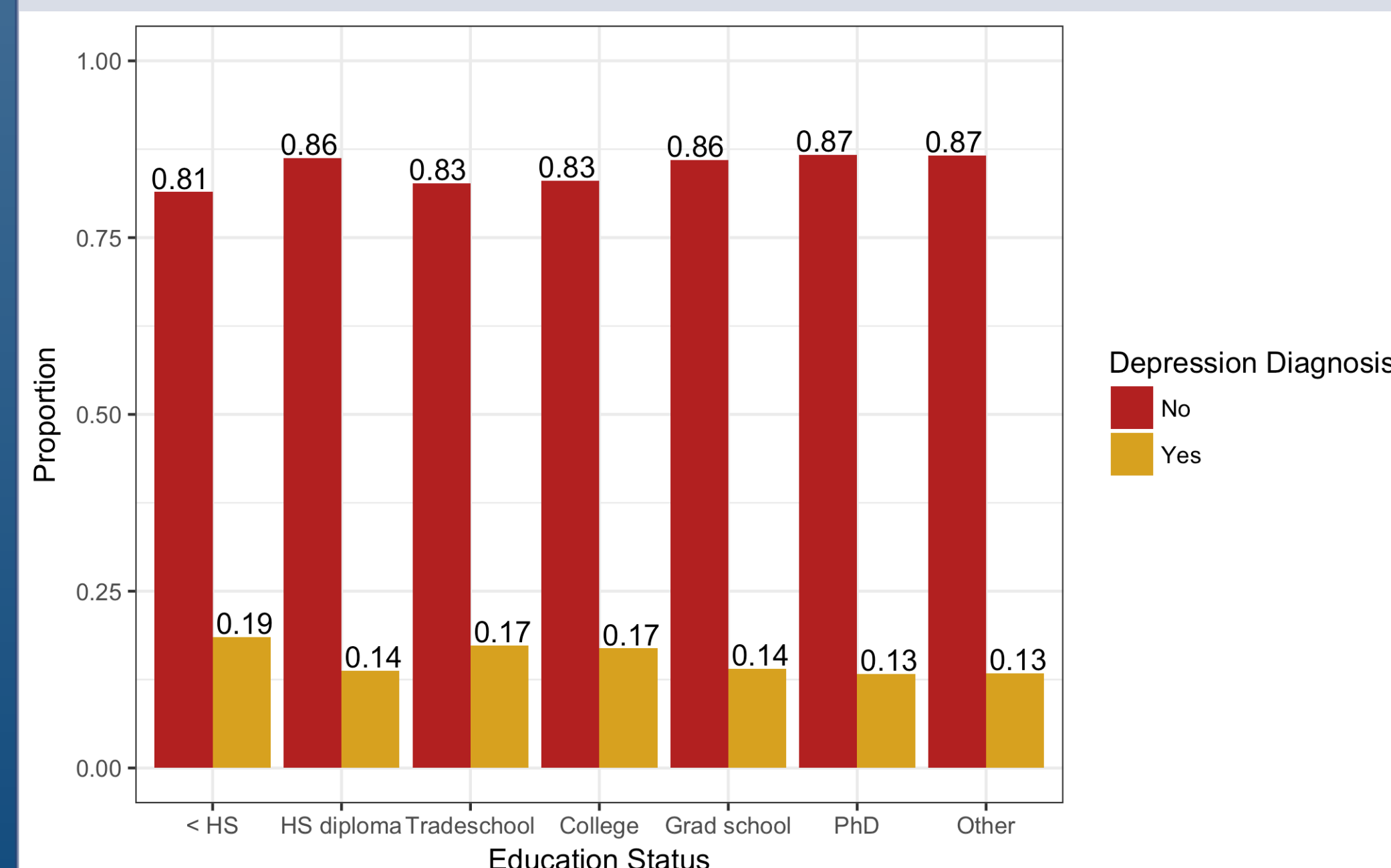
-I tested for an association between Prayer Frequency and Age and tested to determine if Gender acted is a modifier

Chi-Squared Test of Equal Proportions –

-To test for an association between Prayer Frequency and Gender and determine the effect of Depression diagnosis as a potential moderator.

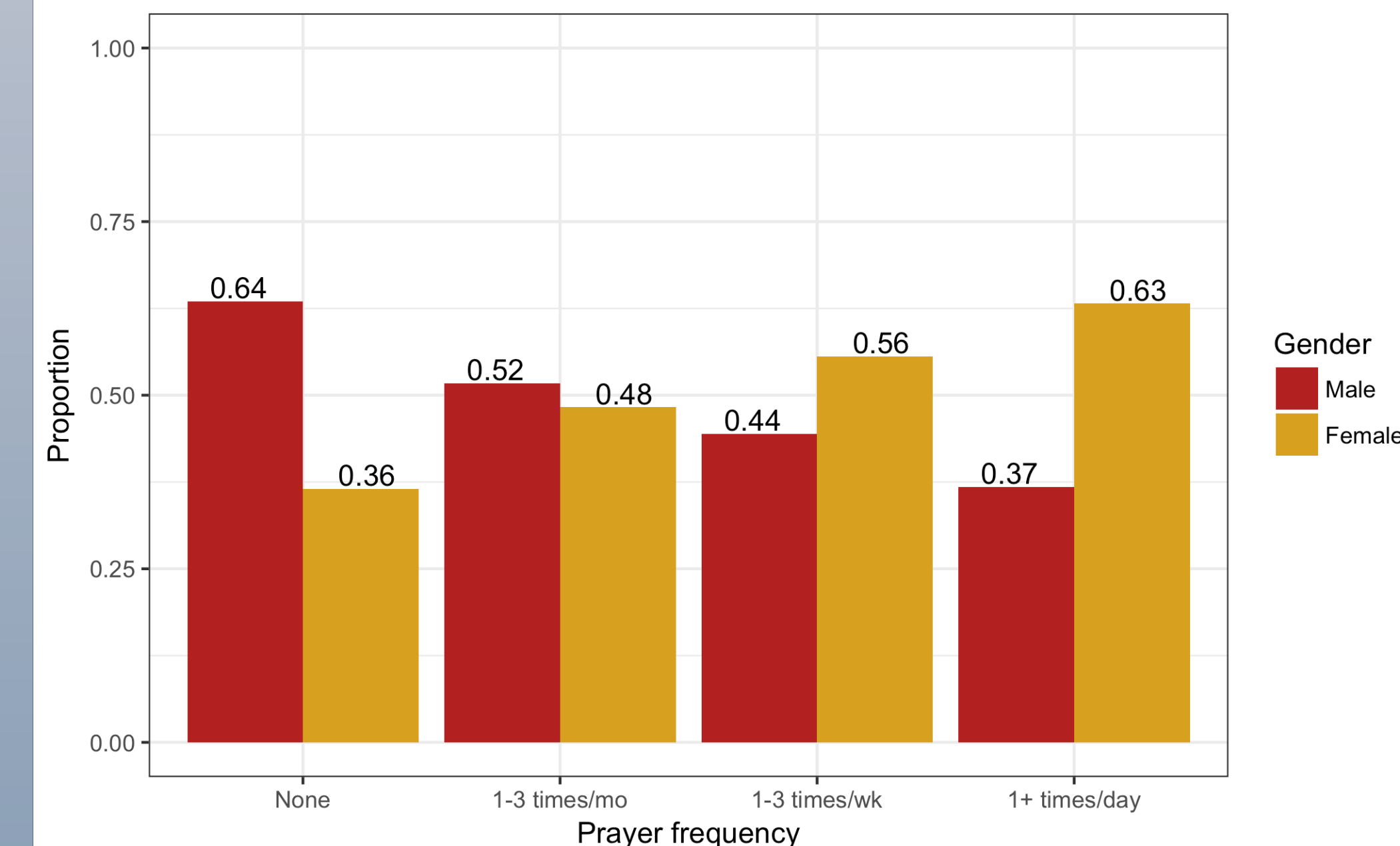
-To test for an association between Education Status and Depression Diagnosis.

RESULTS

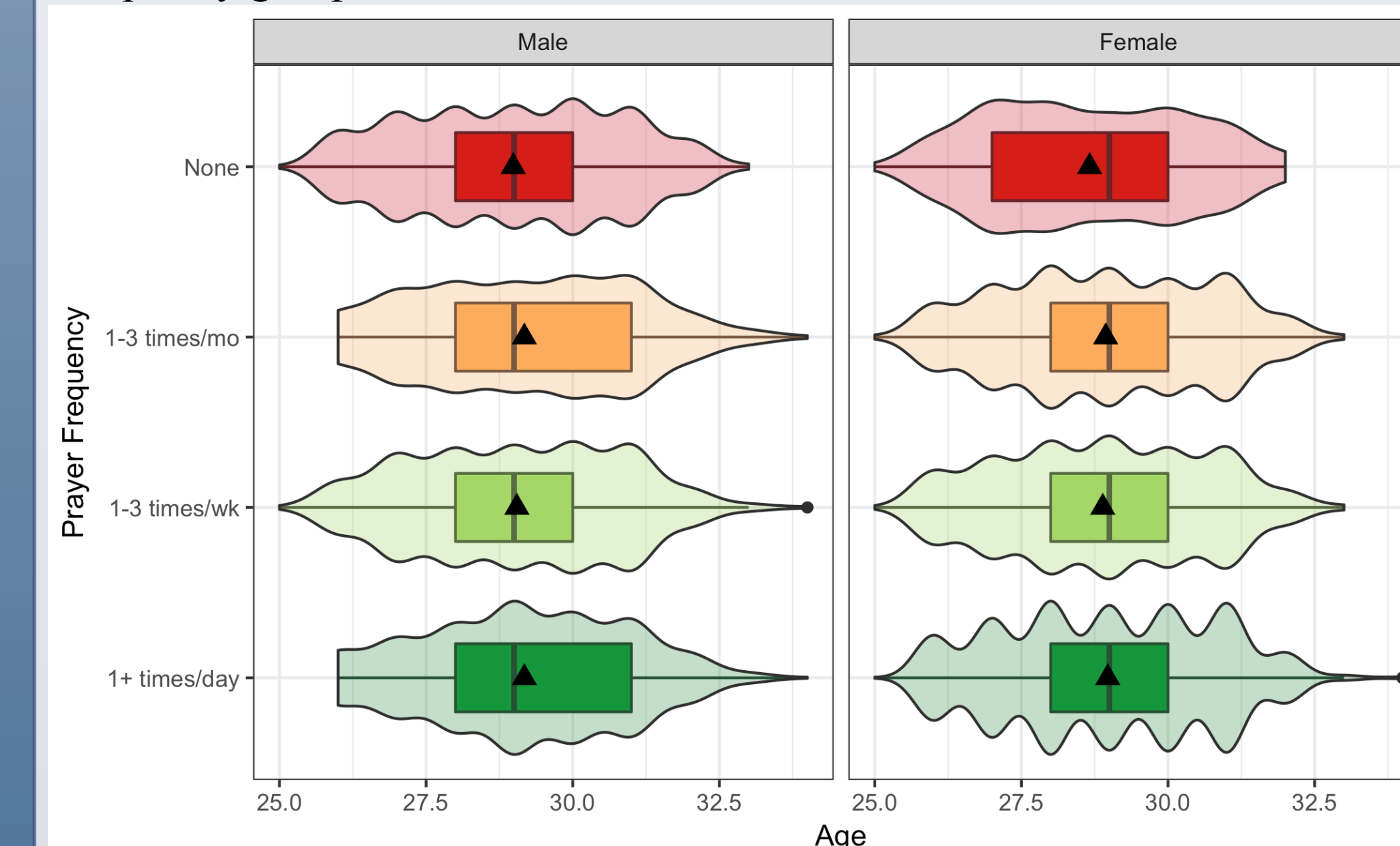


Depression Diagnosis vs. Education Status : Chi- Squared test of equal proportions. Results returned a p value of (p= 0.1534) and indicate no association between variables

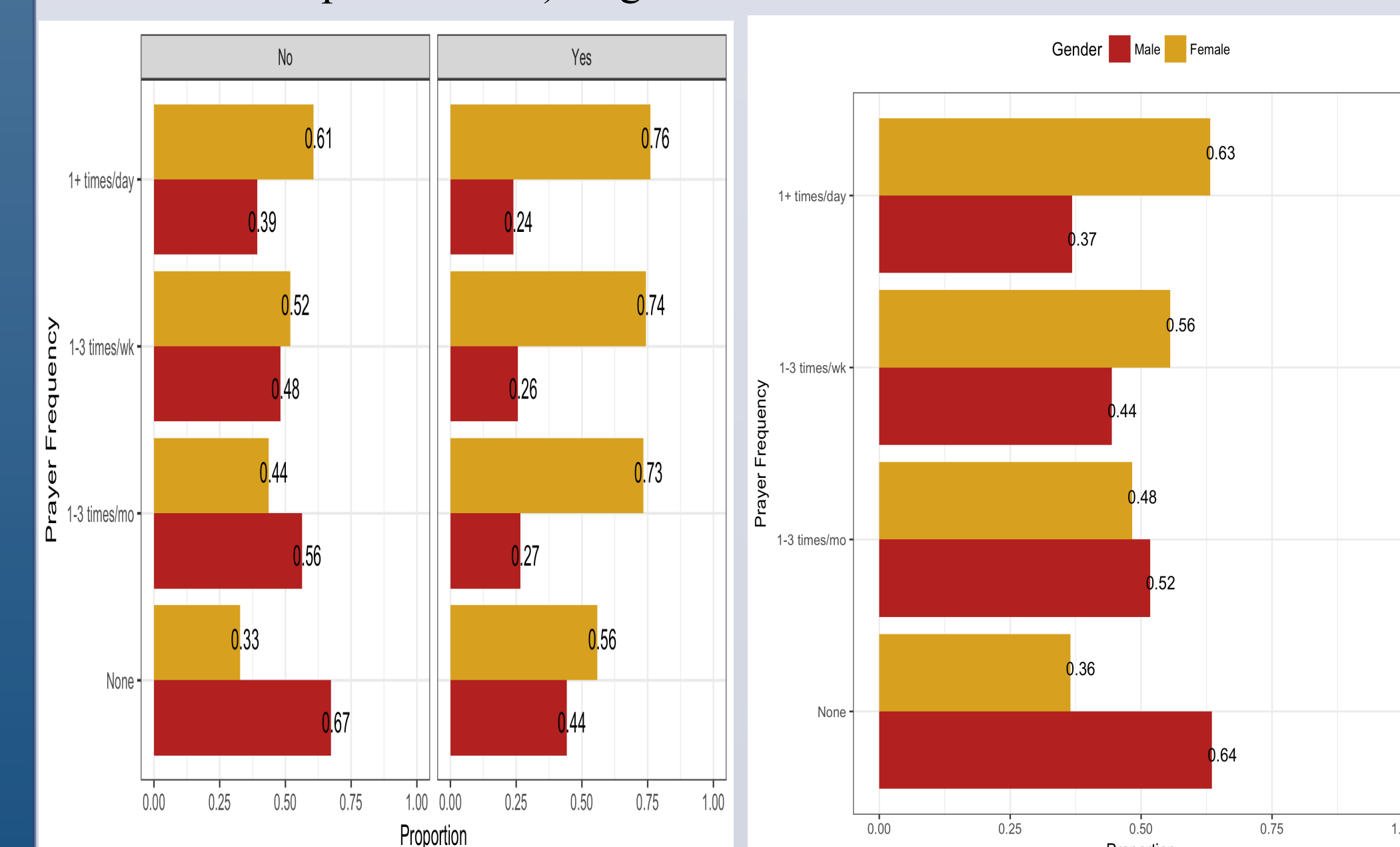
RESULTS



Prayer Frequency vs. Gender :Chi-squared test of association was -From these results we can conclude that there is a strong association between gender and the reported frequency of prayer because the p value is very small ($X^2= 195.27$, $df=3$, p value= <.0001) The proportion of males is significantly different between all pairs of prayer frequency groups.



Prayer Frequency vs. Age : Two-way ANOVA. Model - The relationship of Age vs. Frequency of Prayer is significant (p value= .04) Gender was added as a possible moderator and the model for females was significant (p value= .04 vs. p value= 0.1) so gender is a moderator.



Prayer Frequency vs. Depression -The relationship between SEX and prayer frequency is significant in both the main effects and the stratified model. (P=2.2e-16) However the p value for people with no depression diagnosis was much less than those that had a depression diagnosis which indicates a change in the strength of the relationship between SEX and prayer frequency. (p= 9.12e-05 vs. p=2.2e-16)This points to scenario one and that depression diagnosis is a moderator of the relationship between prayer frequency and SEX.

DISCUSSION

My results show that both religious status, prayer frequency and gender have a significant association with depression diagnosis. Gender was found to be a significant moderator of the association between religious and depression status with non religious females more likely to be depressed than non religious males. These results provide support for the hypothesis that religious engagement can impact mental health status in terms of depression.

Females also were found to be more likely to have a depression diagnosis than males.

Females were found to pray more frequently than males

IMPLICATIONS AND FUTURE RESEARCH

Initial observations of results indicate a possible relationship between gender and depression status that could be a greater factor than education on mental health. Additionally, religious status could also be a predictor of mental health status. This relationship can be further investigated by incorporating finer metrics of religious engagement like attendance at religious community events or the specific role that religion plays in a person's life. Future research in this area should include more extensive demographics and investigate other religious denominations. For instance, the people who self identified as religious in this sample were mostly within Christian denominations and may not represent the effects of engagement in other religions.

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