

THE ASSESSMENT OF THE INFLUENCE OF RELIGIOSITY AND EXISTENTIAL WELL-BEING ON THE CONSUMPTION OF ALCOHOL OF THE ADULT POPULATION OF THE ORTHODOX RELIGION

Marijana Jandric-Kocic

PRIMARY HEALTH CARE CENTER KRUPA NA UNI, REPUBLIC OF SRPSKA, BIH

Abstract: Background/Aim: Excessive consumption of alcohol is the important public health problem. Individual attitudes toward religion and God as well as the level of perceived meaning of one's own life are important predictors of a wide spectre of attitudes and behaviors including alcohol consumption. The research aimed to determine frequency of consumption of alcohol of adults of Orthodox religion and to estimate the correlation between the determined consumption and religiosity and existential well-being. Methods: The research is cross-sectional study implemented in the period of three months, from August 1 st 2021. to November 1 st 2021 year. The sample consisted of 103 randomly chosen adults, 57 (55,3%) males and 46 (44.7%) females, approximately 44.7 ± 10.45 years old. The instrument of the research was the Alcohol Use Disorders Identification Test (AUDIT) and two subscales of the Spiritual Well-Being Scale (SWBS): the Religious Well-Being subscale (RWB) and the Existential Well-Being Subscales (EWB). Contingency tables were used in statistical data analysis. Results: Alcohol weren't consumed by 21 (20.4%) respondents, while 82 (79.6%) consumed it with different frequency (low-risk drinking 53.4%, risky drinking 16.5%, harmful drinking 2.9% and abuse alcohol 6.8%). Moderate religiosity had 68% of respondents, low 3.9% and high 29.1%. Moderate existential well-being was achieved by 68% of respondents, high by 24.2% and low by 7.8%. Highly significant statistical correlation was determined at the level of $p < 0,0001$ of the alcohol consumption pattern with religiosity and existential well-being of the respondents. Conclusion: Almost 80% of participants in the research consume alcohol, of which two thirds low-risk drinking. The participants with intensive religiosity as well as high existential well-being significantly less or never consume alcohol, compared to the participants who are moderately or low religiosity and existential well-being.

Keywords: alcohol, religion, existence, well-being.

INTRODUCTION

Alcohol consumption is increasingly a socially acceptable activity, favored to the level of a mandatory ritual in many social situations [1]. Globally, approximately 90% of people consume alcohol at some point in their lives, while 3-5% is women and 10% are addicted to alcohol[1]. Alcohol is a risk factor for 60 different medical conditions, and more than 4% of diseases are directly related to alcohol consumption [2]. The economic burden of alcohol consumption is estimated at more than 1% of the gross national product in middle-developed and highly developed countries [3]. Tolerance of the environment to alcohol consumption is high, so from the intake of small doses of alcohol to clinical and physical signs of intoxication, a lot of valuable time passes[4]. Society enters the scene too late, usually with its system of condemnation and isolation. As a result, alcohol abuse causes approximately 3 million deaths each year (5.3% of deaths) [3].

Spirituality encompasses the existential need of each individual to find answers and discover the purpose of life as well as the need to believe in

something greater than ourselves that connects all people with each other [5,6]. Existential well-being implies a sense of the meaning and purpose of existence, competence and the ability to accept limitations [7]. Low levels of perceived meaning of one's own life predispose to excessive alcohol consumption [8]. The content and clarity of religious norms on alcohol use and the religiosity of the individual determine the influence of religion on alcohol consumption [9]. Christianity has prescribed norms on the use of wine (not alcohol) in worship, but does not restrict moderate consumption of alcohol (strong drinks), for refreshment or health reasons [10]. The religiosity of the individual is a significant modifier of the structure of values, as well as an important predictor of a wide range of attitudes and behaviors, including alcohol consumption.

The aim of the research was to determine the frequency of alcohol consumption and to assess the connection between the determined consumption and the religiosity and existential well-being of the adult population of the Orthodox religion in Krupa na Uni.

METHODS

The test as a cross-sectional study was conducted in a period of three months, from 01.08.2021. to 11.01.2021. The respondents were registered in the family medicine team of the Primary Health care Center of the Krupa Health Center in Uni. During the regular work in the family medicine Center, 103 adults aged 20 to 65 were selected by random sampling. The study did not include people diagnosed with alcoholism spectrum disorder or syndrome involved in treatment, rehabilitation and resocialization, people with mental illness or disorder, malignant and advanced chronic diseases. Data were collected on the basis of anamnesis, available medical documentation and filling out specific questionnaires.

The Alcohol Use Disorders Identification Test (AUDIT) was developed and recommended by the World Health Organization for the early identification of risky and harmful drinking as well as alcohol dependence [11,12]. It consists of three questions in the field of risky alcohol use (frequency of drinking, typical amount, frequency of heavy drinking), four questions in the field of harmful alcohol use (guilt after drinking, amnesia, injuries due to alcohol consumption, environmental concerns) and three questions (decreased control over drinking, increased desire to drink, morning drinking) which are scored 0-4 [11,12]. The measuring range ranges from 0 (not drinking) to 40 (alcohol abuse). A total score of 0 indicates non-consumption of alcohol, 1-7 on low-risk drinking, 8-15 on risky drinking and 20-40 on alcohol abuse [11,12]. The questionnaire has acceptable internal reliability (Cronbach's alpha coefficient 0.86) [13].

The Spiritual Well-Being Scale (SWBS) assesses two dimensions of spiritual well-being, religiosity and existential well-being [14,15]. The Religious Well-Being subscale (RWB) evaluates the relationship with God, while the Existential Welfare subscale (EWB) analyses the sense of meaning and purpose of existence, competence and ability to accept limitations [14,15]. The subscales contain ten questions with

answers on the Likert scale of 6 points ranging from "strongly agree" (1) to "strongly disagree" (6) [14,15]. Eight questions were written in the reverse direction and the reverse was scored [14,15]. The measuring range of the questionnaire ranges from 20 to 120, the measuring range of the subscale from 10 to 60 [14,15]. The overall questionnaire score of 20 to 40 indicates low, 41 to 99 moderate, and 100 to 120 high spiritual well-being [14,15]. The total result of the subscale from 10 to 20 is interpreted as low, from 21 to 49 as moderate and from 50 to 60 as high religiosity or existential well-being [14,15]. The subscales have acceptable internal reliability (Cronbach's alpha coefficients 0.91 and 0.84) [14,15]. For specific purposes, e.g. focusing only on religiosity and / or only on existential well-being, the authors allow individual use of subscales [14].

Contingency tables based on the nonparametric Chi square test were used to determine statistical significance. The significance level is set to 95% confidence interval. The results are presented textually and tabular, the complete work is processed in the text of the Microsoft Word processor for Windows. P values that could not be expressed to a maximum of three decimal places are shown as $p < 0.001$ [16].

RESULTS

The study included 103 adults aged 20 to 65 years. Among them were 57 (55.3%) men and 46 (44.7%) women. The mean age of the examined population was 44.7 ± 10.45 years.

Alcohol was not consumed by 21 (20.4%) participants in the study, while 82 (79.6%) consumed it with different frequency (low-risk drinking 53.4%, risky drinking 16.5%, harmful drinking 2.9% and alcohol abuse 6.8%).

Risky drinking was found in 15 (14.6%) men, harmful drinking in 3 (2.9%) and alcohol abuse in 6 of them (5.8%). Harmful drinking was not found in women, 2 (1.9%) women drank at risk and 1 (1%) abused alcohol. Males were significantly more likely to consume alcohol ($p < 0.0001$). Table 1.

Table 1: . Interrelations between a participants' gender and alcohol drinking forms according to the Alcohol Use Disorders Identification Test score

GENDER	ALCOHOL DRINKING FORMS						p value 1
	Don't drink*	Low risk drinking**	Risky drinking***	Harmful drinking ****	Alcohol abuse *****	Total	
Men	3 (2.9%)	30 (29.1%)	15 (14.6%)	3 (2,9%)	6 (5.8%)	57 (55.3%)	< 0.0001

Women	18 (17.5%)	25 (24.3%)	2 (1.9%)	0 (0.0%)	1 (1.0%)	46 (44.7%)	
Total	21 (20.4%)	55 (53.4%)	17 (16.5%)	3 (2.9%)	7 (6.8%)	103 (100%)	

*AUDIT score 0; **AUDIT score 1-7; ***AUDIT score 8-15; **** AUDIT score 16-19; ***** AUDIT score 20-40; 1p according to Chi Quadrat Test.

Out of a total of 16 (15.5%) respondents aged 20 to 34, none abused alcohol, while only 1 (1%) consumed alcohol within the limits of harmful drinking. Out of a total of 49 (47.6%) respondents aged 35 to 49, none consumed alcohol within the limits of harmful drinking,

while 3 (2.9%) abused alcohol. Of the remaining 38 (36.9%) respondents aged 50 to 65, 2 (1.9%) consumed alcohol within the limits of harmful drinking, while 4 (3.9%) abused alcohol. Age did not have a significant effect on alcohol consumption (p = 0.587). Table 2.

Table 2. Interrelations between a participants' age structure and alcohol drinking forms according to the Alcohol Use Disorders Identification Test score

AGE STRUCTURE	ALCOHOL DRINKING FORMS						p value 1
	Don't drink*	Low risk drinking**	Risky drinking***	Harmful drinking ****	Alcohol abuse *****	Total	
20-34 years	3 (2.9%)	10 (9.7%)	2 (1.9%)	1 (1.0%)	0 (0.0%)	16 (15,5%)	0.587
35-49 years	11 (10.7%)	28 (27.2%)	7 (6.8%)	0 (0.0%)	3 (2.9%)	49 (47.6%)	
50-65 years	7 (6.8%)	17 (16.5%)	8 (7.8%)	2 (1.9%)	4 (3.9%)	38 (36.9%)	
Total	21 (20.4%)	55 (53.4%)	17 (16.5%)	3 (2.9%)	7 (6.8%)	103 (100%)	

*AUDIT score 0; **AUDIT score 1-7; ***AUDIT score 8-15; **** AUDIT score 16-19; ***** AUDIT score 20-40; 1p according to Chi Quadrat Test.

Low religiosity was found in 3 (2.9%) respondents, moderate in 70 (68.0%), while 30 (29.1%) were highly religious. The average value of the subscale of religiosity of the respondents was 41.75 (moderate religiosity) with an average deviation of 10.23. In the group of low-religious respondents, there were no respondents who do not drink and consume

alcohol within the limits of low-risk drinking. On the other hand, in the group of highly religious respondents, there were no respondents who drink or abuse alcohol. A significant correlation/influence of religiosity on alcohol consumption was found among the respondents (p <0.0001). Table 3.

Table 3: Interrelations between a participants' religiosity according to po Religious Well-Being score and alcohol drinking forms according to the Alcohol Use Disorders Identification Test score

*AUDIT score 0; **AUDIT score 1-7; ***AUDIT score 8-15; **** AUDIT score 16-19; ***** AUDIT score 20-40; 1p according to Chi

RELIGIOSITY	ALCOHOL DRINKING FORMS						p value 1
	Don't drink*	Low risk drinking**	Risky drinking***	Harmful drinking ****	Alcohol abuse *****	Total	
Low2	0 (0.0%)	0 (0.0%)	1 (1.0%)	1 (1.0%)	1 (1.0%)	3 (2.9%)	< 0.0001
Moderate3	8 (7.8%)	39 (37.9%)	15 (14.6%)	2 (1.9%)	6 (5.8%)	70 (68.0%)	
High4	13 (12.6%)	16 (15.5%)	1 (1.0%)	0% (0.0%)	0% (0.0%)	30 (29.1%)	
Total	21 (20.4%)	55 (53.4%)	17 (16.5%)	3 (2.9%)	7 (6.8%)	103 (100%)	

Quadrat Test. ; RBW score 10-20; 3RBW score 21-49; 4RBW score 50-60.

Low existential well-being was found in 8 (7.8%) respondents, moderate in 70 (68.0%) and high existential well-being in 25 (24.2%). The average value of the subscale of existential well-being of the respondents was 40.36 (moderate

existential well-being) with an average deviation of 10.93. In the group of respondents with low existential well-being, the largest number of respondents abuse alcohol, 5 (4.9%). There were no respondents who do not drink and

consume alcohol within the limits of low-risk drinking. On the other hand, in the groups with high existential well-being, there were no respondents who consume alcohol within the

limits of risky drinking, drink harmful or abuse alcohol. A significant correlation/impact of existential well-being on alcohol consumption was found in the subjects ($p < 0.0001$). Table 4.

Table 4: Interrelations between a participants' existential well-being according to po Existential Well-Being score and alcohol drinking forms according to the Alcohol Use Disorders Identification Test score

EXISTENTIALWELL-BEING	ALCOHOL DRINKING FORMS						p value 1
	Don't drink*	Low risk drinking**	Risky drinking***	Harmful drinking****	Alcohol abuse****	Total	
Low ²	0 (0.0%)	0 (0.0%)	1 (1.0%)	2 (1.9%)	5 (4.9%)	8 (7.8%)	< 0.0001
Moderate ³	13 (12.6%)	38 (36.9%)	16 (15.5%)	1 (1.0%)	2 (1.9%)	70 (68.0%)	
High ⁴	8 (7.8%)	17 (16.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	25 (24.2%)	
Total	21 (20.4%)	55 (53.4%)	17 (16.5%)	3 (2.9%)	7 (6.8%)	103 (100%)	

*AUDIT score 0; **AUDIT score 1-7; ***AUDIT score 8-15; **** AUDIT score 16-19; ***** AUDIT score 20-40; 1p according to Chi Quadrat Test. ; EBW score 10-20; 3EBW score 21-49; 4EBW score 50-60.

DISCUSSION

Excessive alcohol consumption impairs the physical and mental health of the consumer and adversely affects the health and well-being of persons in his environment¹⁷. Worldwide, 32.5% of people consume alcohol (25% of women and 39% of men) [17]. The average amount of alcohol consumed is 0.73 standard drinks per day for women and 1.7 standard drinks per day for men¹⁷. A small but significant part (3.5% in developed countries) of the adult population has developed alcohol dependence, while risky and harmful drinking has been identified in a significantly higher percentage (15-40%) [18].

The average daily intake of pure alcohol in Bosnia and Herzegovina is 29 g (13.4 l of pure alcohol, of which 75.8% beer, 8.6% wine, 12.4% spirits and 3.2% other alcoholic beverages) [19]. Alcohol intoxications were recorded in 22.7% of the population (36.4% of men and 8.6% of women) [19]. Harmful drinking was found in 2.5% of the population, alcohol dependence at 3.4%. Approximately 19.6.0% of the population has health problems due to alcohol use [19]. Alcohol use is the cause of death in 4.6% of the population of Bosnia and Herzegovina (7.7% of men and 1.5% of women) [19].

In our study, 79.6% of respondents consumed alcohol (53.4% low-risk drinking, 16.5% risky drinking, 2.9% harmful drinking and 6.8% alcohol abuse). Males were more likely to consume alcohol. The age of the respondents did not have a significant impact on alcohol consumption.

Religiosity encompasses five fundamental dimensions inherent in all religions: ideological (expectation that a religious person will accept certain beliefs), experiential (expectation that a religious person will experience religious feelings), ritual (encompasses specific religious practices required of a religious person), intellectual (expectation that the religious person will be acquainted with the basic principles of his faith), consequential (includes the secular effects of religious belief, practice and experience on the religious person) [4,20]. Religiosity is a significant modifier of the structure of values, as well as an important predictor of a wide range of behaviors and attitudes [21,22]. It allows moral values to receive a supernatural sanction that empowers them in their obligation and coercion [21,22]. It contributes to the respect of authority and institutions in general, because God, especially monotheistic, is a symbol of social authority [21,22]. It has a positive effect on self-control and resistance to negative influences [21,22]. It can answer the question of the meaning and value of life which can consequently reduce the attractiveness of alcohol consumption [21,22]. The protective influence of religiosity on alcohol consumption is also determined by the specificity of religion [10]. It is assumed that members of religious groups that are characterized by strict and clear prohibitions on alcohol consumption will resort to it to a lesser extent [10].

Islam completely forbids the production, sale, donation and keeping of alcohol in the homes of

believers [10]. On the other hand, Christianity does not have completely clear guidelines or restrictions regarding the quantity or purpose of the use of alcohol outside religious ceremonies (consumption of alcohol for refreshment or health reasons is allowed) [11].

All participants in the research were of the Orthodox faith. Moderate religiosity was found in 68% of respondents, high in 29% and low in 3%. The religiosity of the respondents had a significant impact on alcohol consumption ($p < 0.001$).

A 38-year prospective cohort study involving 1,795 children of Hindu, Islamic and Christian faiths from the island of Mauritius found that religious affiliation reduces the likelihood of drinking by adults who believe their religion promotes abstinence [10]. A survey of 526 third- and fourth-year students at eight faculties of the University of Tuzla found a strong association between all 5 domains of religious status and patterns of alcohol consumption⁴. A survey of 495 adults (Christians, Muslims, Buddhists, and nonreligious adults) in the United States found that nonreligious adults and Buddhists had significant positive attitudes toward alcohol use toward Christians and Muslims [23]. A study in Scotland involving 4,066 students found that non-religious students consumed significantly more alcohol (women more than 14 standard drinks per week, men more than 21 standard drinks per week) [24]. A study in Yemen among 146 adults in two centers for the treatment of alcohol and other psychoactive substance addiction found that religiosity plays an important role in the process of recovery and prevention of re-abuse [25]. A survey in Brazil among 3,007 adults in 143 cities identified a strong association between religiosity and negative attitudes toward alcohol, including limited sales time, reduced store availability, ban on advertising, tax increases, and minimum legal benefits for alcohol consumption [26].

Existential well-being is determined by the essential issues of human existence and the ability to engage in the process of creating meaning [27]. Meaning does not come from human existence itself, it is something that an adult faces and discovers [28]. Taking existential

responsibility for one's life (accepting or rejecting the offered meaning) each individual comes to the consciousness of the same self [28]. The absence of meaningfulness (existential vacuum) reduces the perception of the meaning of one's own life and predisposes to potentially risky behaviors²⁹. In addition, it causes apathy, emptiness, low self-esteem and frustration [28,29].

By consuming alcohol, an existentially frustrated adult creates the illusion of meaning, belonging and self-esteem [27].

68% of respondents had moderate existential well-being, 24.2% high and 7.8% low. The existential well-being of the respondents had a strong influence on alcohol consumption ($p < 0.001$)

A study of 151 students aged 18 to 25 in the United States identified an inverse association of existential well-being with patterns of alcohol consumption and the likelihood of attending a social event that included alcohol [30]. In addition, existential well-being is an important predictor of alcohol prevention [30]. A study of 176 adults aged 18 to 30 in Australia found significantly higher alcohol consumption in the presence of an existential vacuum [29]. A study in Canada, which included 131 adults hospitalized in a psychiatric clinic, found that an addiction treatment program contributes to the growth of meaningful life [31].

CONCLUSION

Almost 80% of the participants in the research consumed alcohol, of which two-thirds were part of low-risk drinking. Males were significantly more likely to consume alcohol. The age of the respondents did not have a significant impact on alcohol consumption.

All respondents are of the Orthodox faith. Most are moderately religious. There is a significant correlation/influence of religiosity in alcohol consumption among respondents.

Most study participants have a moderate degree of existential well-being. Participants with a high degree of existential well-being consume significantly less alcohol, compared to respondents who have moderate or low existential well-being.

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