

## Background

- Research supports religious salience (Pew Research Center, 2014) and religious coping (Rodríguez-Galán & Falcón, 2018; Delgado, 1997) among Hispanic adults
- Religious involvement has been inversely associated with depressive symptoms
  - Research is most consistent for **religious attendance** (Ronneberg, Miller, Dugan, & Porell, 2014)
  - Research on other religious involvement variables (i.e. **private prayer** and **religious belief**) is mixed (Ronneberg, Miller, Dugan, & Porell, 2014; Nathenson, 2012; Aranda, 2008; Cobb et al., 2016; Ellison, Finch, Ryan, & Salinas, 2009)
- Overall there has been limited research, especially in diverse populations
- Religious coping may be more salient for immigrants as a way to deal with immigration challenges, build social networks, and manage depressive symptoms (Rodríguez-Galán & Falcón, 2018; Ransford, Carrillo, & Rivera, 2010; Finch & Vega, 2003)

## Aims

- Are aspects of religious involvement, namely private prayer, religious attendance, and religious belief, associated with depressive symptoms among Hispanic adults?
- Do associations vary by immigrant status?

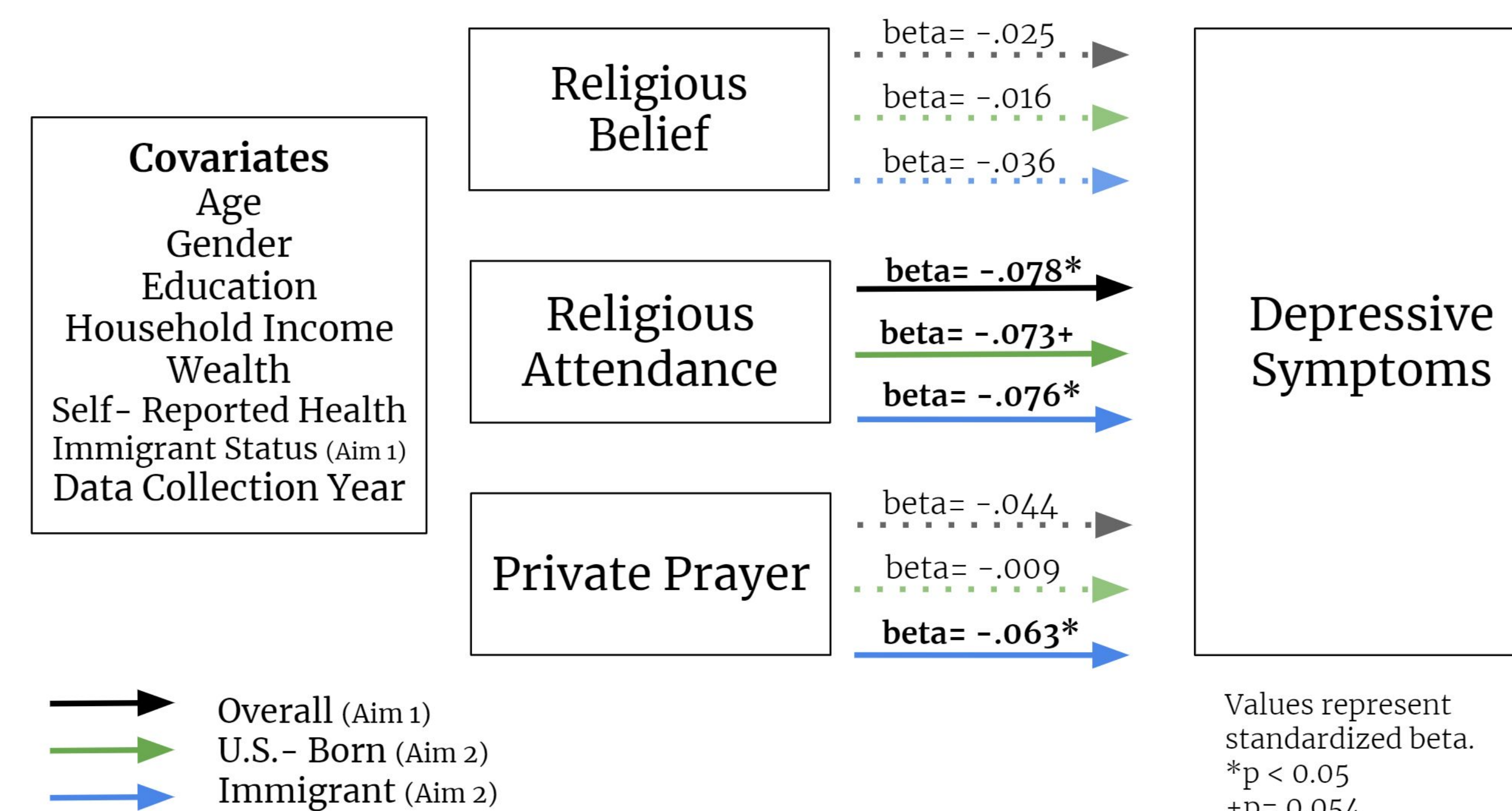
## Method

- Participants:**
  - N= 1,566 Hispanic participants from the 2010 or 2012 waves of the Health and Retirement Study (*Mage*= 62.27(10.19); 60.7% Female; 57.4% Immigrant).
- Predictors:**
  - Religious belief*: average of responses to 4 questions (from 1= Strongly Disagree to 6= Strongly Agree; e.g., "I believe in a God who watches over me")
  - Frequency of *private prayer* (from 1= Never to 8=More than Once a Day)
  - Frequency of *religious attendance* (from 1= Not at All to 5= More than Once a Week)
- Outcome:**
  - Depressive symptoms: 8 items from the CES-D (0 to 8 count)
- Statistical Analyses**
  - Aim 1: Multivariable linear regression
  - Aim 2: Independent samples *t*- tests; linear regressions stratified by immigrant status

## Results

### Aim 1 & 2

Figure 1. Results from Overall and Stratified Linear Regressions



- Aim 1: Only religious attendance had a significant inverse association to depressive symptoms.
- Aim 2: Stratified models revealed an additional inverse association to depressive symptoms in the immigrant group.

### Aim 2

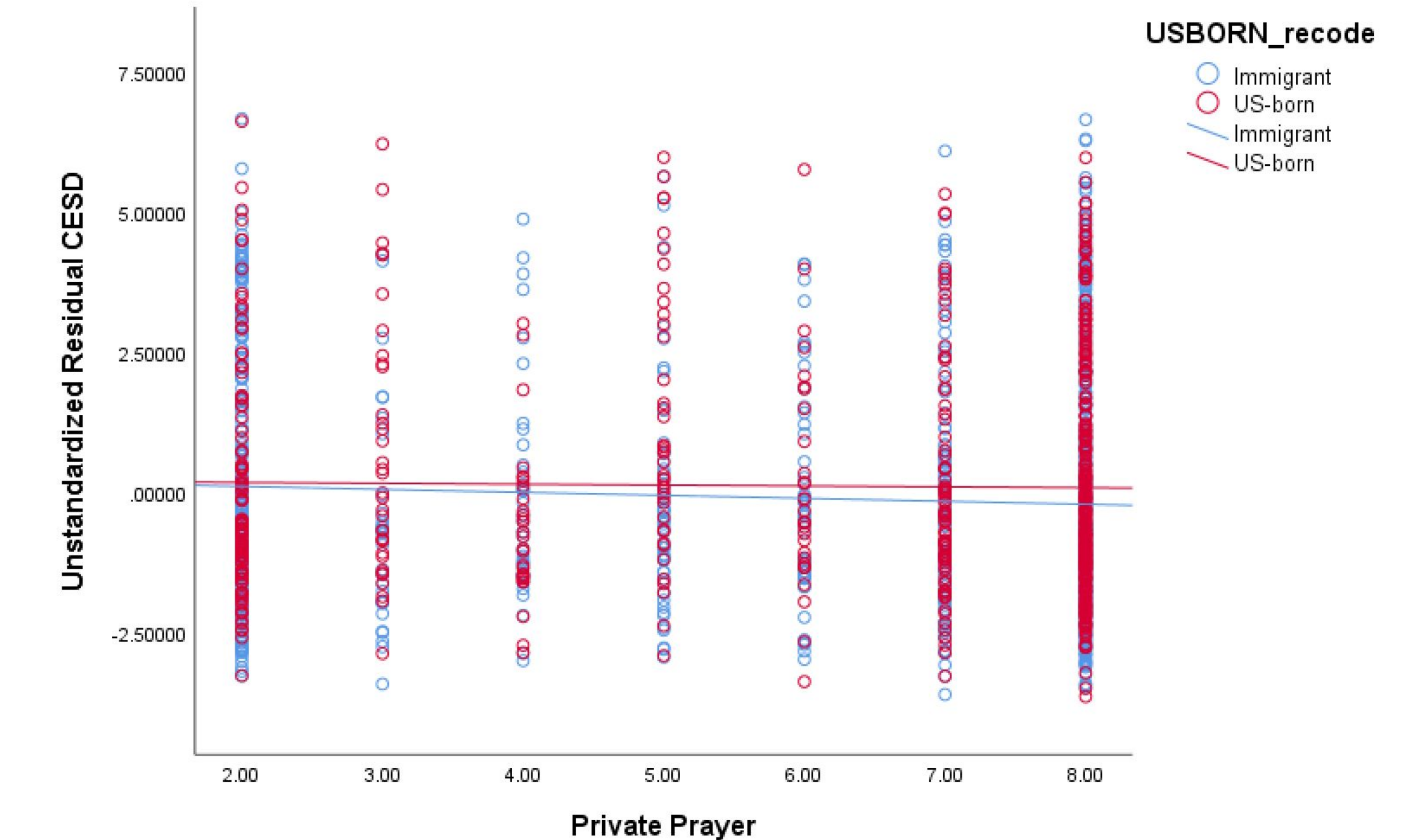
Table 1. Means and Standard Deviations of Variables

	Immigrant N= 899	U.S.-Born N= 667	Significance and Effect Size
Private Prayer	5.85(2.50)	6.17(2.35)	p= .003 d= 0.13
Religious Attendance	3.11(1.33)	2.78(1.37)	p= .049 d= 0.24
Religious Belief	5.27(1.11)	5.12(1.30)	p= .001 d= 0.12
Depressive Symptoms	1.98(2.32)	1.94(2.26)	p= .309 d= 0.02

## Results cont.

### Aim 2

Figure 2. Additional Relationship Between Private Prayer and Depressive Symptoms in the Immigrant Group



## Discussion

- The inverse relationship between religious attendance and depressive symptoms could reflect active and social behavioral components
- The inverse relationship between private prayer and depressive symptoms found only in the immigrant group could reflect a strategic method of coping with acculturation and other stressors (Ransford, Carrillo, & Rivera, 2010)
- The strengths of this study are its focus on multiple aspects of religious involvement and the large sample of Hispanic participants
- The cross-sectional design of this study is a limitation. Future research should incorporate longitudinal data and additionally consider age of immigration, country of birth, and culturally-relevant variables (e.g., familismo)

For more information, contact Jessica Springstead at [jaspring@umich.edu](mailto:jaspring@umich.edu)