

The Association Between Religion and Self-Rated Health:

A Case of Taiwan

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Background

- Compare to the rest of the world, Taiwan has the second highest score on the Religious Diversity Index.
- 80% of Taiwanese consider themselves as religious.
- The aims of this study are to explore the correlation between religious belief, religious behavior and self-rated health in Taiwan.

Methods

Data sources and participants

- The data for this study came from the 2012 World Values Survey Taiwan .
- After eliminating cases with missing values, the final sample consisted of 1235 individuals from Taiwan (mean age =45.45, SD = 17.279; 50.3% women).

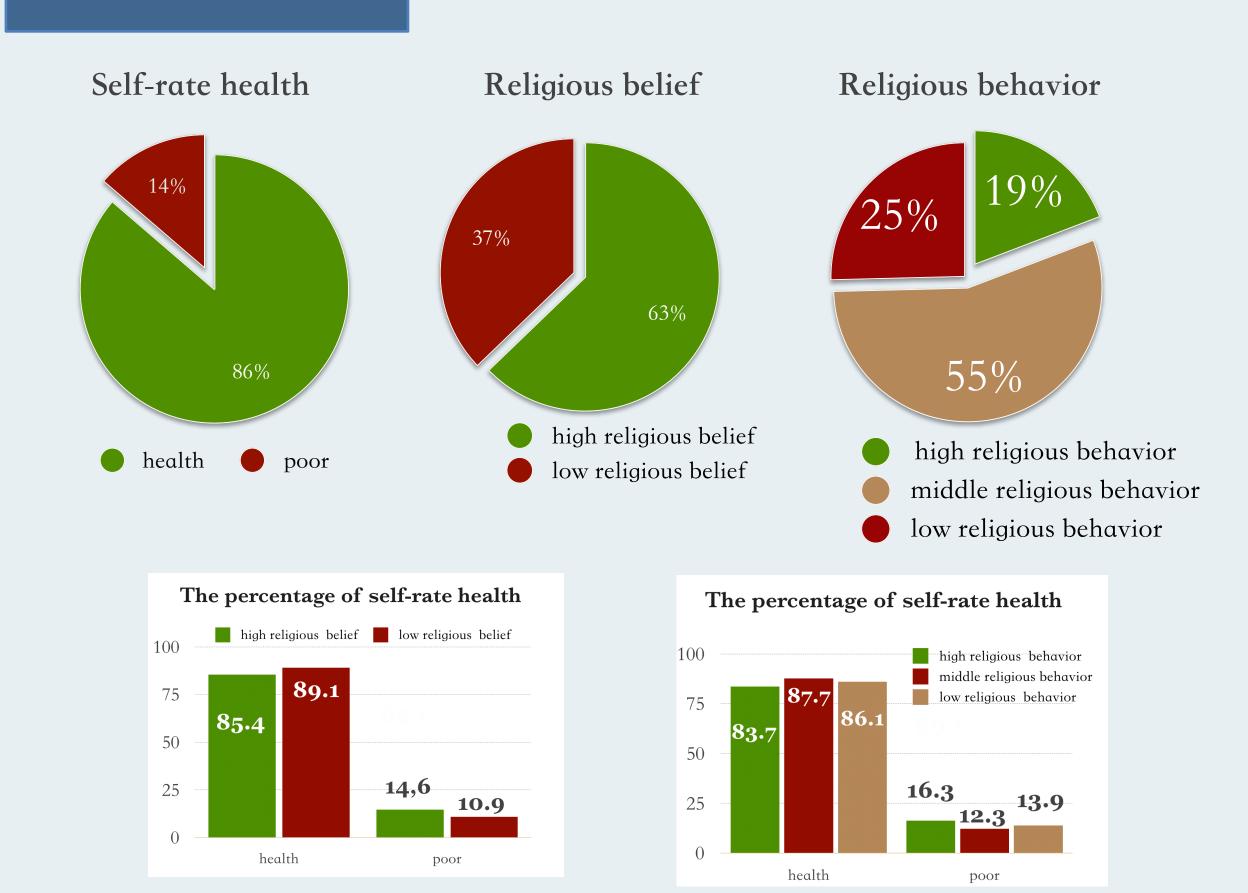
Variables

- Dependent variable: Self-rated health (health/poor)
- Independent variables: 1. Religious belief (high/low)
 - 2. Religious behavior (high/middle/low)
- Control variables: Gender, age, education, area of residence, marital status and perceived socioeconomic status.

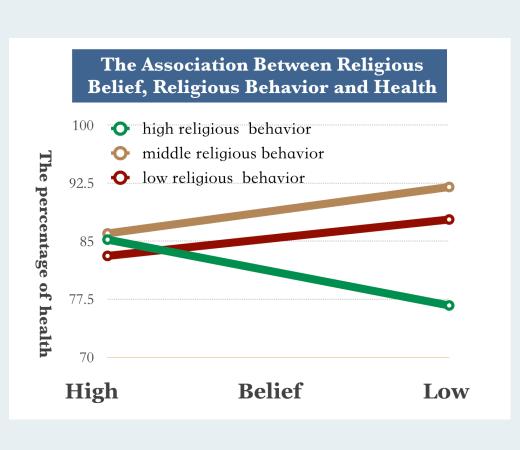
Statistical analysis

- Pearson's chi-square test was used to examine the relationship among religious belief, religious behavior and self-rated health.
- Binary logistic regression was used to explore the correlation between religion and health by controlling for individual variables such as gender, age, education, residence, marital status and perceived socio-economic status.

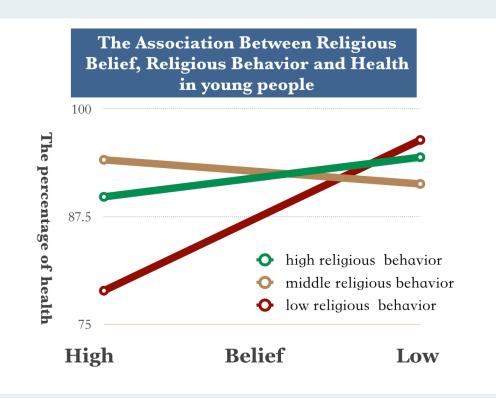
Results

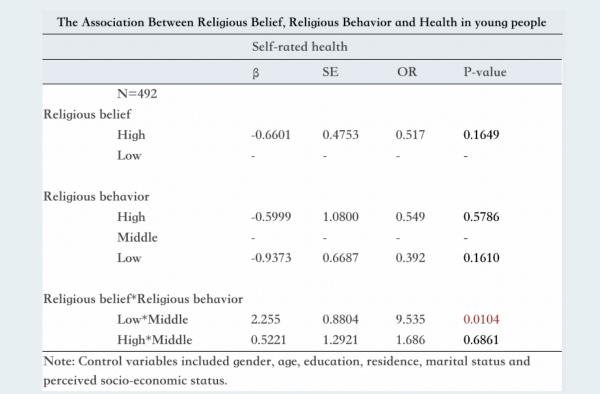


- The relationship between religious belief and self-rated health was near the significant level (p=0.068).
- There was no significant difference between religious behavior and self-rated health (p=0.231).

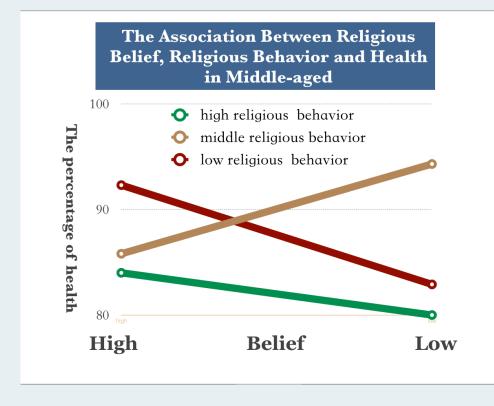


There was an interaction effect between religious belief and religious behavior on health for different age groups.



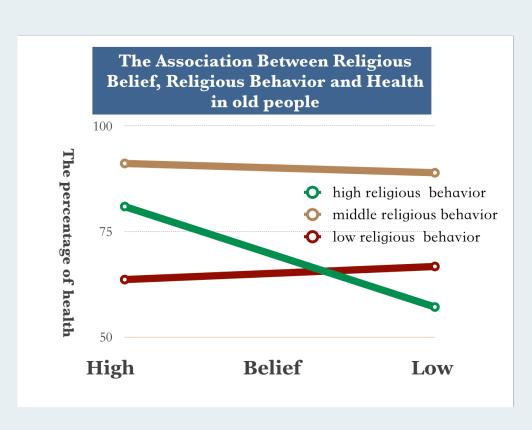


• The findings suggest that young people (18-40 years) who ranked themselves as low for religious belief and middle for religious behavior rate their own health as worse than those who ranked themselves low on religious belief and religious behavior.



	Self-rated health				
	β	SE	OR	P-value	
N=447					
Religious belief					
High	1.1921	0.5764	3.294	0.0386	
Low	-	-	-	-	
Religious behavior					
High	1.1791	1.2178	3.251	0.3329	
Middle	-	-	-	-	
Low	1.6219	0.7018	5.063	0.0208	
Religious belief*Religious behavio	r				
Low*Middle	-2.1788	0.9676	0.113	0.0243	
High*Middle	-0.9465	1,2716	0.388	0.4567	

- The findings suggest that middle-aged individuals (40-60 years) who ranked themselves higher on religious beliefs rate their own health as worse compared to those who ranked themselves low on religious belief.
- The findings suggest that middle-aged individuals (40-60 years) who ranked themselves low on religious behavior rate their own health as worse compared to those who ranked their religious behavior as middle.
- The findings suggest that middle-aged individuals (40-60 years) who ranked themselves low on religious belief and middle on religious behavior rate their own health as worse compared to those who ranked themselves low on religious belief and religious behavior.



	Self-rated health				
	β	SE	OR	P-value	
N=226					
Religious belief					
High	12.0297	202.1	167661	0.9525	
Low	-	-	-	-	
Religious behavior					
High	11.6614	202.1	116006	0.9540	
Middle	-	-	-	-	
Low	12.2166	202.1	202116	0.9518	
Religious belief*Religious behavi	or				
Low*Middle	-12.1609	202.1	0.0000052	0.9520	
High*Middle	-12.1437	202.1	0.0000053	0.9521	

• The findings suggest that for individuals aged 60-85 there was no correlation between religious belief, religious behavior, and self-rated health.

Conclusion

• The findings show an association between religion and health; but the strength and direction of the association are difference for different age groups.