



Religiosity of Young Adults: The National Longitudinal Study of Adolescent to Adult Health

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OVERVIEW

Religiosity is important because religious affiliations and/or participation have been linked to outcomes across life domains, including volunteering (Johnston, 2013), the timing of births with respect to marriage (Pearce & Davis, 2016), marital stability, family size, educational attainment, and physical and mental health (Lehrer, 2008).

Young adulthood is a life stage when young people establish separate lives from their parents, become financially independent, pursue career goals, and grow into their own identity, values, and lifestyle (Harris, 2010). With the influence of parents' religious beliefs and affiliations on youth religiosity dwindling (Arnett & Jensen, 2002; Hoge, Johnson, & Luidens, 1993), we explore patterns of religiosity in young adulthood.

This brief provides a snapshot of the religious life of young adults in the United States. We describe the demographic patterns associated with religiosity and address the following questions:

1. With what religions do young people identify?
2. How religious are young people in their beliefs and actions—in both public and private spheres?
3. How do answers to these questions vary by gender, age, race/ethnicity, education levels, and family formation?

DATA AND MEASURES

We use data from Waves I and IV of Add Health [see “**About Add Health**” box, page 8]. Our sample includes **14,684 respondents** aged 24–34 in 2008 who completed in-home interviews at Waves I and IV, could be assigned a grand sample weight (Tourangeau & Shin, 1999), and were not missing data on any religion indicators. The data are weighted to adjust for the Add Health sample design, which intentionally oversampled some population subgroups.

Data on respondents' race/ethnicity are derived from Add Health Wave I questionnaire responses. Respondents were asked to indicate whether they were of Hispanic origin and then to self-select up to five different races: white, black or African American, American Indian or Native American, Asian or Pacific Islander, and other. By coupling the responses to the Hispanic origin and race questions, we

construct a “single race” variable with mutually exclusive categories. More details on the creation of this variable are available on the Add Health website (Add Health, n.d.).

The remaining variables come from the Wave IV in-home survey. This includes age, gender, educational attainment, family status, and the religion variables of interest. We created two age-group categories of younger and older adults: 24–28 and 29–34. Educational attainment was also grouped into two categories: less than a four-year college degree and at least a four-year college degree. Family status was constructed based on self-reported marital status and whether or not the respondent ever had any children, resulting in four categories: never married and no children, never married and has at least one child, has been married and no children, has been married and has at least one child.

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Religious identification was created from two main questions. First, respondents were asked what their present religion is. Later, they were asked to specify a denomination. Based on this information, respondents were classified into the following religious identification categories: none, conservative Protestant, mainline Protestant, black Protestant, Catholic, Jewish, and other (including Hindu, Buddhist, Muslim as well as some other religions).

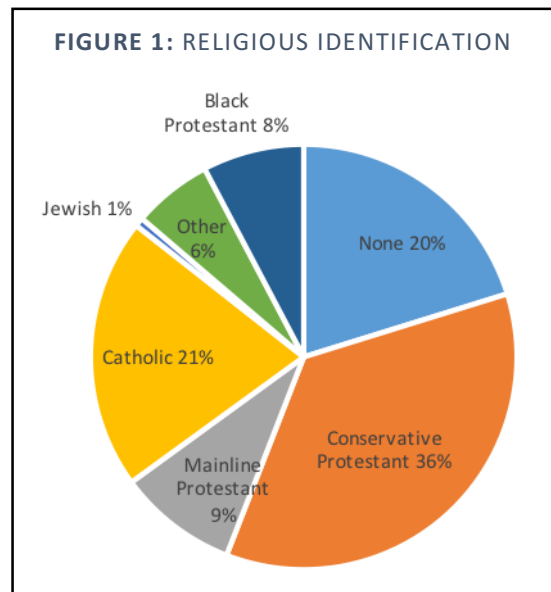
Religious importance was measured with the following question: “How important (if at all) is your religious faith to you?” to which respondents could respond “not important,” “somewhat important,” “very important,” or “more important than anything else.” The middle two categories were combined to create three categories.

Respondents were asked two items about their religious practices: “How often have you attended church, synagogue, temple, mosque, or religious services in the past 12 months” and “How often do you pray privately, that is, when you’re alone, in places other than a church, synagogue, temple, mosque, or religious assembly?” Respondents could answer the first question either “never,” “a few times,” “once a month,” “2 or 3 times a month,” “once a week,” or “more than once a week.” These answers were combined into the following categories: “never,” “less than once per week,” and “once per week or more.” To the prayer question, respondents chose either, “never,” “less than once a month,” “once a month,” “a few times a month,” “once a week,” “a few times a week,” “once a day,” or “more than once a day.” These categories were condensed to “never,” “less than weekly,” “less than daily,” and “daily or more.”

RESULTS

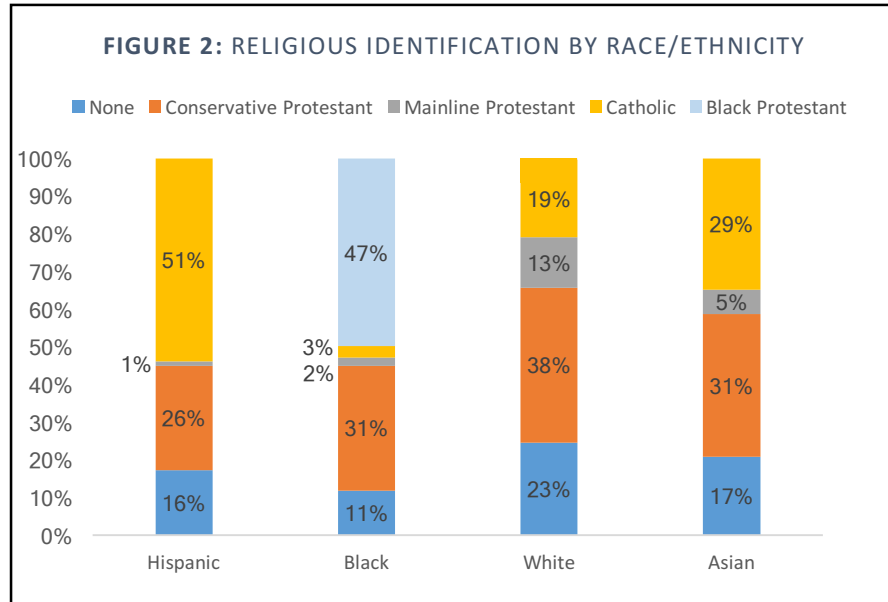
Religious Identification

Four in five young adults report a religious affiliation. Conservative Protestants make up the largest group, at 36%, followed by Catholics at 21%. Mainline Protestants and black Protestants each make up about 10% of the

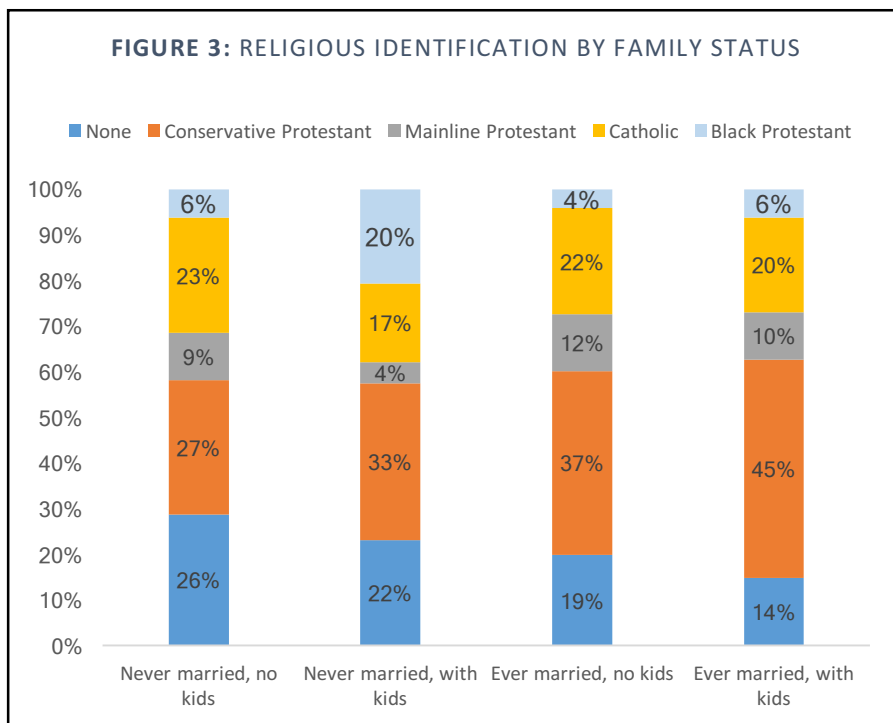


sample. Small proportions of young adults identify with other religious groups such as Buddhists, Muslims, or Hindus.

There are differences in affiliation patterns by race. Hispanics have the highest prevalence of Catholic affiliation,¹ while, not surprisingly, a high proportion of black Protestants identify as black. Whites report the highest level of affiliation with conservative and mainline Protestant denominations.²



There are also differences in reported religious identification by family status. Unmarried young adults without children have the highest prevalence of no religious identification. Unmarried young adults with children have the highest prevalence of black Protestant affiliation, likely reflecting high nonmarital



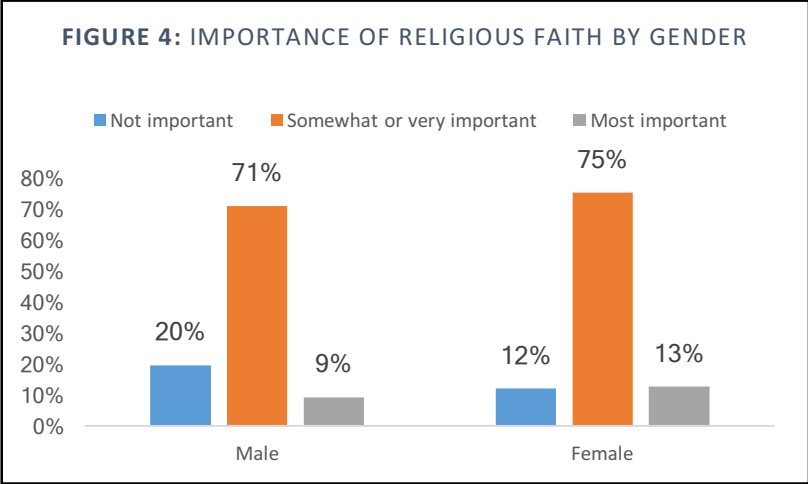
childbearing rates among young adult African Americans (Martin et al., 2017). Individuals who have ever been married and have children have the highest proportion of conservative Protestants.

Importance of Religion

The vast majority of young adult Add Health respondents report that their religious faith is important to them. Three in four young adults reported that their faith

¹ There is a high proportion of foreign-born Hispanics (27%), and foreign-born Hispanics tend to be more religious than native-born Hispanics.

² The difference in prevalence of conservative Protestantism is only marginally statistically significant ($p < .10$) between whites and Asians.

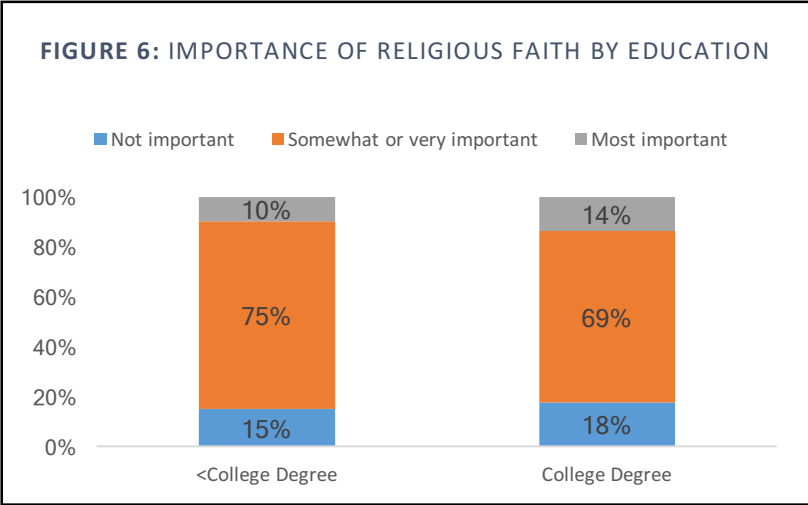
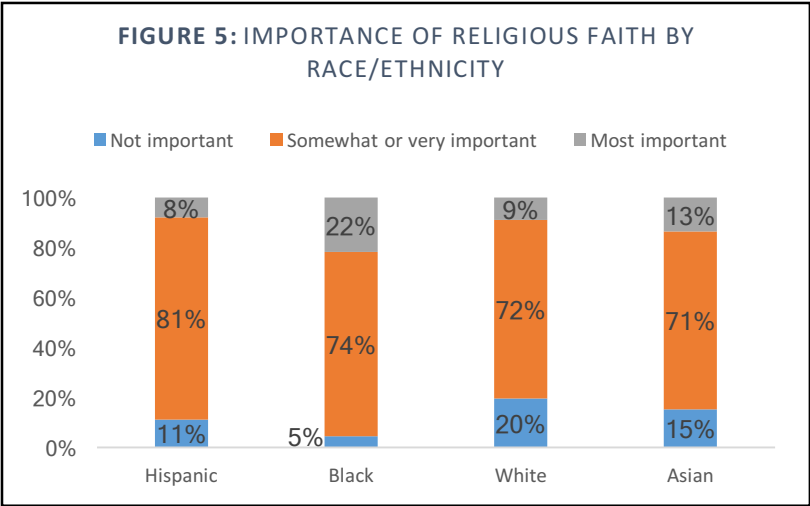


was somewhat or very important. One in ten reported that their faith is more important than anything else. Women tend to place more importance on religious faith than men.

There are also differences in the importance placed on religion by race/ethnicity. Hispanics have the highest prevalence of viewing faith as somewhat or very important, while blacks have the highest prevalence of viewing it as

the most important. One in five blacks believes that religion is more important than anything else. Meanwhile, whites are more likely to place no importance on religion, at 20%, when compared with blacks and Hispanics.

With regards to educational levels, young adults with college degrees are more likely to report views about religion at the highest and lowest levels of importance, compared to those without college degrees. A larger proportion of young adults with college degrees view religion as more important than anything else than young adults without college degrees (14% versus 10%, respectively). At the same time, young adults with college degrees also report higher levels of viewing religion as not important (18% versus 15%).



Young adults who have started to form families tend to place more importance on religion than those who have never been married and have no children. Almost one-quarter of young adults who have never been married and do not have kids place no importance on religious faith. 13 or 14% of young adults who have either been married or have children do not think religion is important, compared with one in

ten young adults who have been married and have children. It appears that as young adults transition into more family responsibilities, they increasingly place more importance on religion, consistent with other research (Stolzenberg, Blair-Loy, & Waite 1995).

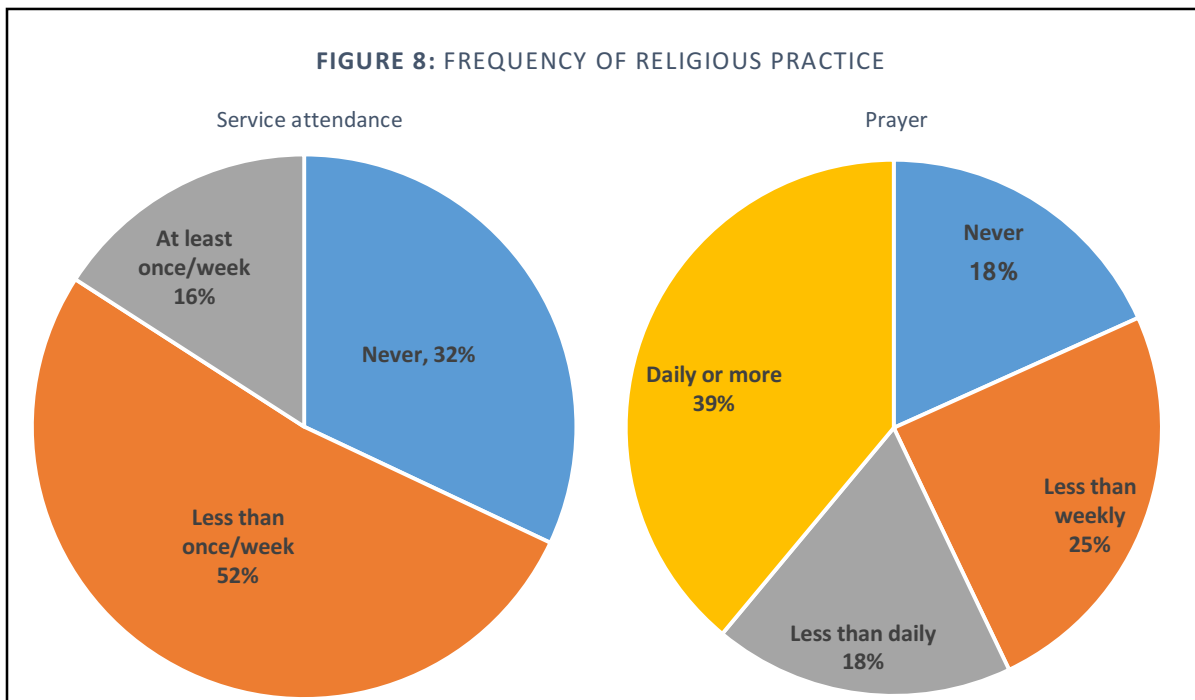
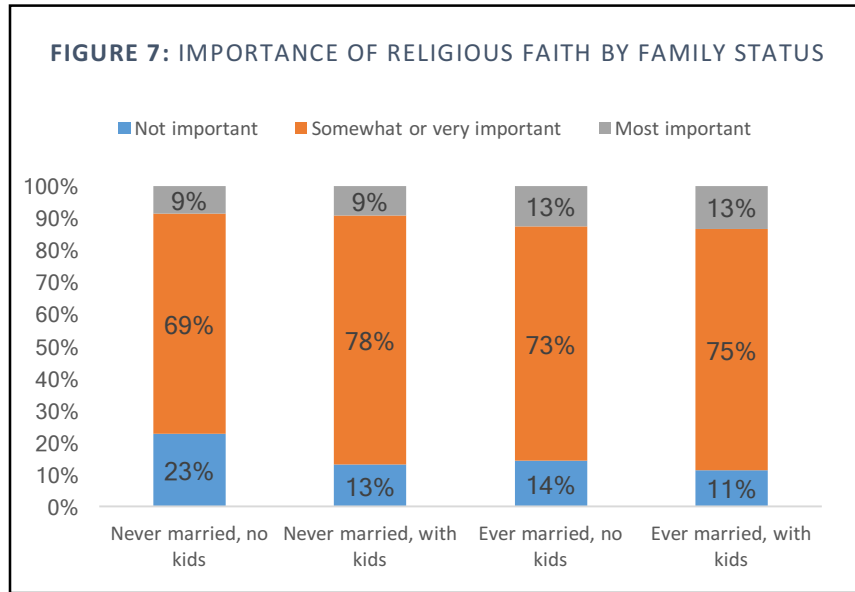
Religious Practices

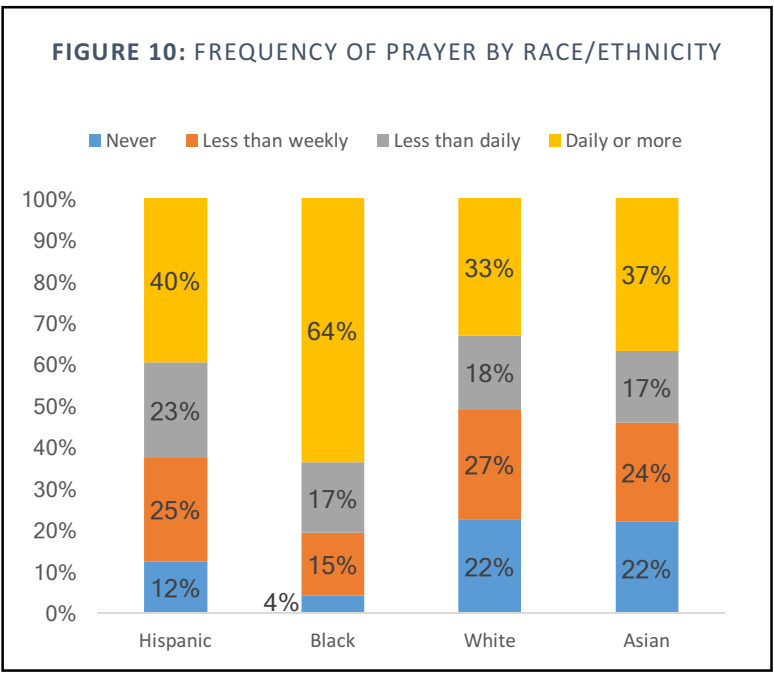
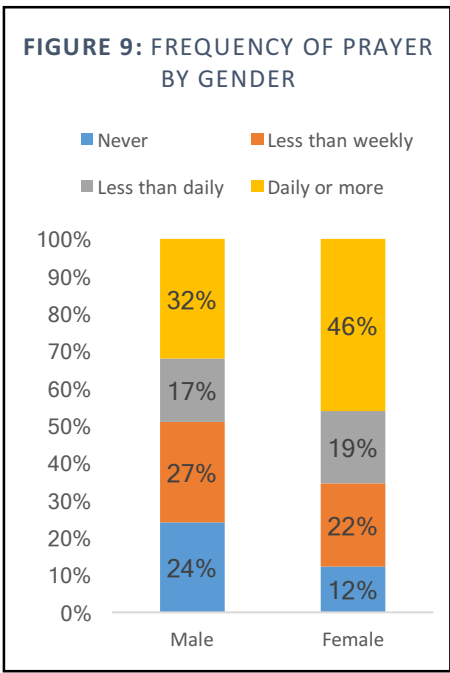
Young adults report more frequent private religious practice than public religious practice. Two in five young

adults report praying in private at least daily, and only one in five reports never praying. Meanwhile, just 16% of young adults report attending religious services at least once per week.

With both forms of participation, women report higher frequency of practice than men. For example, approximately one in three men pray daily whereas almost half of women do so. Furthermore, twice as many young men as young women never pray (24% of men and 12% of women).

Patterns of religious participation also vary by race/ethnicity. Two in five Hispanic young adults, and two in three black young adults report praying at least daily, compared to one in three white young adults. Conversely, 22% of white and Asian young adults never pray, compared to just 12% of Hispanic young

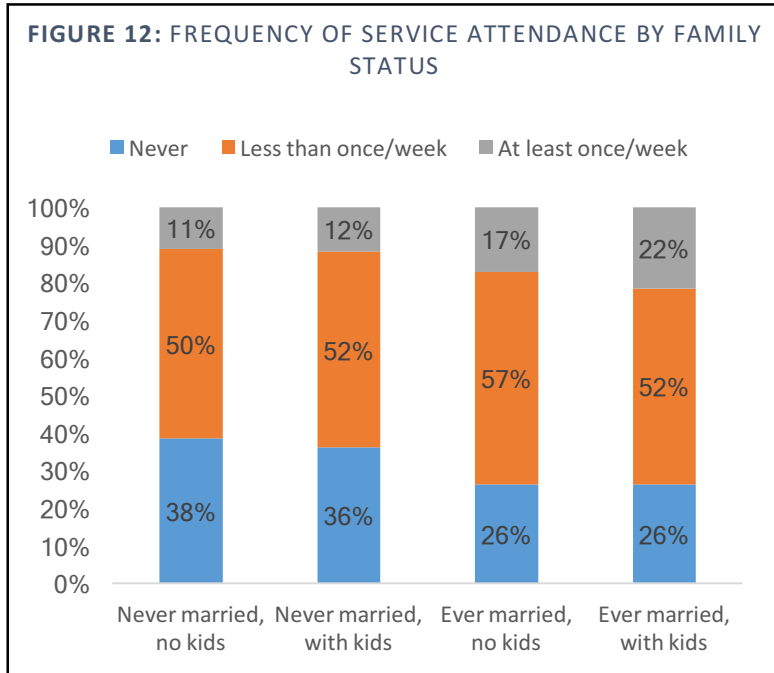
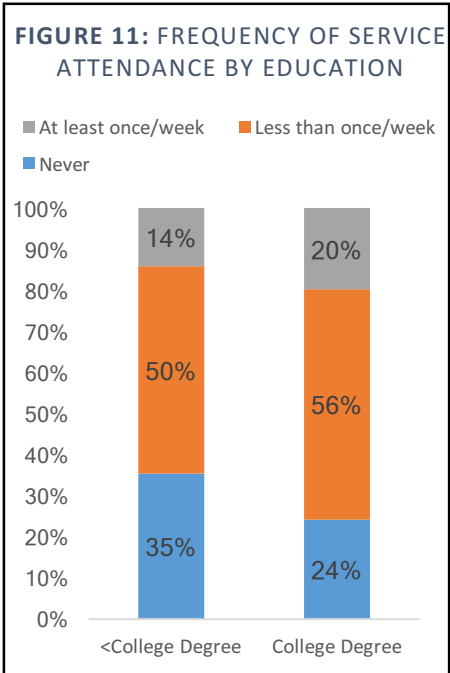


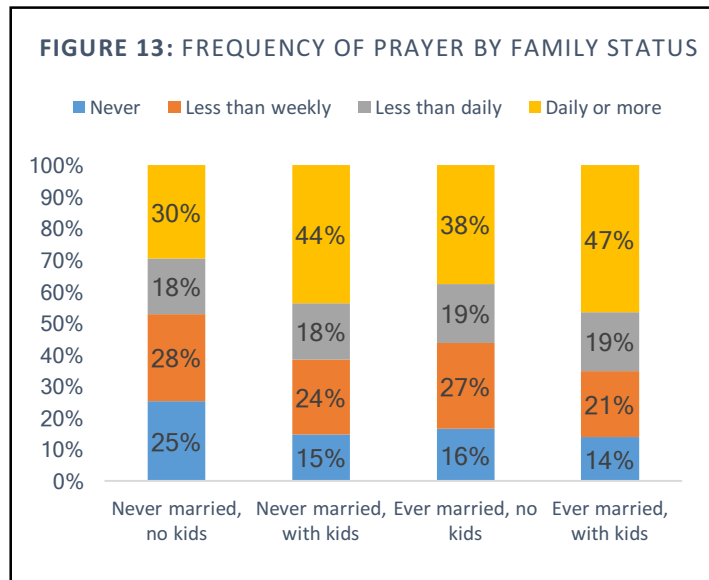


adults and 4% of black young adults.

Regarding education, young adults with a college degree report attending services more frequently than their less educated peers. One in five college-educated young adults attends services at least once per week, compared with 14% of less educated young adults. Conversely, more than one in three less educated young adults never attends services, while one quarter of college-educated young adults never attend services. Young adults do not vary in their prayer frequency by education, however.

Young adults who have begun family formation tend to attend religious services more often and pray more often. For example, with additional family formation behavior (e.g., marriage and childbearing),





the proportion of young adults who attend services weekly doubles from 11% among those never married without children to 22% among those ever married with children (and the proportion never attending services goes down). Young adults with children report praying more frequently than childless young adults. Of young adults who have never been married, 30% without children pray daily while 44% of those with children pray daily. Similarly, among young adults who have been married, 38% without children pray every day and 47% with children do so.

CONCLUSION

Despite concern in some quarters of society over a lack of religion in the lives of recent generations of young adults, our results suggest religious beliefs are quite pervasive. Four in five young adults today report a religious affiliation and three-quarters of young adults report that religion has at least some importance in their lives. Religious practices, on the other hand, are not very prevalent, as less than one in five young adults attend weekly services and less than two in five pray daily. Young women tend to be more religiously active than young men, and Hispanic and black young adults tend to be more active than whites. The story is more complex with education, though: youth with a college degree sort either into higher or lower levels of importance of religion, while also attending services more frequently, but not praying more frequently, than youth without college degrees. Older young adults tend to be more religious than younger young adults according to some measures (results not presented), which may reflect changes in their family status. Previous research has shown that starting families brings people back to religion (Uecker, Maryl, & Stroope, 2016), and this plays out in the description provided here as well. Because of these patterns, we predict that, as the generation reflected by the Add Health sample continues to age and family formation and childbearing become more common, they will become more religious, report that religion is more important in their lives, and increase their participation in religious activities. Future work can investigate these patterns using Add Health’s soon-to-be-released Wave V.

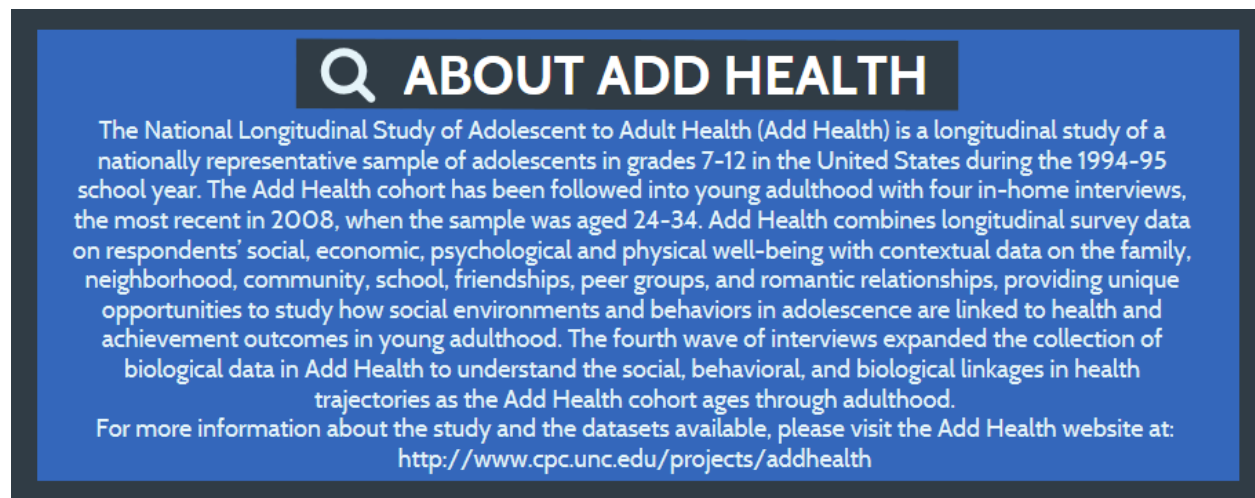
Black young adults are almost twice as likely to report praying daily as their white counterparts.



Stay tuned for new data

Add Health is in the process of locating and re-interviewing cohort members in a Wave V follow-up to collect social, environmental, behavioral, and biological data with which to track the health status and emergence of chronic disease as the cohort moves through their fourth decade of life.

The Wave V survey includes content that covers the research areas highlighted in this brief. The survey will feature questions on religious identification, importance, and practices. Please see our [Wave V webpage](#) for more information.



Q ABOUT ADD HEALTH

The National Longitudinal Study of Adolescent to Adult Health (Add Health) is a longitudinal study of a nationally representative sample of adolescents in grades 7-12 in the United States during the 1994-95 school year. The Add Health cohort has been followed into young adulthood with four in-home interviews, the most recent in 2008, when the sample was aged 24-34. Add Health combines longitudinal survey data on respondents' social, economic, psychological and physical well-being with contextual data on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships, providing unique opportunities to study how social environments and behaviors in adolescence are linked to health and achievement outcomes in young adulthood. The fourth wave of interviews expanded the collection of biological data in Add Health to understand the social, behavioral, and biological linkages in health trajectories as the Add Health cohort ages through adulthood.

For more information about the study and the datasets available, please visit the Add Health website at: <http://www.cpc.unc.edu/projects/addhealth>

ACKNOWLEDGEMENTS

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For more information on what can be done with the data on religion in Add Health, see these recent studies:

Dew, R. E., & Koenig, H.G. (2014). Religious involvement, the serotonin transporter promoter polymorphism, and drug use in young adults. *International Journal of Social Science Studies*, 2(1), 98-104.

Dew and Koenig examine the genetic basis for religiosity and drug use in order to test whether there is a genetic explanation for the relationship between the two phenomena. Using sibling data in Add Health, they find that specific genotypes thought to be protective against drug use were less common among the more religious. Nevertheless, more religious participants were less likely to use drugs, and there was no evidence of genetic mediation between religiosity and drug use.

Fletcher, J., & Kumar, S. (2014). Religion and risky health behaviors among U.S. adolescents and adults. *Journal of Economic Behavior & Organization*, 104, 123-140.

Fletcher and Kumar investigate the relationship between adolescent religiosity and a range of risky health behaviors, including smoking, drinking, and substance use. Taking advantage of Add Health's sample of siblings, they find that internal aspects of religion (private praying and views on the importance of religion), in particular, during adolescence are related to less substance use both in adolescence and into young adulthood.

Henderson, W. M., Uecker, J. E., & Stroope, S. (2016). The role of religion in parenting satisfaction and parenting stress among young parents. *The Sociological Quarterly*, 57(4), 675-710.

Henderson, Uecker, and Stroope examine the role that religion plays in parental satisfaction and stress among young parents using Add Health. They find that more religious parents tend to be more satisfied as parents, and stress levels differ by religious tradition.

Reese, B. M., & Halpern, C. T. (2017). Attachment to conventional institutions and adolescent rapid repeat pregnancy: A longitudinal national study among adolescents in the United States. *Maternal and Child Health Journal*, 21(1), 58-67.

Reese and Halpern used a sample of teen mothers in Add Health to examine the role that attachment to institutions such as religion have in predicting the likelihood of rapid repeat pregnancies. Teen mothers who reported praying daily or participating in church-related activities once a week were less likely to have another pregnancy in the two years following their first birth.

Regnerus, M. D. (2007). *Forbidden Fruit: Sex and Religion in the Lives of American Teenagers*. New York, NY: Oxford University Press.

Regnerus provides an in-depth investigation into the role that religion plays in the sex lives of teenagers. Using survey data from three sources, including Add Health, and in-depth interviews with more than 250 youth, this book examines both the sexual attitudes and behaviors of American teenagers, and how they relate to their religious beliefs.

Uecker, Jeremy E., & Pearce, Lisa D. (2017). Conservative Protestantism and horizontal stratification in education: The case of college selectivity. *Social Forces*, 96(2), 661-690.

Combining Add Health with interview data from the National Study of Youth and Religion (NSYR), Uecker and Pearce conducted a mixed-methods study examining how religious affiliation is linked to college selectivity. They find that conservative Protestant young women attend less selective colleges than their peers, a difference attributable to differing views on the purpose of higher education.

Uecker, J. E., & Stokes, C. E. (2016). Religious background and gambling among young adults in the United States. *Journal of Gambling Studies*, 32(1), 341-361.

Uecker and Stokes use Add Health data to examine the relationship between religiosity and gambling among young adults. They find that young adults associated with a variety of Christian denominations, and those that regularly attended religious services were less likely to gamble. Among those that did gamble, however, moderate levels of religious attendance (1-3 times per month compared to no attendance) were associated with gambling problems.