



Religious factors associated with alcohol involvement: Results from the Mauritian Joint Child Health Project



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ABSTRACT

Background: The purpose of this study was to examine religious factors associated with alcohol involvement in Mauritius. The three main religions on the island, Hinduism, Catholicism, and Islam, promote different views of the appropriate use of alcohol. Based on reference group theory, we hypothesized that both the content of a religion's alcohol norms and an individual's religious commitment would relate to alcohol use behavior.

Methods: Participants were from the Joint Child Health Project, a longitudinal study that has followed a birth cohort of 1.795 individuals since 1972 when they were 3 years old. All available participants (67%; 55% male) were assessed in mid-adulthood on religious variables, lifetime drinking, and lifetime alcohol use disorders.

Results: Across religions, individuals who viewed their religion as promoting abstinence were less likely to be drinkers. Religious commitment was associated with reduced probability of drinking only in those who viewed their religion as promoting abstinence. Among drinkers, abstention norms and religious commitment were not associated with lower likelihood of alcohol use disorders. In Catholics who viewed their religion as promoting abstinence and still were drinkers, high religious commitment was associated with increased risk for alcohol use disorders.

Conclusions: Predictions based on reference group theory were largely supported, with religious norms and commitment differentially related to alcohol use and problems both across religions and among individuals within religions. Findings highlight the importance of examining multiple aspects of religion to better understand the relationship of religion with alcohol behaviors.

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1. Introduction

This study applies reference group theory as the framework for examining the relationship between religious factors and alcohol involvement. Reference group theory proposes that individuals look to groups to which they belong for normative guidelines on how to behave properly (Merton, 1968; Merton and Rossi, 1968). As applied to the study of religion and alcohol, reference group theory predicts the impact of religion on alcohol use will be determined

by the content and clarity of religious norms regarding alcohol use and by the strength of an individual's religious commitment to the religious group (Bock et al., 1983; Cochran et al., 1988). Religion is predicted to have a unique effect on alcohol behavior when religious norms are clear and differ from societal norms and when religious commitment is strong (Burkett and White, 1974).

We apply this framework to a birth cohort from Mauritius, an island country comprised of primarily of individuals ascribing to Hinduism, Catholicism, and Islam. Three factors must be understood to predict the impact of religion on alcohol involvement – (1) societal norms regarding drinking, (2) religious norms regarding drinking, and (3) individual religious commitment. We first describe the broad cultural environment of Mauritius, then examine the proscriptive and prescriptive norms for alcohol use and heavy use held by the main religious groups on the island, and

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finally describe group cohesion within each religious group. We use this background to guide our predictions for differences in prevalence of alcohol consumption and problems across religious groups within this society.

1.1. Mauritian society

Mauritius is a small tropical island state located in the Indian Ocean approximately 800 km (500 miles) east of Madagascar. Mauritian culture has been referred to as a “mosaic”, “rainbow”, or “poly-ethnic” rather than a “melting pot” culture (Eriksen, 1992, 2003; Ng-Tseung, 2006). People of different ethnic origins have lived together on the island for many years and are exposed to the same economic and social environment, yet elements of each subculture remain prominent. The population is comprised of 68% Indo-Mauritian descendants of northern (Hindu), western (Muslim), central (Marathi and Telugu), and southern (Tamil) India and Pakistan (Muslim); 27% Creoles of primarily eastern African descent (Madagascar, Mozambique, Kilwa, Zanzibar); 3% Sino-Mauritians of Chinese descent (Canton and Hunan provinces); and 2% Franco-Mauritians of eastern European descent (CIA Factbook, 2013; Eriksen, 1998; Hollup, 1994). For Indo-Mauritians, ancestry, descent, and regional origin in India have been replaced by religious identity (Hollup, 1994). Muslims and Hindus are considered separate groups, with Hindu individuals further differentiated as Hindu, Tamil, Telugu, and Marathi. Most individuals of African, Chinese, and French descent are Catholic; Creoles are more likely to define themselves by their religion, whereas Sino- and Franco-Mauritians are more typically defined by their ethnicity (Eriksen, 1998). A study in Mauritius found that religious and ethnic identities were nested within a national identity with high correlations between all identities, and the majority of individuals reported that all three identities were of equal importance (Ng-Tseung, 2006). Thus, although Mauritius is a relatively small society, within its culture exist three prominent religioethnic groups (Hindus, Catholics, Muslims) that have distinct traditions, beliefs, and views on appropriate social behavior.

The drinking culture of Mauritius as a nation has changed over recent decades. Per capita rates of average annual alcohol consumption in individuals 15+ years old increased by 4% from 1990 to 2000 to 4.9 L/year, which was higher than African (3.5 L/yr) and world (4.1 L/yr) averages, but lower than European averages (10+ L/yr). Consumption rates in Mauritius, however, may be even higher when including “unrecorded consumption” based on home brews and unofficial statistics, although these rates have varied substantially across estimation sources, ranging from 1.0 to 11.0 L/yr (World Health Organization (WHO), 2004, 2011; see Bird and Wallace, 2003). Part of this increase in recorded consumption (during a period of time when the majority of countries experienced reduced rates of consumption) may be due to changes in import and taxation regulations (Rehm et al., 2004). In 1994, Mauritius drastically reduced customs duties on imported alcohol due to pressure from the tourist industry and in hopes of making better, more refined alcohol products available to the local population. In the years immediately following, a number of alcohol-related problems substantially increased, including arrests for driving under the influence of alcohol in connection with crashes, hospital admissions for alcohol problems, and age-adjusted death rates from chronic liver disease and cirrhosis (Rehm et al., 2004).

The government response in 1997 was to increase formal controls on drinking, including reducing the DUI limit to .05 BAL, requiring new permits for licensed premises, increased excise duties on alcohol, and limiting establishment hours of operation; the legal age for purchasing and consuming alcohol remained 18 years. A decade later, the government added further restrictions on the marketing and sales of alcohol in the Public Health Act of

2007. In 2011, the WHO rated Mauritius a 3 out of 5 on their risky drinking pattern scale, indicating moderate risk for consumption patterns indicative of alcohol-attributable burden of disease (WHO, 2011). Thus, over the past few decades Mauritius has become a nation with strong formal controls on drinking, but its population remains at risk for social and medical problems associated with alcohol consumption.

1.2. Religious norms regarding alcohol use

The content of norms can be described along a qualitative proscriptive–prescriptive dimension (Mizruchi and Perrucci, 1962). Proscriptive norms direct participants to avoid or abstain from a particular activity, whereas prescriptive norms direct participants to act in a particular way. Deviancy from norms can result in various levels of problems, with proscriptive norm violation having the potential to be more problematic than prescriptive norm violation.

The three prominent religions of Mauritius vary in their proscriptive and prescriptive norms regarding the appropriate use and heavy use of alcohol. Islam is generally considered to have strong proscriptive norms against the use of any alcohol (Shepard, 1987; Suliman, 1988), although absolute proscription is not universal across all Muslim groups in all societies (see Burazeri and Kark, 2010; Michalak and Trocki, 2006). In Mauritius, Muslim leaders have stressed orthodoxy and non-drinking practices (Hollup, 1996). Given this proscription, Mauritian Muslims are predicted to have a high prevalence of abstinence. However, those Muslims who do drink are expected to have as high or higher rates of problems as drinkers from other religions, given drinking itself represents a rejection of religious norms and there are no prescriptive guidelines for how to drink appropriately in an abstinence-promoting religion (Argyle and Beit-Hallahmi, 1975; Hawks, 1990; Luczak et al., 2001; Michalak et al., 2007).

Catholicism has prescriptive norms regarding alcohol use, with alcohol integrated into rituals such as religious ceremonies. Guidelines or restrictions on amount or purpose of alcohol use beyond during religious ceremonies are vague, with Catholic dogma being considered tolerant of a range of drinking including heavy drinking (Beigel and Gertner, 1977; Greeley, 1980; Pittman and Snyder, 1962). In a U.S. national survey, however, approximately one quarter (26%) of Catholics reported their religion discourages alcohol use (Michalak et al., 2007), suggesting views on abstinence-promoting norms vary within Catholics. The early influences of Catholicism in Mauritius were French Catholic, which has been categorized as having over-permissive views toward alcohol use and heavy use (Dinan, 1986; Bowman, 1991). Thus, Mauritian Catholicism would be viewed as having weakly prescriptive norms for use and being non-proscriptive regarding heavy use. Given this, Mauritian Catholics are predicted to have relatively high prevalence of both alcohol use and problems.

Hinduism is generally accepting of moderate alcohol use although disapproving of heavy drinking (Fowler, 1997). According to Hindu concepts of purity, alcohol use might be considered a *vyasana*, or unhealthy dependence, and it is suggested to avoid all *tamasic* foods (like meat and alcohol) since they may bring “ignorance” and “violent tendencies” (Fowler, 1997). These norms regarding alcohol use and heavy use, although somewhat vague in Hinduism, are similar to the clear prescriptive norms for use and proscriptive norms against heavy use in Judaism (Glassner and Berg, 1980; Glatt, 1980; Westermeyer, 1995). Based on these norms, Mauritian Hindus are predicted to drink at a prevalence between Muslims and Catholics. Similar to Jews (e.g., Glassner and Berg, 1980; Yeung and Greenwald, 1992), they are also expected to drink in moderation, adhering to proscriptions against excessive

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