

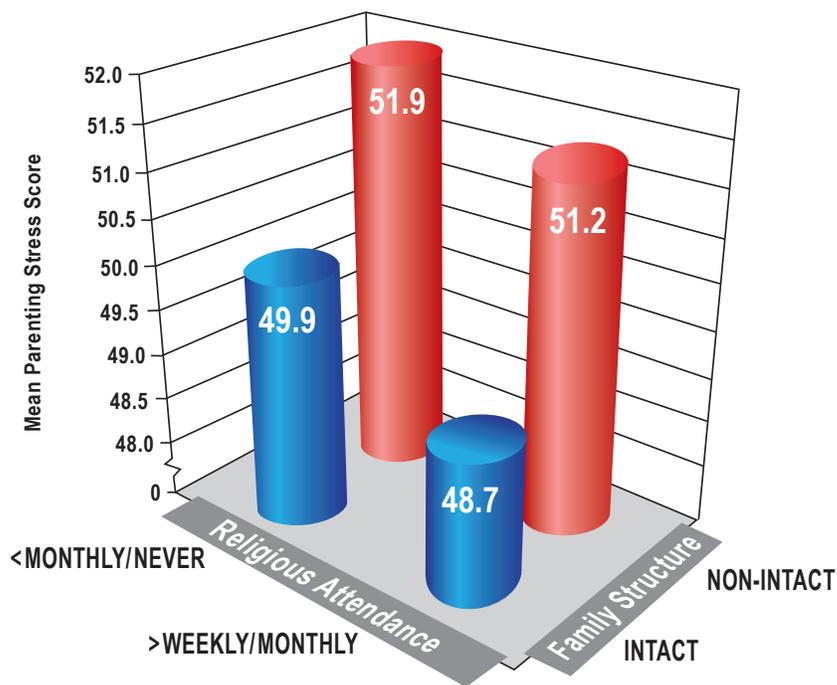


Mapping America™

Marriage, Religion, and the Common Good – Number 36

Parenting Stress, Children’s Religious Attendance, and Family Structure

Parenting Stress by Children’s Religious Attendance and Family Structure



Religious Attendance and Family Structure Combined

This chart groups the data in four categories, with two different configurations for each of two major indicators, frequency of religious attendance (monthly or more/less than monthly) and family structure (intact/non-intact).

The intact category consists of families with both biological parents or two adoptive parents, married or unmarried, raising their children. The non-intact category is composed of families without both biological parents or two adoptive parents, including married stepfamilies, cohabiting stepfamilies, divorced single-parent families, always single-parent families, foster-parent families, and other-relative families.

The resultant four categories are 1) intact family with monthly or more religious attendance; 2) intact family with less than monthly religious attendance; 3) non-intact family with monthly or more religious attendance; and 4) non-intact family with less than monthly religious attendance.

This chart is taken from a study conducted by Nicholas Zill, Ph.D.¹ for Family Research Council.²

Parents who live in intact families that worship frequently report the lowest levels of parenting stress.

This chart depicts the mean parenting stress score of parents with children aged 6 to 17, correlated with children’s religious attendance and family structure.³ Parents in intact families or adoptive families whose children worship at least monthly have a lower parenting stress score (48.7) than those who are single parents or part of a reconstituted family and whose children worship less than monthly (51.9). In between are those who live in intact families and worship less than monthly (49.9) and those who live in non-intact families who worship at least monthly (51.2). The data are taken from the National Survey of Children’s Health.

Other Studies

No other studies examine the correlation of stress with religious attendance combined with family. However, studies of depression

yielded parallel results. Analyzing a sample of white and black residents in a five-county area in northern North Carolina, Christopher Ellison of the University of Texas at Austin found both high levels of family support and high levels of public religious involvement. Although Ellison noted a slight positive association between higher levels of depressive symptoms and public religious involvement among blacks, he found that “church attendance is inversely associated with depressive symptoms among whites.”⁴

Kenneth Kendler of Virginia Commonwealth University and colleagues reported that “high levels of religiosity were associated with lower levels of the depressogenic effects of stressful life events” and that “frequency of church attendance is substantially influenced by familial-environmental factors.”⁵

As the evidence suggests, an intact family that worships frequently provides an effective protective combination against the effects of stress, parenting or otherwise.

Nicholas Zill, Ph.D.
Research Psychologist
Former Vice President of Westat
Founding President of Child Trends

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- 1 Nicholas Zill is a research psychologist and consultant. Until his recent retirement, he was a vice president of Westat Inc. He was the founder of Child Trends and its executive director for 13 years.
 - 2 This chart draws on data collected by the National Center for Health Statistics in the National Survey of Children’s Health (NSCH) in 2003. The data sample consisted of parents of 102,353 children and teens in all 50 states and the District of Columbia. 68,996 of these children and teens were between six and 17 years old, the age group that was the focus of the study. The survey sample in this age range represented a population of nearly 49 million young people nationwide.
 - 3 The behavior problems scale has a mean of 50 and a standard deviation of ten.
 - 4 Christopher G. Ellison, “Race, Religious Involvement and Depressive Symptomatology in a Southeastern U.S. Community,” *Social Science & Medicine*, vol. 40 (1995): 1561-1572.
 - 5 Kenneth S. Kendler, et al., “Religion, Psychopathology, and Substance Use and Abuse: A Multimeasure, Genetic-Epidemiologic Study,” *American Journal of Psychiatry*, vol. 154 (1997): 322-329.



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