Session Title: Religiosity, Health and Aging in International and Cross-Cultural Perspective
ID: 235995
Date: July 24, 2017
Time: 4:00 PM - 5:30 PM

Symposium Program Overview:

This symposium consists of four papers that employ robust data from different countries worldwide to examine associations between religiosity and health among older persons. Globally, older persons are experiencing gains in life expectancy. Whether gains represent healthy years is in dispute. External factors such as advances in treatments contribute to healthy aging, but evidence suggests factors internal to the individual are also influential. One such, religiosity, is increasingly recognized as a potential contributor to longer and healthier lives. Although there is wide intra-country variation in the percent that report being religious, religion is a component in the lives of a great many older persons in most countries. Moreover, evidence shows older persons engage in religious activity more frequently than younger. Given the ubiquity of religiosity in lives of elders globally, we can learn much by examining associations in international and cross-cultural perspective. Chiu et al. investigate religious activity, life and active life expectancy across a number of European countries, whilst Saito et al. report similar analyses but for Singapore, a country with diverse cultural and religious populations. Cartwright reports on aging immigrants in the U.S., representing a wide range of cultural and religious traditions. Taking the discourse to the cellular level, Hill et al. examine biomarker data from the U.S., linking religiosity and telomere length, while exposing potential intervening mechanisms. Together, these papers provide a contemporary and methodologically advanced evaluation of religiosity's role in health and aging within and across national and cultural environments.

TITLE: The Impact of Religious Activity on Life and Active Life Expectancy in the European Union

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ABSTRACT BODY:
Individual Symposium Abstract (Required; Limit 150 Words) : We examine whether religious activity is associated with longer life expectancy and active life expectancy in European Union countries using data from the first five waves of the Survey of Health and Retirement in Europe (SHARE, 2004-2011). Life expectancy and active life expectancy by gender, religious activity, and country were calculated from incidence-based multistate life tables that were constructed based on estimated transition probabilities. Measures of six activities of daily living (ADLs) and seven instrumental activities of daily living (IADLs) are used to define active and inactive life with inactivity defined as having difficulty or requiring help in any one of the ADLs or IADLs. Our results show that religious activity is strongly related to life expectancy and active life expectancy at age 50. Older people who take part in religious activities live longer and spend more years active than those who do not take part.

TITLE: Differentials in Active Life Expectancy by Religion/Religiosity Among Older Adults in Singapore

AUTHORS (FIRST NAME, LAST NAME): Yasuhiko Saito[1], Angelique Chan[2], Rahul Malhotra[2], Mary Beth B. Ofstedal[3], Carol Jagger[4], Chi-TSun Chiu[5]

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ABSTRACT BODY:
Individual Symposium Abstract (Required; Limit 150 Words) : Previous studies have indicated a relationship between religiosity, various aspects of physical and mental health and mortality. This paper expands the connection by quantifying the effect of religion and religiosity on life, active life and inactive life expectancy. Data are from a nationally representative longitudinal survey of older adults conducted in Singapore in 2009, 2011 and 2015. Health status focuses on disability, specifically defined as ability or difficulty performing ADLs and IADLs. The denominational distribution at baseline indicates: Christianity (756, 16.3%), Buddhism / Taoism (2448, 56.5%), Islam (999, 11.6%), other (358, 4.8%), no religion (439, 10.8%). Frequency of attending religious services is: every week (1589, 29.9%), every month (721, 16.0%), less than once a month (1018, 22.2%), not at all (1672, 31.8%). This paper will estimate life and active life expectancy across these religious denominations, level of religious activity, and demographic covariates such as age and sex.

TITLE: Religion & Health of US Immigrant Elders: Acculturation, Social Support & Health Behavior Buffers

AUTHORS (FIRST NAME, LAST NAME): <u>Kate Cartwright</u>[1]

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ABSTRACT BODY:

Individual Symposium Abstract (Required; Limit 150 Words) : This paper tests theoretical frames including social support, health behaviors, and acculturation to identify mechanisms through which religion affects immigrant health in the US. Studies investigating immigration and acculturation indicate that religion serves as a bridge and a barrier to American culture. Studies also indicate that US immigrants are more religious than their native-born counterparts, although similarly to the native born population, older immigrants are more likely to be religious. This paper uses multiple waves of the New Immigrant Survey (NIS) to explore the relationship among religion, health behaviors, and health outcomes of aging immigrants. Where prior studies mainly focus on specific religious traditions and immigrant health, the NIS enables comparative analyses inclusive of religions beyond the Judeo-Christian scope. The findings confirm that religion is a social determinant of immigrant health and identify relationships between various religious traditions and health of older immigrants.

TITLE: Processes Linking Religious Attendance and Telomere Length

AUTHORS (FIRST NAME, LAST NAME): <u>Terrence Hill</u>[1], Preeti Vaghela[2], Christopher G. Ellison[3], Sunshine Rote[4]

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ABSTRACT BODY:

Individual Symposium Abstract (Required; Limit 150 Words) : Although numerous studies show that religious involvement is associated with favorable health outcomes, it is unclear whether this general pattern extends to cellular aging. The mechanisms linking religious involvement and indicators of cellular aging are also undefined. We employ data from the 2008 Health and Retirement Study, a national probability sample of Americans aged 50 and older, to test whether leukocyte telomere length varies according to level of religious attendance. We also test several potential mechanisms linking religious attendance with telomere length, including stressful life events, depression, and smoking. Although we find that religious attendance is not directly associated with telomere length, our mediation analyses revealed significant indirect effects through depression and smoking, but not stressful life events. Religious attendance may indirectly promote telomere length by reducing the risk of depression and smoking, but there is no evidence to support stressful life events as a mechanism of religious attendance.