

Religious Involvement and Mortality Risk among Pre-Retirement Aged U.S. Adults

Robert A. Hummer, Ph.D., Professor of Sociology
University of Texas at Austin

This paper analyzes the relationship between religious attendance and U.S. adult mortality risk in a representative sample of adults aged 51-61 followed for 8 years. Previous nationally representative studies in this area have analyzed a wide age range of U.S. adults, while many other studies have examined elderly adults. This particular study's age range is important because: 1) deaths in this age range are clearly premature and largely preventable, and 2) previous research has found a much stronger relationship between religious attendance and adult mortality risk among younger adults than among older adults.

This analysis offers more support for the overall association between higher levels of religious attendance and lower adult mortality risk in the United States. The clearest distinction is between non-attenders and frequent attenders. Non-attenders exhibited a 64 percent higher risk of mortality over the follow-up period compared to frequent attenders, even after controlling for demographic, social, and health status factors. Infrequent attenders have a 20 percent higher mortality risk than frequent attenders. Controls for behavioral factors further help to reduce these mortality differences across religious attendance groups; however, even in the most complete model, never attenders exhibited a 34 percent higher risk of mortality during the follow-up period compared to frequent attenders.

This paper also finds no statistically significant differences in the association between religious attendance and mortality risk among demographic and social subgroups of the population. While there was some hint of a stronger relationship of attendance with mortality risk among unmarried persons than among married persons, it was not statistically significant. Thus, at this point, there is little national-level evidence to suggest that the relationship between religious attendance and adult mortality risk varies across most demographic and social subgroups of the population.