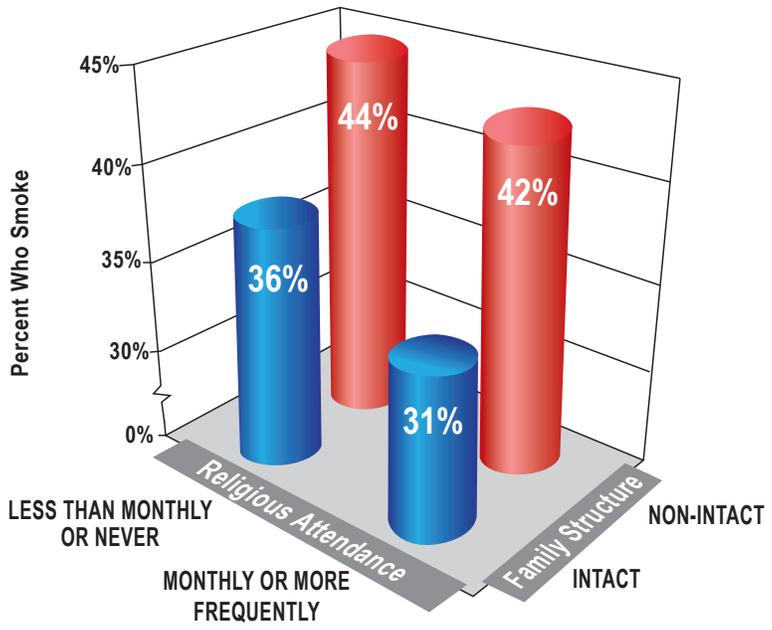




Marriage, Religion, and the Common Good – Number 66

Smoking in Adulthood by Religious Attendance and Family Structure in Adolescence

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During Adolescence:
Religious Attendance and Family Structure Combined
 Source: General Social Surveys (GSS, 1972-2006)

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 frequently vs. less than monthly or never) and family structure (intact vs. non-intact).

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

Visiting Fellow Althea Nagai provided the data for this chart.

Adults who frequently attended religious services as adolescents and grew up living with both biological parents are least likely to smoke.

According to the General Social Surveys (GSS), 31 percent of adults who attended religious services at least monthly and lived in an intact family through adolescence currently smoke, compared to 44 percent of those who attended religious services less than monthly and grew up in a non-intact family. In between were those who attended religious services at least monthly but lived in a non-intact family (42 percent) and those who grew up in an intact family but worshiped less than monthly (36 percent).¹

Other Studies

Several other studies corroborate the direction of these findings. In a study of Australian twins, Arpana Agrawal of the Washington University School of Medicine in St. Louis and colleagues found that infrequent religious attendance correlated with frequent cigarette

smoking and that “children separated from a biological parent were...more likely to report regular cigarette smoking as adults.”²

Analyzing various degrees of smoking in adolescents, Stephen Soldz and Xingjia Cui of Health and Addictions Research reported that nonsmokers attended religious services most frequently, whereas early escalator smokers attended less frequently and continuous smokers least frequently. They also found that at the sixth grade in school, “quitters and experimenters were more likely to be living with both parents, whereas late escalators and continuous smokers were more likely to be living with a single parent or an extended family.”³

Thomas Wills of Yeshiva University and colleagues also found that adolescents’ religiosity was inversely correlated with tobacco use and that adolescents from intact families were less likely to use tobacco than those from blended and single-parent families.⁴

As the evidence demonstrates, frequent religious attendance and intact families are just what the surgeon general ordered.

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1 This chart draws on data collected by the General Social Surveys, 1972-2006. From 1972 to 1993, the sample size averaged 1,500 each year. No GSS was conducted in 1979, 1981, or 1992. Since 1994, the GSS has been conducted only in even-numbered years and uses two samples per GSS that total approximately 3,000. In 2006, a third sample was added for a total sample size of 4,510.

2 Arpana Agrawal, et al., “Correlates of Regular Cigarette Smoking in a Population-based Sample of Australian Twins,” *Addiction*, vol. 100 (2005): 1,709-1,719.

3 Stephen Soldz and Xingjia Cui, “Pathways through Adolescent Smoking: A 7-Year Longitudinal Grouping Analysis,” *Health Psychology*, vol. 21 (2002): 495-504.

4 Thomas Ashby Wills, et al., “Buffering Effect of Religiosity for Adolescent Substance Use,” *Psychology of Addictive Behaviors*, vol. 17 (2003): 24-31.



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