# COVID-19 Impact and Health Attitudes: The Role of Religion Among Racial and Ethnic Minority Immigrants in the US

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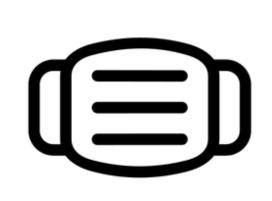
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## Introduction

- Public perceptions and attitudes towards preventive health measures have become polarized during the COVID-19 pandemic.
- Prior to the pandemic, religiosity was found to promote positive health attitudes.
- Multiple studies have established that religious groups and minority populations have been differently impacted by COVID-19.
- One study has assessed the role of religiosity in COVID-19 health behaviors, but the sample was primarily White with no mention made to the inclusion of immigrants.

## Objective

- This study aims to determine if religious groups in a sample of racial and ethnic minorities were differently impacted by the COVID-19 pandemic and assess the relationship of religiosity and COVID-19 health attitudes.

**Table 1**
*Demographic Characteristics of Participants Characteristics*

|  | n (%) |
|---|---|
| Age, M (SD) [Range] | 30.57 (5.88) [18-39] |
| **Race/Ethnicity** | |
| Asian and Pacific Islander | 119 (58.9%) |
| Black/African American | 28 (13.9%) |
| Latinx | 54 (26.7%) |
| Multiple | 1 (.5%) |
| **Gender** | |
| Woman | 120 (59.4%) |
| Man | 79 (39.1%) |
| Other | 3 (1.5%) |
| **Marital Status** | |
| Married | 113 (55.9%) |
| Separated or divorced | 6 (3%) |
| Never Married | 83 (41.1%) |
| **Education** | |
| Less than high school | 6 (3%) |
| High school or GED | 51 (25.2%) |
| Associate's degree | 26 (12.9%) |
| Bachelor's degree | 81 (40.1%) |
| Master's degree or higher | 38 (18.8%) |
| **Income** | |
| Less than $24,999 | 46 (22.8%) |
| $25,000 through $49,999 | 57 (28.2%) |
| $50,000 through $74,999 | 46 (22.8%) |
| $75,000 and greater | 53 (26.2%) |
| **Years Lived in US** | |
| 1 yr or less | 12 (5.9%) |
| More than 1 yr but less than 5 yrs | 46 (22.8%) |
| At least 5 yrs but less than 10 yrs | 45 (22.3%) |
| At least 10 yrs but less than 20 yrs | 57 (28.2%) |
| 20 yrs or more | 42 (20.8%) |

## Methods

- Approval for this study was obtained by the Institutional Review Board at the University of Maryland, Baltimore.
- Data collection entailed a one-time online survey.
- Data was collected during a four-week period starting in May 2021.
- At the time of collection:
  - the pandemic had been underway for one year and three months
  - all persons over the age of 16 in the US had been considered eligible to receive the COVID-19 vaccine for approximately one month

**Sample**
- Qualtrics XM panel members from across the United States
  - A total of 202 (of 797) panelists met the study inclusion criteria and quality standards .
    - Inclusion criteria:
      - born outside of the US
      - racial or ethnic minority
      - 18-39 years old
- See Table 1 for descriptive characteristics of the sample.

**Key Measures**
- Religious Affiliation
  - "What is your primary religion, if any?"
- Religiosity
  - "To what extent do you consider yourself a religious person?" (Fetzer Institute, 2003)
  - Four-point scale from not religious at all to very religious.
- COVID-19 Health Attitudes (α = .89)
  - Adapted from JHU COVID-19 Community Response Survey (Johns Hopkins University, 2020)
  - "How effective are the following actions for keeping you safe from COVID-19?"
    - Examples: wearing a face mask, avoiding public spaces, getting the vaccine
  - Five-point scale from not effective at all to very effective
- COVID-19 Impact (α = .85)
  - Coronavirus Impact Scale (Stoddard & Kaufman, 2021)
  - "How has the Coronavirus impacted your ___?"
    - Examples: routine, income, food access, medical and mental health care access
  - Four-point scale from no change to severe

## Data Analysis

- Data were analyzed using STATA 7.0.
- Four participants were excluded from the analytic sample due to low representation in gender identities and mixed-race status.
- Differences in COVID-19 impact by religious affiliation was analyzed using an ANOVA.
- Association between religiosity and COVID-19 health attitudes was tested using a multivariate linear regression model with robust standard errors due to heteroskedasticity.

## Results

- ANOVA - COVID-19 impact by religious affiliation
  - Christian participants reported higher COVID-19 impact than unaffiliated participants (Table 2).
  - No differences were found for non-Christian participants.

- Multivariate linear regression - religiosity and COVID-19 health attitudes
  - No associations with COVID-19 health attitudes were found when comparing non-religious participants with those who identified with differing levels of religiosity (Table 3).
  - Within religious participants, participants who self-identified as moderately or very religious predicted higher levels of COVID-19 health attitudes when compared to slightly religious participants (Table 3).
  - Associations were also observed between participants who identified as:
    - Latinx and Black/African American (Table 3)
    - Unemployed (not searching) and Full-time (Table 3)

**Table 2**
*COVID-19 Impact by Religious Affiliation*

|  | M (SD) | SD | n |
|---|---|---|---|
| Christian | **18.13*** | 5.62 | 97 |
| Non-Christian | 17.30 | 4.64 | 57 |
| Unaffiliated | **15.66*** | 5.32 | 44 |
| F | 3.32* | | |

*p<.05

**Table 3**
*Religiosity and COVID-19 Health Attitudes*

|  | b | SE | p | 95% CI |
|---|---|---|---|---|
| **Religiosity** | | | | |
| Not religious at all | 1.30 | 1.22 | .29 | [-1.12, 3.71] |
| Moderately religious | **2.80** | **1.16** | **.02** | **[.51, 5.1]** |
| Very religious | **3.37** | **1.31** | **.01** | **[.79, 5.95]** |
| Age | .10 | .08 | .23 | [-.06, .27] |
| **Race** | | | | |
| AAPI | -.16 | 1.23 | .90 | [-2.60, 2.28] |
| Latinx | **-2.76** | **1.33** | **.04** | **[-5.39, -.14]** |
| **Health** | | | | |
| Good | -.49 | 1.07 | .65 | [-2.59, 1.61] |
| Excellent | 2.48 | 1.36 | .07 | [-.21, 5.16] |
| **Employment** | | | | |
| Part-time | -1.74 | 1.60 | .28 | [-4.90, 1.43] |
| Unemployed (searching) | 1.67 | 1.08 | .12 | [-.47, 3.81] |
| Unemployed (not searching) | **4.29** | **1.13** | **.001** | **[2.06, 6.53]** |
| Student | 2.88 | 1.48 | .05 | [-.04, 5.81] |
| N | 185 | | | |
| $R^2$ | .24 | | | |

Reference conditions: slightly religious, Black/African American, poor/fair health, full-time employed

## Discussion

- Christians reported greater COVID-19 impact than unaffiliated participants.
- Greater religiosity promotes positive COVID-19 health attitudes among the religious, yet a lack of religiosity does not disadvantage non-religious individuals compared to those who are religious.

**Future Directions**
- Future research is needed to explore the intersection of Christians who express greater COVID-19 impact and those who identify as slightly religious with fewer positive COVID-19 health attitudes. Targeted interventions may be beneficial to this sub-population.
- As this study assesses one point in time during the COVID-19 pandemic, further research should continue to assess impacts made throughout the duration of the pandemic.
- Additionally, future research should explore the relationship between religion and COVID-19 using longitudinal methods to assess the compounded impact of COVID-19 on religious groups over time and explore the sustentation of religiosity as a promotor of positive health attitudes.

## Acknowledgements