

The role of traditional socio-cultural protective factors in adolescent problem behavior

PhD thesis

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BACKGROUND

Adolescents' problem behavior is considered as a syndrome and has been recognized in academic literature for a long time. Problem behavior consists of adolescents' harmful health habits and elements of psychological well-being. The frequent appearance of harmful health habits during adolescence might lead to problem behavior. Thus, problem behavior includes and describes the co-occurrence of substance use and other behavioral factors, such as early and risky sexual behavior, aggression, antisocial behavior, difficulties in adaptation processes, school related problems, integration dysfunctions, psychological problems, e.g. anxiety, depression, low satisfaction levels, hopelessness and pessimism. Instead of underlining the importance of risk factors, protective factors should be highlighted in order to develop an improved health status of the population with greater protection and prevention. The psychosocial risk factors are the following: aggressive behavior, social inequalities, work or marital stress. Further, significant traditional socio-cultural protective factors provide their protective impact, for instance family cohesion, social support and religiosity. Traditional socio-cultural protective factors should gain more significance in the contemporary research in the field of health and behavioral sciences. Family cohesion should be emphasized more dominantly, such as, family background, family status of parents, parenting style, parent-adolescent relationship and social support.

In the last few decades family life has experienced many changes. The structure of families, social roles and also the concept of children have been modified. The post-modern society has brought fragmentation, decline of former extended family structures and weakening of a traditional social network. The current demographical trends, namely, decreased intention to marriage, marriage rates and fertility, increased divorce rates and the popularity of cohabiting, might be based on new values, roles and a social crisis of family. Doubtlessly, the current economic and social changes have affected family life, particularly marriage. Despite the negative impact family and marriage are still a significant part of society.

Previous studies in the sociology of health and health psychology have called to attention the significance in gains and negative impacts of different types of family status. Family relations can highly contribute to health status and well-being, due to the perceived role of social support. Several studies have found the evidence on the protective role of marriage. Family status itself affects morbidity rates. People with a different family status report different health status, different levels of well-being can be linked to their different way of life. Poor health – comparing same age groups – is less likely to occur among married individuals, while widowed ones report the poorest health. Not surprisingly, the protective social network

may decrease mortality and morbidity, decrease the frequency of perceived symptoms and contribute positively to the healing process. To conclude, greater attention should be given to adolescents attitudes on their chosen course of life and towards partnership formation.

In terms of family cohesion the quality of a parent-child relationship, feeling security and integrity should be highlighted and that it provides significantly positive psychological gains. Family cohesion should be strengthened, building a strong and supportive social network would ensure benefits, particularly for adolescents coming from disintegrated families. Family patterns are imitated automatically by social learning, thus the responsibility of parents is noteworthy. The cohesive, integrative family with strong bonds and ties highly contribute to a healthy development. Moreover, parenting style is enlightened among protective factors, that is, talking about problems, parental control and monitoring, namely, setting curfews and parents' interest in their children' leisure time. In summary, a family provides several benefits for adolescents and its role has to be supported.

On the other hand of socio-cultural health protective factors, religiousness, religiosity and spirituality are emphasized in the current literature. Religious life has undergone many changes in the last century. Pluralism has appeared and brought several values, new religions, new religious movements and further denominations into the society. Previously fundamental churches lost their significance and religious life started to decline because of the effects of secularization.

In the 19th century, with the prosperity of scientific life, religion was overshadowed through liberalization. During the socialistic rule in Hungary, coercive injunctions restricted the power and range of action of most churches and religiosity, religious education and the religious lifestyle became mostly undesirable. Most Hungarians lost their interest in religion as atheist propaganda and a growing secularization was widespread throughout the country. With political and economic system change, religious pluralism began to appear by the end of the 1980's—very similar to what had occurred earlier throughout many Western European countries. While previously in Hungary, the fundamental churches had lost their power, and 'irreligiosity' became popular, while a new 'secularized civil religiosity, 'new age groups' or 'new age approaches' started to become widespread. This altered religion in a modern post-socialist society and would have had a crucial impact on value systems and family lives. Contemporary literature considers religiosity and spirituality as crucial protective factors, theories have started to focus on transcendent entities and spiritual life. However, the level of religiosity and religious commitment is quite low due to secularization, spirituality - particularly "non-religious spirituality" – has gained more significance. The protective effects

of religiosity and/or spirituality have been confirmed in the last several decades in association to health outcomes, e.g. enhancing sense of coherence, integrity, social support, social capital and meaning in life, broadening social networks. Furthermore, religion may provide guidelines for a healthy life. Significant positive associations have been found between religiosity and health status indicators; components of well-being such as physical and mental health were more likely to have a better rating. Moreover, religiosity might provide a longer lifespan, decrease the risk of morbidity and mortality, and play a dominant role in the healing process through religious coping, namely helping to cope with stress and negative life experiences. A number of studies support the relationship between a religious lifestyle and lower levels of substance use and other health risk behaviors. Researchers found significant negative correlations between religiosity and cigarette smoking, alcohol consumption, binge drinking and marijuana use. Religious youth are generally less likely to consume tobacco, alcohol or drugs. In terms of mental health religious people tend to report better subjective well-being, better self-perceived health, higher levels of life satisfaction, optimism and happiness. Furthermore, religiosity may include discouragement or sometimes even prohibition regarding high health risk behavior (e.g., norms regarding dietary restrictions, illicit drug or alcohol use) but it also may lower levels of substance use by giving youth a ‘sense’ of purpose, helping to reduce any identity crises and to help accept suffering. Religious people are less likely to commit suicide or having mental problems; in general they report lower levels of depression, anxiety, hopelessness and hostility. Although it is important to note, that paradoxical research findings were found regarding depression.

Religiosity is part of a religious socialization which has been transmitted between generations where general prevailing values are transmitted by the parents (the phenomenon called “atheism of adolescence” has to be underlined in this life phase). Religious parenting – especially the mothers’ religiosity - is often characterized as having religious beliefs, ensuring basic care, safety, emotional warmth, guidance, boundaries and emotional stability. Obviously, religious parenting may have an important role in children’s behavior by shaping their attitudes towards health risks and health as a value in general. Thus, adolescents’ religiosity might have a protective role in case of adolescents’ problem behavior.

During analyzes of religion, religiosity and spirituality we faced a new phenomenon in the international academic literature, namely the religious addiction. Religious addiction has never been investigated in Hungary before. It is important to get a deeper insight to the negative effects of religiosity, stressing the vulnerability of adolescents, rather than facilitate the protective and positive features.

OBJECTIVES - HYPOTHESES

The contemporary literature has called to attention the significance of family relations, thus the objective of the first research project was to **map the partnership attitudes of youth**, in order to see the association between family and health status. It is remarkable to conduct research in the mentioned topic with regards to the long term health status of the population and the society. Research questions were addressed involving evaluating marriage and other partnership forms. H1: We assumed that adolescents prefer new, liberalistic and less regulated partnership forms and values opposite to the traditional family oriented and marriage based values in the current value of pluralism; namely they prefer cohabitation more than marriage, they accept divorce and the single lifestyle. H2: However, we assumed that cohabitation is more popular among young people, we expected that marriage as an ideal future partnership form appears in adolescents' mind. H3: Moreover, we expected that the more religious adolescents would prefer traditional family forms.

The second research project focused on the objective to explore the **family background** of adolescents and its **role in problem behavior**.

H4: Based on previous research findings we assumed that harmful health habits and mental problems appear less frequently in families with strong bonds and cohesion. Less substance use and lower levels of depression were expected in families with good quality parent-child relationships and high parental family support.

Furthermore, **adolescents' religiosity** was the main focus of our second research project. Religiosity is considered as a core element in one's value system, provides security and guidelines in life and also shows a strong connection with healthy adaption in family. Thus, our research priority was established to reveal religiousness and religious attitudes of adolescents. We aimed to outline what religiosity means for adolescents and the widespread list of religions, denominations and new religious movements. A further step was to identify religiosity's relationship with socio-demographic, family variables, and socio-economic status. Since the family has a dominant role in an adolescents' life, we investigated **the association of religiosity and parenting styles** (e.g. parental monitoring and control, social support, keeping the value system of parents). H5: We assumed that the traditional fundamental churches have lost their significance and adolescents tend to turn to new religious movements. H6: Strong relationships between religiosity and parenting styles were assumed.

After investigating religiosity we analyzed the appearance of religiosity's **protective role** among adolescents. Research questions focused on the relationship between religiosity,

religious life and substance use and psychological well-being of youth. We aimed to confirm – based on previous research findings – that religiosity plays a significant protective role in an adolescents' life, in decreasing harmful health habits and problem behavior. Thus, H7: We assumed that the higher levels of religiosity ensured lower levels of substance use and improved psychological well-being.

The objective of our third research project was to map the plural **religious/spiritual trends** of adolescents, such as religious attitudes, religious attendance, religious participation, religious belonging, accepting religious and spiritual beliefs, importance of religion and spiritual well-being. Then, the aforementioned variables were analyzed due to their **relation to health behavior and mental health**. H8: Higher religious and spiritual commitment decreases substance use and increases positive mental health status.

During the investigation of religiosity it is noteworthy to underline the importance of the process of religious socialization. Our previous studies verified strong connection between adolescents following and respecting parental values, so internalization of religious values were tested. Parental religiosity and attendance were analyzed. Further, **parental religiosity and its effect on youth religiosity and youth mental health** were tested. H9: We assumed a strong relation of adolescent and parental religiosity; and H10: impact of parental religiosity on youths mental health status was expected.

On the other hand, contemporary literature called our attention to one crucial issue, namely, paradoxical research findings were found and also negative effects of religiosity were established. This revealed the question, whether religiosity can appear as a risk factor? Is there any level of religiosity/spirituality that influences negatively? Thus, further research concentrating on **religious addiction** was formulated.

METHODS

1. Qualitative method – Structured interviews, pilot study

The qualitative method and structured interview were used with fix points of Werner Fuchs. 10 subjects were chosen by a non-probability sampling technique, namely snowball sampling. The target group was university and college students, graduated youth – 20-28 years of age post adolescent group.

2. Quantitative method – Questionnaire survey

“Lifestyle of Youth 2006” – Family and partnership attitudes, parental values

Data was collected in the winter semester of 2006 (between late November 2006 and February 2007, depending on the school) from high school students in Szeged, Hungary. This

random sample (n=551) was chosen using a stratified sampling technique. Over half of the sample (55.1%) was male, the age range of the respondents was 14-21 years of age (M = 16.7 years, S.D. = 1.6 years).

“Szegeged Youth Research 2008” – Family, parental values and religiosity

Data was collected in the spring semester of 2008. The final sample consists of 881 high school students (14-20 years of age) from five high schools in Szegeged, a major metropolitan center in the southeastern region of Hungary. Of the sampled students, 44.6 percent were female and the median age of the sample was 16 years of age (M = 16.6 years, S.D. = 1.3 years).

“Szegeged Youth Research 2010” – Religiosity, spirituality, religious socialization and religious addiction

Data collection was conducted in Szegeged, in the winter semester 2010. The final sample consists of 656 high school students with 93.7% response rate. 49.1% were females, and the mean age was 16.5 years (SD. = 1.5 years).

RESULTS

Qualitative analysis

Content analysis was conducted by MAXQDA qualitative data analysis software. 10 interviews were systematically evaluated and interpreted as textual data. Main topics of family and partnership attitudes were highlighted in the 20-28 years old sample. The findings showed that this age range of youth keeps their traditional values and that their value preference consisted of family, love and safety. They reported they were determined in respecting parental values, however, religiosity did not play a role. In terms of partnership forms, marriage was preferred.

Quantitative analyses

“Lifestyle of Youth 2006” – Family and partnership attitudes, parental values

There is a clear intention to start a family in the minds of young people. The majority of students (77.9%) have considered starting a family in the future. The processed data showed that the effect of religion is essential. The more students consider themselves religious, the more they have thought about founding a family. Among the non-religious group this does not seem a crucial question. The findings show that marriage has not experienced devaluation according to young people, marriage has positive connotations and however the institution of marriage has lost significance, it is still associated with a highly appreciated status. Nevertheless, a tenth of respondents report an approach that says the paper is superfluous, and

it is better to live without formal constraints. When young people formed their views on the future of marriage, they noticed that the institution of marriage had a perceived crisis. 50.8% of the respondents declared marriage as a preferable partnership form, they showed confidence in marriage, and considered that this crisis will be survived. In addition, 34.4% believed that marriage is an eternal institution, while 12% consider it outdated and outmoded. In the light of family background and family structure we can conclude that those living with both parents, married parents, believe in marriage itself and its future the most. Moreover, those adolescents stemming from a one-parent family were currently less likely to support this view. Following the parental pattern certainly means respect, and we may confirm that parental values are dominant in building a youth's value system. The power of socialization and the parental pattern ensure the internalization of social attitudes, values and behavior. Factor analyses with the principal component method were employed in order to distinguish partnership attitudes. Thus, preference for marriage and preference for cohabitation were divided, and there seems to remain one group of hesitators, which is characterized by a kind of uncertainty. The adolescents **preferring marriage** think that is better to have a law sanctified partnership, it is also important to keep the traditional values, such as people living with their spouse permanently, and that parents having children should marry. In addition, this group strongly rejected the statement that marriage is an old-fashioned institution. The adolescents **preferring cohabitation** claimed that the "paper" was unnecessary and superfluous if two people love each other. This form of partnership is considered as equal to marriage and furthermore cohabitation before marriage was considered especially useful. The **hesitator group** sympathizes with traditional values, but does not take a clear stand in the issue living together vs. marriage. Gender differences were not found in partnership attitudes, that is, boys and girls scored similar mean values on different scales. Observing religious views showed that a strong effect was found in terms of partnership attitudes. A more religious youth is more likely to prefer marriage over cohabitation. Background family variables were also measured, where the followings were confirmed: the analysis showed that family characteristics and socio-demographic indicators are not determining the evaluation of partnership forms and preferences. Only age has proved to be significant: the uncertain attitude has arisen with increased age. Nevertheless, the general values fairly indicate the partnership preference structure. The high level religiosity was clearly typical of those who prefer marriage, possibly hesitate, but the low level religiosity is not typical of those that prefer cohabitation. The filial piety scale was not related to the choice of cohabitation, but is characteristic of those preferring marriage, or to hesitate. We experienced the same trend

regarding the machismo scale. The fatalism, however, appeared to be associated with living in cohabitating union.

“Szegeged Youth Research 2008” – Family, parental values and religiosity

Family cohesion

In frames of family cohesion distribution several variables was analyzed, which mainly focus on revealing the quality aspect of parent-child relationships. First, having dinner together; the rate consisted of 12.7% in those families where the family always has dinner together and 28.7% where they usually eat together. This variable presents the quality aspect of the parent-child relationship. Secondly, another variable, namely, talking about problems with parents, is strongly connected to the quality of the parent-child relationship. 43.9% of young people often discuss their problems with their parents. This rate was significantly higher for girls, 22.1% of the girls always need to discuss problems with their parents. Thirdly, perceived social support from parents is worthy of mention, where support from mothers showed fairly high rates closely linked to the support of the father ($r = 0.281$ $p < .001$). The fourth variable in this quality aspect was respect of parental values. Our findings showed that young people highly respect parental values, they indicated high average scores on the filial piety scale ($M = 15.1$ $SD = 3$ $\text{Range: } 5\text{-}20$). Further items also were involved in the analysis, such as parenting style, parenting practice, e.g. parental control and monitoring. The results report that parental monitoring is a more notable phenomenon - parents know where their children spend their free time more - than parental control, that is, the strict control of the amount of leisure time. Gender differences were detected in the praxis of parents, the girls are more controlled and monitored by their parents than boys ($t_1 = -7,05$ $p < .001$; $t_2 = -5,6$ $p < .001$).

Substance use and mental health

The **close relationship with parents** has important and beneficial functions as a protective factor. This means that high perceived social support from parents, high level control and monitoring, close and intimate the parent-child relationship provides protection for adolescents, namely, they are less likely to smoke or to consume alcohol and marijuana. The results indicate that in frequency of smoking or alcohol and marijuana use that the parental control and monitoring plays a protective role. Smoking is less likely in families who dinner together frequently and where parents pay attention to their children's leisure time and recreational activities. Parental control and monitoring, even filial piety plays a protective role in alcohol consumption. The more adolescents feel the commitment to parental values, the

less they tend to binge drink. Similar trends can be seen in marijuana use. Besides parental control and monitoring, it is remarkable to note that the lack of perceived support from a father plays a risk factor in marijuana use. Thus, family cohesion showed significant protection from substance use and in mental health as well. The findings indicated that high parental support, high level parental monitoring and control, close relationships with parents ensures a better mental health status, namely less symptoms of depression and higher levels of optimism and satisfaction with life. Parental support, both from the mother and father influenced the appearance and severity of depressive symptoms, such as optimism and life satisfaction. This trend is similar to the variables of having dinner together and talking about problems. The employed tests showed that in the case of optimism, discussing problems played a dominant role. Furthermore, parental control is a significant factor in depressive symptoms, a high level of control can operate as a risk factor, and too much control might contribute to the appearance of depressive symptoms. A lack of parental monitoring might increase dissatisfaction.

Religiosity

Secularization characterizes young people's lives to a very large extent. Many of them approach this topic with contempt, as they clearly declare they are not religious and do not belong to any religious community. The scale of non-religiousness consisted of 30.9%. However, another trend has become visible, namely, the appearance of new religious movements. New religious movements became popular and new religious communities were mentioned besides fundamental churches. Several churches and small denominations were reported, such as Wicca religion (0.2%), the Rastafarian (0.2%), Buddhists (0.3%) or followers of Ancient Shamanism (0.5%). It is also worth remarking that many people consider themselves simply Christians, no further denomination was marked (23.4%). Meanwhile, the dominance of Roman Catholics (35.6%) can still be seen in the results. Religiousness was measured on a seven point Likert-scale. Responses again reveal the wide extent of secularization; 41% of respondents ticked the "I'm not religious at all" category. In terms of religious participation, almost half of respondents indicated that they never attend any church services or religious events (49.8%). Those, who attend, mainly participate once or twice a year in such events (36.6%). Religious beliefs are core elements of one's value system, thus it is important to examine the parental values. The findings showed that it is important for young people to respect their parents and their values and to follow their rules or guidelines for life. Moreover, a high level of perceived social support from parents seemed to be

dominant, both maternal and paternal support was significant, regardless of religiosity. However, paternal support was slightly higher among churchgoers ($F= 3.3$ $p< .05$), and maternal support for religious adolescents ($F= 2.9$ $p< .05$). In addition, those who consider themselves religious are more likely to share their problems with their parents and do so more often. Parental control and monitoring operates differently ($\chi^2 = 18.7$ $p< .05$); those who considered themselves more religious experience more parental control and monitoring than their peers. Regarding religious activity the same trend can be observed ($\chi^2 = 15.4$ $p< .05$); those who attend church more frequently, experience more parental control and monitoring than their peers.

Logistic regression analyses were employed to test religious variables' for the role of **life and monthly prevalence of substance use**. Denominational belonging was a non-significant predictor of life prevalence of substance use. On the contrary, religiousness seemed to be a significant predictor, that is, those young people who considered themselves slightly or very religious were less likely to experiment with smoking and marijuana. Religious attendance was a strong significant predictor in decreased usage rates in smoking, drinking and marijuana. That indicates, those who attend church regularly are less likely to turn to any substances. Our results based on logistic regression analyses confirm **the protective role of religiosity**. This protection was noteworthy in experimenting with substances and also in substance use. In terms of monthly prevalence denominational belonging was a non-significant predictor, however it showed decreased odds (smoking = .90, alcohol = .86). Religiousness decreased the smoking and drinking frequency significantly, and slight religiousness also had a significant decreasing impact on marijuana use. For instance, very religious adolescents indicated a lower risk in binge drinking (OR = .53). Religious attendance also seemed to be a protective factor; young people were less likely to use any substances if they go to church regularly.

In relation to **mental health**, life satisfaction was significantly influenced by religious attendance. Regular churchgoers were more satisfied with their life (OR = 2.85), and even non-regular churchgoers - those who attend only at feasts - were more satisfied (OR = 1.73) than non-churchgoers. In mental health depressive symptomatology was measured. The results showed that only slight protection can be confirmed concerning religious attendance. Non-regular churchgoers were 44 percent less likely to report having depressive symptoms (OR = .56). Moreover, self-perceived health was better among religious youth, namely, personal believers - believing without denominational belonging – rated their health 1.58

times better, religious youth 1.67 times, and religious attendees - attendance at feasts 1.47 times and regular attendees 1.81 times better.

Gender differences were investigated during the analyses, and remarkable differences were found. Girls, in general, tend to be more religious than boys. Hence, girls rated their life satisfaction level 4.14 times higher if they are regular churchgoers. Another significant protection for girls was provided by religiosity: self-perceived health was 2.97 times better evaluated if they are religious and 3.58 times better if they are regular churchgoers. Surprisingly, religiosity provided protection for boys with depressive symptoms. Those boys who attend church on a non-regular basis, were 56 percent less likely to report having those depressive symptoms (OR = .44).

“Szeged Youth Research 2010” – Religiosity, spirituality, religious socialization and religious addiction

Respondents indicated denominational belonging in 63.3%, while active religious affiliation consisted of 39% - 34.4% for boys, 43.9% for girls. The majority of the sample reported belonging to the Roman Catholic Church (71.6%). Other denominations mentioned were: Protestant (8.4%), Greek Catholic (3.1%) and Evangelist (2.7%). Further small congregations and new religious movements were reported: Faith Church, Jehovah’s Witnesses, Judaism, Islam and Buddhism. The level of religiosity of the present research was low, similar to our previous research projects. Hence, regarding religiousness 36.1% of the respondents were not religious at all, 41.3% non-religious and 18.8% slightly religious with 4.1% being very religious. The importance of religion stayed low: 31.9% saying religion was not important at all and 40.0% just not important. Merely 7.2% reported a great importance of religion. Religion’s role in everyday life was still low (18.3% quite important and 6.1% very important). The religious attendance of young people followed the same trend: 56.5% never go to church, and 23.0% of them take part in religious events on a non-regular basis. 2.4% of churchgoers attend weekly, while 0.2% daily. Frequency of prayer was also measured: 48.8% never pray, 30.0% sometimes and 2.9% pray every day. Church attendance and prayer showed a strong correlation $R = .726$ $p < .001$.

Religious beliefs and spiritual well-being

Most of the respondents believe in the existence of soul, spirit (82.3%). Significant belief rates were found in life after death (61.8), in God (55.8%), in heaven (51.5%), and the belief that Jesus is the Son of God achieved 49.7%. It is worth noting that significantly more people

believe in the positive beliefs, than in the negative ones. Reincarnation was accepted by 41.0% and nearly half of them believe in healing and spiritual power. Fewer believed in curses and the lowest rate was observed regarding divination (33.8%). Factor analysis was employed to test the context, and two well-separated belief factors were found: the orthodox religious belief system and essential elements of New Age (however both factors included the afterlife item).

In spiritual well-being the importance of religion and religiousness plays an important role; furthermore, extrinsic religiosity such as church membership and church attendance, and the orthodox belief and New Age beliefs were determinant. Gender differences were found, namely, the importance of church attendance and orthodox beliefs were influential for boys. For girls intrinsic religiosity variables played a more significant role.

Religiosity and substance use, mental health

Previously presented data has shown that the level of young peoples' religiosity is relatively low, however, the level of substance use and consumption achieves high levels. The next step of the analyses was to examine the **appearance of religiosity and its influences on the odds of substance use**. We must point out the significance of religiosity in terms of cigarette smoking and consumption of alcoholic drinks. Mostly in girls, the importance of religion and religiousness played a beneficial role. For alcohol use - life prevalence was influenced by the frequency of prayer tendentiously. Interestingly, in experimenting with marijuana church membership reduced the chance of experimentation by 30%. The frequency of church attendance presented a strong protective factor for both genders, regular church attendance decreased the likelihood of marijuana experimentation by 50%. In addition, church membership - religious affiliation - and level of religiousness also plays a significant role in protection against substance use.

In terms of substance use and consumption similar results were found, the same variables influenced the life and the monthly prevalence. Smoking frequency was influenced by the importance of religion and the level of religiousness, particularly among girls. So those who consider themselves to be religious and religion is important in their lives, are less likely to become smokers. Of girls, the level of religiousness indicated an 80% reduction in the risk of smoking, while the importance of religion was 50%. Regarding alcohol consumption and binge drinking, level of religiousness, importance of religion, church attendance and prayer frequency had significant effects. The odds ratios showed that religious life, attitudes can greatly reduce the consumption of alcohol and binge drinking, particularly among girls. In the

case of marijuana similar trends were shown. Level of religiousness, church membership and church attendance significantly reduced the frequency of consumption rates.

After substance use, mental health variables were tested. Church attendance had a significant effect in the appearance of depressive symptoms. Surprisingly, religious activity was a risk factor for boys, non-regular religious activity increased the likelihood of depressive symptoms. There was no significant impact on life satisfaction, however, we observed that the satisfaction level increased 2.63-fold among religious girls. Significant protective effects of religiosity were confirmed in optimism, which was proved to be stronger among girls. For example, those girls who consider religion important in their lives are 3.51 times more likely to consider themselves optimistic. Along the same variables the frequency of prayer also increased - 4.11 times – the optimism level. Among the aggression scales, the appearance of verbal aggression was significantly reduced by religious variables. For instance, the level of religiousness confirmed 90% reduction among religious girls, and 50% reduction among churchgoer boys in the appearance of verbal aggression. Further analysis included all religious variables, where the results confirmed reducing impacts in cases of physical aggression. Similarly to verbal aggression, level of religiousness and church attendance greatly reduced the odds of physical aggression being prevalent. The third scale of aggression is anger, where no significant effects were found, the odds slightly shifted from a value of 1. The next mental health variable investigated: the locus of control. An interesting relationship was noticed with this variable. Previously we mentioned that gender should be underlined in case of locus of control. For example, on the scale of internal control girls achieved lower values than boys, but if all religious variables were involved in the analyses their internal control scores reached nearly a five-fold increase when girls are religious, and external control is 80% less likely to indicate a high value. Thus, we can state that religiosity has a **clear and significant protective role** for adolescent girls. Concerning spiritual well-being scales, religious well-being seemed to be influenced notably by religious variables.

Religious socialization – Exploring family religiosity

The **religious variables in the family show strong correlation**. The denominational belonging of the family members scored a correlation value above 0.7. Strong correlation were found between parental denominational belonging, furthermore, it can be observed that girls ($p < .05$) and parents of the girls tend to belong more to a church or denomination. Significant correlation can be discovered in religious activity: the correlation was $r = .824$ $p < .001$ between students and their mothers, and $r = .747$ $p < .001$ between students and their

fathers. This means **parental pattern** plays a significant role in an adolescent's religious life or religious practice. Observing the rates parental pattern defined their children's religious practice. Gender differences were found in religious attendance, namely, 6.1% of girls, while 3.3% of boys go to church or a religious event regularly. Although not a significant result, but important to note that the girls' parents showed higher rates of religious activity.

As we focus on intrinsic religious practices, strong correlation was confirmed regarding frequency of prayer; for example the correlation between the parents $r = .858$ $p < .001$. Tendentious difference was shown in the frequency of prayer among the students by gender ($p \leq .05$), 11.7% of the girls, 6.9% of the boys pray. The girls' mothers pray regularly, 10.9% and fathers 8.8%. A significant difference was found between girls' and boys' fathers praying rates ($p < .05$).

Path analyses were used to describe parental and familial religiosity and their influence on psychological well-being of students. The findings verified that **maternal religiosity is beneficial for psychological well-being of their children, but paternal religiosity may influence as a risk factor**. Our results confirm the importance of mapping religiosity and spirituality, including the familial religiosity and exploring the different mechanisms of them. Basically, religiosity and spirituality are beneficial and protective factors that we repeatedly emphasized during the analyses in our different research projects. Hence, it should be noted that further research is needed to call the attention to those factors that little is known about. We detected that most beneficial and protective impacts on adolescent psychological well-being stem from the maternal religiosity, but the paternal religiosity, due to the parenting style of paternal role might even endanger the child's psychological well-being.

Religious addiction

We predicted low levels of religious addiction in our sample, the sub-group of religious addicts consisted of 0.8% and further 5.6% belonged to the risk group. The present research project aimed to reveal this phenomenon. Correlation analyses were conducted to map the interrelations of different religious variables. Religious addiction correlated strongly with the belief that God guides people's life, the importance of religion in general and in everyday life, and the level of religiousness. Regression analyses were employed to test the background variables: the level of religiousness, the importance of religion in everyday life, religious activity and the homogeny of religious values predicted religious addiction. Hence, regular adolescent churchgoers who consider religion very important in their life, and consider themselves very religious and further consider similar religious views important in their social

network seem to be more vulnerable to religious addiction. Interrelationship was assumed between religious addiction and other addictive behavioral forms, namely, substance use. Strong correlation was shown between religious addiction and drinking, binge drinking, and marijuana experimentation. Crosstabs were displayed in order to see detailed rates by religious addicts and non-addicts, where the results confirmed that both in life and monthly prevalence higher rates can be experienced among the religious addicts. In mental health, slight differences were found, namely, the level of verbal aggression as measured with the aggression scale was lower ($p < .001$) where as physical aggression and anger, and frequency of depressive symptoms were higher among religious addicts. The religious addict group indicated higher levels in life satisfaction, however the optimism was lower ($p < .05$). Further, on locus of control scale, lower internal control and higher external control is characteristic among them. On the spiritual well-being sub-scales, religious well-being is significantly higher ($p < .001$) and existential well-being is lower ($p < .05$).

CONCLUSIONS

“Lifestyle of Youth 2006” – Family and partnership attitudes, parental values

The first topic, which has an outstanding importance for the future health status of young people was family formation and marriage related. In 2006, qualitative and quantitative researches also confirmed that youth and young adults follow traditional views and conventional values. This means that the target sample comes from families with married parents, and during their socialization process they keep parental pattern, thus it desirable for them to marry. The picture is very positive, as more than three-quarters of the high school voted for marriage to be consummated in the future, however the differences, e.g. by gender, were seen as to when this will occur in their own lives. The rate of adolescents with a preference for marriage was dominant, but the rise of postmodernism has brought a group of hesitators, and a group of young people who accept cohabitation because it is considered as an alternative partnership form of marriage. These young people consisted of a small proportion (approx. 10%) compared to the majority with the preference for marriage. The group of preference for cohabitation has largely experienced family disintegration, for example the divorce of their parents. Based on the findings we can conclude that the examined attitudes among high school students provide indications to their future, where they intend to get married and which are also relevant to their long-term health protection. Doubtless, that the praxis is not always followed by attitudes, we do not know whether the present sample (14-21 years old) will marry according to their own estimates at the average age of 26 years. It is

important to emphasize the family background of the students in the present study, which shows traditional characteristics. Predominantly they live in two-parent households, so divorce or widowed parents are not highly experienced, so the strong family cohesion carries significant psychological protection.

“Szeged Youth Research 2008” – Family, parental values and religiosity

The second research project focused on family life and parent-child relationship quality. Several studies of the academic literature confirm the role of parental pattern in socialization and the importance of positive family climate. The well-functioning intimate relationships based on family have a prominent role in adult mental and physical health, in healthy adaptation and personal development because the family is the major institute of social support system. The family is an important source of identity, self-evaluation and psychological well-being. In the present research we examined how adolescents are brought up in the family. In addition, we could prove that parental social support, respecting of values, high-quality parent-child relationships and parental control and monitoring have beneficial effects for adolescents. Both in substance use and in mental health, family cohesion ensures a protective effect. Thus, we need to emphasize the protective effects of parenting, in order to underline the health benefits to the next generations. It is important to make parents aware of this kind of protection.

Religiosity

Another focus of the research was religiosity, the other significant traditional socio-cultural protective factor. Religiosity is an extremely important field of research because religious life has undergone in an incredible amount of change in recent decades. Basically, the remarkable period of aggressive secularism has to be mentioned, which overshadowed the social role of religion, and later a new kind of religious attitude has now begun. New religious groups who practice their religion in their own way - personal believers – have appeared. These do not explicitly focus on institutional religiosity, but rather on personal commitment, intrinsic religiosity. In addition, several previous studies have confirmed the benefits of religiosity on the individual's health. Literature shows that religious guidelines, religious practices and values have an impact on health status and of physical and mental well-being. Of our objectives we attempted to check whether these changes of religion and religiosity were able to preserve the nature of protection, particularly among adolescents.

Our research confirmed the widening range of religions, denominations and the high degree of secularization. However, the fact should be emphasized that religiosity usually appears to be included in parental patterns, and provides benefits on adolescents' health. We found that the protective effect of religiosity has a dominant role in adolescent's problem behavior. The findings indicated significant protection in substance use and mental health. To conclude we have to stress the significance of these traditional socio-cultural protective factors and provide widespread information for society, the health policy programs, schools, and especially the families and parents.

“Szeged Youth Research 2010” – Religiosity, spirituality, religious socialization and religious addiction

The present research project aimed to understand in greater depth the topic of religiosity, as the contemporary literature called to attention for the increasingly widespread use of the concept of spirituality. First, the growing literature discussed and shed light on religion and religiosity, then both terms religiosity and spirituality were used and nowadays sociology of religion conceptualized the concept of spirituality. The two terms are completely distinguished, they may have a very close and overlapping relation, but they are still two different phenomena. In recent years new research has begun and new measurement tools have been developed which focused on the theme of spirituality. Therefore in our research we tried to isolate religiosity and spirituality. Several items focused on religiosity and further questions were about spiritual well-being. We attempted to explore adolescent religiosity and spirituality. The situation can not be simplified, further investigations are necessary in order to get closer to mapping religiously and spirituality of adolescents. It is important to realize that today the religious and non-religious categories are no longer relevant, further research has to take a much broader spectrum into account. Our aim was also to examine whether the protective role similar to the previously manifested one still exists. The results show a strong correlation between the religious, spiritual views and problem behavior, however, some background issues – for example depression – are vague. Therefore, the future emphasis will be placed on religion and spirituality. In relation to religion and spirituality we aimed to reveal from where do religious and spiritual values come. Examining the process of religious socialization it is clearly stated that family values are a crucial part of the process of religious socialization. A very strong correlation was found in the religious values of parents and their children. Then family religiosity was examined and specifically we discovered the beneficial effects of maternal religiosity, namely, maternal protection in adolescents' psychological

well-being. In contrast, paternal religiosity was shown as an operating risk factor. It is important to emphasize that different parenting styles may play an important role in the background.

After investigating religious socialization we concentrated on the negative effects of religion and attempted to gain insight into the topic of religious addiction. This new phenomenon is still a fairly undeveloped field, but the present research project found there is evidence of the relevance of the phenomenon. Although the phenomenon consisted of very low rates for the adolescents, it is worth paying attention to it in this target group, since the exploited vulnerability may occur as a hazardous situation for young people. The issue certainly requires further investigation in the future.

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