CHAPTER SEVEN

RELIGIOUS INVOLVEMENT AND LATINO IMMIGRANT HEALTH

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Whereas it was thought only several decades ago that the role of religion in the lives of individuals and society would rapidly diminish in the face of modernity (Berger 1967), scholars now agree that religion is here to stay (Wuthnow 1992, Casanova 1994). Church attendance can affect members of a religious community in many ways beyond religious ones, including health-related impacts. A large body of evidence suggests that religiosity is associated with better health, with church attendance being the measure of religiosity most strongly associated with health outcomes (Koenig et al. 2001, Powell et al. 2003). The communal form of religious practice is especially important for immigrants in the United States, for whom churches play multiple roles (Min 1992, Warner and Wittner 1998, Yang and Ebaugh 2001, Foley and Hoge 2007).

There is little research, however, on the relationship between religious involvement, typically measured by church attendance, with the health and health behaviors of Latino immigrants in the United States. The vast majority of studies related to religious communities, immigration and health examine either the relationship of immigration with health without considering religion as a factor (Leclerc 1994, Landale et al. 1999, Lara, et al. 2005, Markides et al. 2005) or religion with health without considering immigration status (Chatters 2000, Koenig et al. 2001, Levin 2001, Powell et al. 2003). This study examines the intersection of the three areas: religious involvement, Latino immigrants to the United States, and health outcomes, using quantitative methods with a random national sample of immigrants. The research is theoretically driven, drawing from concepts in the field of sociology, for both social and religious factors, to examine whether religious involvement is associated with health status and health behaviors among Latino immigrants. Sociology is especially well suited to the study of religion through its focus on such conceptual categories as
institutions, ritual and norms, which are integral to understanding the role of religion for social life (Ellison and Sherkat 1995). An examination of the relationship between religious involvement and health may be especially significant for Latinos as their health typically worsens as they become acculturated. Efforts to target the needs of immigrant populations in faith communities and take their varying characteristics into account may be important strategies for potentially counteracting the process of Latino immigrant health declining with longer residency in the United States.

**Religion and Health**

To adapt Peter Berger’s phrase, religion can serve as a “protective canopy” in terms of health; a protective effect can be found in terms of both mortality and morbidity, although there can be negative influences of religion on health as well (Koenig et al. 2001, Levin 2001). A range of religious dimensions and measures have been used in research, but the strongest evidence of an association is through participation in a religious group as measured by church attendance (McCullough 2000, Powell et al. 2003, Levin 2009).

There are many theories underlying the relationship between religious involvement and health. Potential causal mechanisms of the association between health and participation in religious communities involve multidimensional constructs. I group key mechanisms through which religious involvement can impact health into three categories: social resources, social capital magnified, and religious capital.

**Social Resources**

Religious communities can perform social functions for immigrants that are associated with improved health (Putnam 2000, Hirschman 2004). In general, membership in groups and the concomitant increase in social resources that typically accompanies them are associated with improved health outcomes (Emmons 2000, Kawachi and Berkman 2000, Putnam 2000). This is the case with attendance at churches as is true of membership in other groups (Emmons 2000). Social resources such as social capital, cohesion and support seem to have an especially large presence in religious communities (Putnam 2000, Hirschman 2004). The importance of social resources was observed long ago. Durkheim (1951) showed that social groups, including religious ones,