



Religiosity and substance use among Asian American college students: Moderated effects of race and acculturation

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ABSTRACT

Background: Religiosity is a well-established protective factor against substance use among Caucasians, but limited research has examined its role among Asian Americans. The purposes of this study were (1) to examine whether the associations between religiosity and substance use outcomes differed across Caucasians and Asian Americans, and (2) to test whether acculturation moderated the associations between religiosity and substance use outcomes among Asian Americans.

Method: We utilized a large and diverse cross-sectional sample of 839 college students to test whether race moderated the associations between religiosity and substance use outcomes (Study 1). We then replicated and extended our findings in a separate college sample of 340 Asian Americans, and examined the moderating role of acculturation on the associations between religiosity and substance use outcomes (Study 2).

Results: Controlling for age, gender, and paternal education, religiosity was protective against alcohol use, alcohol problems, and marijuana use among Caucasians but was unrelated to these outcomes among Asian Americans in Study 1. In Study 2, religiosity was protective against alcohol problems only at high levels of acculturation. Moreover, religiosity was protective against marijuana use at both high and mean levels of acculturation, but not at low levels of acculturation.

Conclusions: The protective effects of religiosity on alcohol use and problems varied across Caucasian and Asian American college students, and religiosity protected against alcohol problems and marijuana use only among more acculturated Asian Americans. These findings underscore the need to examine culturally-specific correlates of substance use outcomes among Asian Americans.

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1. Introduction

Religiosity has been inversely associated with substance use in adolescents (Cotton et al., 2006; Miller et al., 2000), college students (Baer, 2002; Eng et al., 1996; Patock-Peckham et al., 1998), and adults (Kendler et al., 2003; Michalak et al., 2007). Religiosity protects against alcohol use by increasing negative beliefs about alcohol use (Johnson et al., 2008) and by reducing perceived social norms associated with alcohol use (Chawla et al., 2007). Religiosity has also been indirectly associated with less frequent substance use via higher self-control or lower tolerance for deviance (Walker et al., 2007). Moreover, religiosity buffers against the adverse effects of life stress and poor social support on adolescent substance use (Brown et al., 2008; Wills et al., 2003).

The religiosity-substance use relation might be moderated by race (Park et al., 2001; Steinman et al., 2008). A recent meta-analysis indicated a stronger negative correlation between religiosity/spirituality and substance use in white versus non-white individuals (Yonker et al., 2011). However, most existing research has focused only on racial differences across Caucasians and African Americans (Brown et al., 2001; Christian and Barbarin, 2001; Heath et al., 1999). Generally, African Americans are more likely to abstain from substance use and are more religious than Caucasians (Wallace et al., 2003), but the protective effects of religiosity against substance use are smaller among African Americans relative to Caucasians (Amey et al., 1996; Wallace et al., 2007). These findings suggest the effects of religiosity might not be generalizable across different racial groups. As religion is a culturally embedded phenomenon (Haber and Jacob, 2007), it is important to understand the extent to which religiosity protects against substance use among Asian Americans.

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1.1. Prevalence and correlates of substance use among Asian Americans

Asian Americans are less likely to engage in substance use behaviors, including alcohol and marijuana use, as compared to Caucasians (SAMHSA, 2011). However, due to the overall low prevalence, specific Asian subgroups that are at higher risk for substance use may not be identified (Choi, 2008; Nagasawa et al., 2000; Tosh and Simmons, 2007; Yang and Solis, 2002). Specifically, since Asian Americans are often collapsed into the “other” category in large-scale national surveys (Eaton et al., 2010; Johnston et al., 2011), Asian American substance use remains an understudied area of research (Harachi et al., 2001).

Multiple biological, cognitive, and psychosocial factors may protect Asian American youth and college students from substance use (Hendershot et al., 2005). For example, Asian Americans who possess the *ALDH2**2 allele reported lower levels of drinking (Wall et al., 2001). This allele endows individuals with greater sensitivity to the toxic effects of alcohol, thereby reducing alcohol use and problems (Hendershot et al., 2009a, 2009b). Moreover, the protective effect of this allele is mediated by cognitive factors such as drinking motives and alcohol expectancies (Hendershot et al., 2009a, 2009b).

Psychosocial factors might also protect Asian Americans against substance use. For example, Asian Americans perceived higher negativity from parents and friends toward drinking and expected greater costs and fewer benefits from drinking compared to Caucasians (Keefe and Newcomb, 1996). Additional psychosocial protective factors that are common among Asian Americans include high academic achievement, intact family structure, and fewer substance using adult or peer role models (Au and Donaldson, 2000; Makimoto, 1998; Thai et al., 2010). Overall, the lower rates of substance use among Asian Americans may be partly attributed to higher levels of biological, cognitive, and psychosocial protective factors experienced by Asian Americans relative to Caucasians.

1.2. Religiosity, cultural context, and substance use

Limited research has tested whether religiosity is another psychosocial factor that protects Asian Americans from substance use. Religiosity has been shown to protect against alcohol involvement among Korean Americans (Lubben et al., 1989) but provides less protection among Chinese Americans (Chi et al., 1988, 1989). Similarly, religious service attendance is protective against heavy episodic drinking among Korean Americans and Chinese Americans who are affiliated with a Western religion (Luczak et al., 2003). The inverse religiosity-alcohol use association among Korean Americans may be partly explained by religious discouragement of excessive drinking (Ayers et al., 2009). However, this inverse association appears to be less consistent among Asian Americans than Caucasians, and may be moderated by Asian ethnic subgroup and religious affiliation.

The effect of religiosity should be interpreted within the broader cultural context (Haber and Jacob, 2007; Zhai and Stokes, 2009). Some studies suggested that the inverse association between religiosity and psychological adjustment is especially salient when religiosity at the societal level is high (e.g., Lavrič and Flere, 2008), or when religiosity is more valued by members of a particular culture (e.g., Gebauer et al., 2012). Other studies emphasized the importance of cultural factors such as individualism and collectivism (Markus and Kitayama, 1991; Triandis et al., 1990). Within an individualistic western cultural context, religiosity protects against substance use because it connects individuals to a larger religious group, which may alter their social norms and reinforce negative beliefs about substance use (Chawla et al., 2007; Johnson et al., 2008; Walker et al., 2007). Furthermore, religious Caucasian

individuals may find additional resources to cope with life stressors and may receive social support from their religious community (Brown et al., 2008; Wills et al., 2003). However, among Asian Americans, these same protective effects may be pre-existing within the collectivistic cultural context. While prior research supported the protective role of collectivistic cultural orientation on substance use behaviors (e.g., Johnson, 2007; Le et al., 2009), this effect may be confounded by the role of religiosity, which may then render a weaker association between religiosity and substance use in Asian Americans relative to Caucasians.

Furthermore, immigrated individuals who have lived in the United States for longer periods of time are more likely to develop substance use mirroring those of the general population (Gfroerer and Tan, 2003). Accordingly, acculturation has been positively associated with substance use among Asian Americans (Hahm et al., 2004; Hong et al., 2011; Hussey et al., 2007; Thai et al., 2010). This increase in substance use is in part attributable to the effects of acculturation, which can be defined as changes caused by contact with culturally dissimilar people and social influences (Gibson, 2001). Such acculturation may interact with other variables to predict alcohol use and problems among Asian Americans. For example, adolescents who reported high levels of acculturation and low levels of parental attachment were at the greatest risks for any past year alcohol use (Hahm et al., 2003). Perceived discrimination and lower religious participation are also related to greater heavy drinking among U.S. born but not foreign-born individuals (Kim and Spencer, 2011).

Similarly, as Asian Americans become more culturally “American,” the effects of religiosity on substance use may begin to mirror its effects among Caucasians. However, no prior study has examined whether acculturation would moderate the associations between religiosity and substance use outcomes among Asian Americans. As Asian Americans become more acculturated, the protective effect of religiosity against substance use may become stronger due to the loss of specific collectivistic aspects of their cultural heritage, which may have protected them from substance use before they became acculturated to American culture. Moreover, as Asian Americans become more acculturated, religiosity may replace the role of collectivism and consequently prevent Asian Americans from engaging in substance use by activating cognitive and psychosocial mediating factors buffering against substance use.

Finally, most prior studies on Asian American substance use have typically focused on alcohol-related outcomes (e.g., Hendershot et al., 2005, 2009a, 2009b) and have not considered whether correlates of alcohol involvement can be generalized to predict marijuana use. Racial/ethnic differences in rates of change of marijuana use have been shown to be smaller than rates of change of alcohol use and heavy drinking (Chen and Jacobson, 2012). In an ethnically diverse sample, adolescent effortful control predicted progression to marijuana use but not progression to alcohol use (Piehler et al., 2012). Taken together, these studies suggest that the development and correlates of alcohol involvement and marijuana use are not necessarily identical among diverse populations. This highlights the importance of considering marijuana use as a distinct outcome in the current study.

1.3. The scope of the current study

This study addressed existing gaps in the literature using two separate college student samples. In Study 1, we tested whether the effects of religiosity on substance use differed across Caucasian and Asian American college students. In Study 2, we examined whether the protective effects of religiosity on substance use were moderated by acculturation among Asian American college students. Three substance use variables, including alcohol use, alcohol problems, and marijuana use, were examined in separate regression

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