Background

- Compare to the rest of the world, Taiwan has the second highest score on the Religious Diversity Index.
- 80% of Taiwanese consider themselves as religious.
- The aims of this study are to explore the correlation between religious belief, religious behavior and self-rated health in Taiwan.

Methods

Data sources and participants

- The data for this study came from the 2012 World Values Survey Taiwan.
- After eliminating cases with missing values, the final sample consisted of 1235 individuals from Taiwan (mean age =45.45, SD = 17.279; 50.3% women).

Variables

- Dependent variable: Self-rated health (health/poor)
- Independent variables: 1. Religious belief (high/low)
  2. Religious behavior (high/middle/low)
- Control variables: Gender, age, education, area of residence, marital status and perceived socioeconomic status.

Statistical analysis

- Pearson’s chi-square test was used to examine the relationship among religious belief, religious behavior and self-rated health.
- Binary logistic regression was used to explore the correlation between religion and health by controlling for individual variables such as gender, age, education, residence, marital status and perceived socio-economic status.

Results

- The relationship between religious belief and self-rated health was near the significant level (p=0.068).
- There was no significant difference between religious behavior and self-rated health (p=0.231).

- There was an interaction effect between religious belief and religious behavior on health for different age groups.

- The findings suggest that young people (18-40 years) who ranked themselves as low for religious belief and middle for religious behavior rate their own health as worse than those who ranked themselves low on religious belief and religious behavior.

- The findings suggest that middle-aged individuals (40-60 years) who ranked themselves higher on religious beliefs rate their own health as worse compared to those who ranked themselves low on religious belief.

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- The findings suggest that for individuals aged 60-85 there was no correlation between religious belief, religious behavior, and self-rated health.

Conclusion

- The findings show an association between religion and health; but the strength and direction of the association are difference for different age groups.