Influence of Religious Activity on Smoking Behavior: A Baltimore ECA Study

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Introduction

- Tobacco use causes more adverse health effects than all other drugs and alcohol use combined
- Smokers are typically open to religious and faith-based cessation programs
- Understanding the relationship between religiosity and smoking at the population level would be beneficial to public health

- Aim: Assess the association of participating in religious activity on self-reported smoking status in a urban population

Methods

- Participants (n=944) were sampled from Wave IV (2004-2005) of the Baltimore ECA Study
- Outcome: smoking status (ever/never) since Wave III (1993-1996)
- Exposure: frequency of religious attendance
- Logistic regression analyses assessed the relationship between religious activity and smoking status

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Results

Table 1: Demographic Characteristics and Adjusted Odds Ratio

	Smoker n=395 (42%)	Non-Smoker n=549 (58%)	Adjusted OR (95% CI)	Total (n=944)
Race – No. (%)				
White (ref)	231 (59)	353 (64)	1.21 (0.90-1.65)	584 (62)
Black/ Other	164 (41)	196 (36)		360 (38)
Age – Mean (SD)	55 (10)	60 (13)	0.96* (0.95-0.97)	58 (12)
Sex – No. (%)			1.22 (0.91-1.63)	
Male	159 (40)	189 (34)		348 (37)
Female (ref)	236 (60)	360 (66)		596 (63)
Marital Status–No (%)			0.73+ (0.54-.0.99)	
Married	216 (55)	322 (59)		538 (57)
Other (ref)	179 (45)	227 (41)		406 (43)
Income – No. (%)			0.59* (0.42-0.82)	
Stable	280 (71)	449 (82)		729 (77)
Not Stable (ref)	115 (29)	100 (18)		215 (23)
Soc. Connect–No.(%)			0.75 (0.56-1.00)	
Frequent	236 (60)	356 (65)		594 (63)
Infrequent (ref)	157 (40)	193 (35)		350 (37)
Relig. Activity – No. (%)				
>Once/week	41 (10)	95 (17)	0.42* (0.25-0.70)	136 (14)
Once/week	78 (20)	169 (31)	0.48* (0.31-0.75)	247 (26)
1-3/week	70 (18)	81 (15)	0.81 (0.50-1.28)	151 (16)
< Once/mo.	121 (31)	128 (23)	0.83 (0.55-1.25)	249 (26)
Never (ref)	85 (21)	76 (14)	--	161 (17)

(*P-value < 0.01; +P-value < 0.05)

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Discussion

- Lends to the understanding of the influence of religious activity on smoking status
- Potential for intervention development within faith-based institutions
- Additional research into the directionality of this relationship is warranted to inform how community based interventions can be tailored in the future

Conclusion

- Religious activity, over and above marital status and social connectedness, was better at reducing odds of smoking in the adjusted model
- Frequency matters – intermittent religious attendance may not be as effective at reducing smoking as compared to frequent attendance

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