

Religiosity and/or spirituality as protection factors for the use of alcohol among adolescents: systematic review

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Religiosidad y / o espiritualidad como factores de protección del uso de alcohol en adolescentes: revisión sistemática

RESUMO

Objetivo: identificar evidências da influência da religiosidade e/ou espiritualidade como fatores de proteção ao uso de álcool em adolescentes. **Método:** Revisão Sistemática da Literatura. Bases elegíveis: PubMed, Lilacs, Cinahl e Embase. Cadastrou-se, esta revisão no banco de dados PROSPERO, que recebeu protocolo nº CRD42020188122, e seguiu a adequação do protocolo PRISMA. A busca inicial resultou em 1.180 artigos. Após a leitura dos títulos e resumos, restaram 179 artigos. Após aplicação dos critérios de inclusão e exclusão, foram selecionados 09 estudos finais. **Resultados:** Identificou-se, a religiosidade e espiritualidade como um importante fator de proteção aos adolescentes contra o uso do álcool. **Conclusão:** como sugerem os resultados deste estudo, a religiosidade e a espiritualidade configuraram-se como fatores de proteção ao uso do álcool por adolescentes. Nesse sentido, se pesquisas adicionais apoiarem essa hipótese, a identificação de tais adolescentes será importante para destinar prioritariamente os esforços de prevenção. Não obstante, o grande desafio é traduzir esses achados em programas eficazes de prevenção.

DESCRITORES: Espiritualidade; Religião; Adolescentes; Álcool.

ABSTRACT

Objective: identify evidence of the influence of religiosity and/or spirituality as protective factors against alcohol use in adolescents. **Methods:** Systematic Literature Review. Eligible bases: PubMed, Lilacs, Cinahl and Embase databases. This review was registered in the PROSPERO database, which received protocol number CRD42020188122, and followed the adequacy of the PRISMA protocol. The initial search resulted in 1,180 articles. After reading the titles and abstracts, 179 articles remained. After applying the inclusion and exclusion criteria, 09 final studies were selected. **Results:** Religiosity and spirituality were identified as an important protective factor for adolescents against alcohol use. **Conclusion:** as the results of this study suggest, religiosity and spirituality were configured as protective factors against alcohol use by adolescents. In this sense, if additional research supports this hypothesis, the identification of such adolescents will be important to prioritize prevention efforts. However, the great challenge is to translate these findings into effective prevention programs.

DESCRIPTORS: Spirituality; Religion; Adolescent; Alcohol.

RESUMEN

Objetivo: identificar evidencias de la influencia de la religiosidad y / o espiritualidad como factores protectores contra el consumo de alcohol en adolescentes. **Métodos:** Revisión sistemática de la literatura. Bases elegibles: PubMed, Lilacs, Cinahl y Embase. Esta revisión se registró en la base de datos PROSPERO, que recibió el número de protocolo CRD42020188122, y siguió la adecuación del protocolo PRISMA. La búsqueda inicial dio como resultado 1.180 artículos. Después de leer los títulos y resúmenes, quedaron 179 artículos. Después de aplicar los criterios de inclusión y exclusión, se seleccionaron 09 estudios finales. **Resultados:** La religiosidad y la espiritualidad se identificaron como un factor protector importante para los adolescentes contra el consumo de alcohol. **Conclusión:** como sugieren los resultados de este estudio, la religiosidad y la espiritualidad se configuraron como factores protectores frente al consumo de alcohol por parte de los adolescentes. En este sentido, si la investigación adicional apoya esta hipótesis, la identificación de estos adolescentes será importante para priorizar los esfuerzos de prevención. Sin embargo, el gran desafío es traducir estos hallazgos en programas de prevención efectivos.

DESCRIPTORES: Espiritualidad; Religión; Adolescentes; Alcohol.

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INTRODUCTION

Alcohol is the most used psychoactive substance in the world, being universally recognized as a serious public health problem. 1 Capable of leading to addiction, it can cause physical, mental and social problems, in addition to being responsible for the death of millions of people. 1,2

Disorders caused by its use include changes in mood, locomotor system and impairment of mental abilities. In addition, it contributes to a range of chronic, infectious and immunological diseases. 3,4

The use of alcohol as the main legal drug among adolescents is consolidated in the literature. It is known that their experimentation has occurred early, usually between 10 and 13 years of age, with a predominance of 15 years, indicating the seriousness of this problem with a worldwide scope. 5-8

The early consumption of alcohol results in the adoption of risky behaviors, including the use of legal and illegal drugs, losses in school performance, early pregnancy, traffic accidents and different types of violence. 9 In association, using alcohol in adolescence predisposes to worse levels of health in adulthood, in addition to abusive use. 10,11

Although progress is recognized in the treatment of alcohol-related problems, prevention remains a challenge and its use is

increasingly frequent among adolescents. 12

Faced with this reality, several researchers have joined forces to identify strategies that can prevent or minimize the use and/or abuse of alcohol among adolescents. In this, a series of researches reinforce the hypothesis that spirituality and/or religiosity act as protective factors against harmful lifestyle habits, 5,13-17 including the use of alcohol. 18-22

Spirituality refers to "the personal search to understand questions about life, about its meaning, about relationships with the sacred or transcendent, which may or may not lead to the development of religious practices." Religiosity, as far as it is concerned, can be defined as the extent to which an individual believes, follows and practices a religion, and may be organizational, characterized by active participation in the church or religious temple, or non-organizational, manifested through acts of prayer, reading books on the subject, watching religious programs, among others. 23

In short, religiosity is characterized by the individual's interaction with groups, while spirituality is linked to individual actions. Due to the fact that spirituality and religiosity comprise multifaceted and sometimes subjective concepts, their benefits are not completely clarified, as well as the related variables, representing a field to be

explored. 24,25

It is known, for example, that there are differences in the levels of protection against alcohol use between religious designations, sociodemographic and psychosocial factors, demonstrating the complexity of this issue and the challenges for its elucidation. 17,26

Considering the harmful effects of alcohol in biological and psychosocial contexts, as well as its growing use among adolescents in a global context, it is essential to identify possible protective factors.

Thus, this study is expected to present evidence on the influence of religiosity and/or spirituality as a protective factor for alcohol use among adolescents, whose results may support public policies and interventions aimed at this audience.

This study aimed to identify evidence of the influence of religiosity and/or spirituality as protective factors against alcohol use among adolescents.

METHOD

This is a systematic literature review, designed according to the criteria established by the Cochrane Handbook for Systematic Reviews of Interventions – Handbook 5.1.0 (Cochrane) 27 and the guidelines established by PRISMA; being for the methodology the PRISMA-P and for the

summary the PRISMA-A. 28-30

This systematic review was registered in the International Prospective Register of Systematic Reviews – PROSPERO, under the protocol: CRD42020188122.

To construct the research question, the PICO strategy was used, where the population (P) included adolescents aged 10 to 19 years, intervention (I) referred to religiosity and/or spirituality, comparison (C) it was between practicing and non-practitioners of religiosity and/or spirituality, while the outcome (O - outcomes) focused on identifying the effects of the practice of religiosity and/or spirituality on alcohol use among adolescents. In short, we sought to answer the following question: does the practice of religiosity and/or spirituality act as a protective factor against alcohol use in adolescents?

Primary studies were included, in Portuguese, Spanish and English, published from 01/31/2010 to 01/31/2020, whose sample included adolescents between 10 and 19 years old. For age stratification, the standardization of the World Health Organization was considered. Studies that did not answer the research question and secondary studies, such as reviews and expert opinions, were excluded.

The data survey was carried out on January 31st, 2020, with the help of a librarian with extensive experience. The databases consulted included: Latin American and Caribbean Health Science Literature (LILACS), US National Library of Medicine (PubMed), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Embase.

The descriptors were selected by consulting the Medical Subject Headings (MeSH) and Health Sciences Descriptors (DeCS) vocabularies, namely: spirituality, religion, adolescents and alcohol. For the search, the descriptors and their synonyms that were combined with the use of the Boolean terms “AND” and “OR” were used. The search strategies are described in Table 1.

Data extraction and analysis were performed by two reviewers, independently, using a standardized data collection form

Quadro 1 – Estratégias de busca nas bases de dados. Bauru, SP, Brasil, 2020.

PUBMED	(((ADOLESCEN* OR TEEN* OR YOUTH*))) AND ((SPIRITUAL* OR RELIGI*)) AND ALCOHOL*
Lilacs	(tw:((Espiritual\$ OR Spiritual\$ OR Relig\$))) AND (tw:((adolescens\$ OR teen\$ OR Youth\$))) AND (tw:((alcohol\$ OR alcohol\$)))
Cinahl	((adolescens* OR teen* OR Youth*)) AND ((Spiritual* OR Religi*)) AND alcohol*
Embase	(adolescens* OR teen* OR youth*) AND (spiritual* OR religi*) AND alcohol*.
Fonte: Autoria.	

Quadro 2 – Níveis de evidência científica segundo a Classificação do Oxford Centre for Evidence Based Medicine segundo o tipo de estudo, Bauru, SP, Brasil, 2020.

GRAU DE RECOMENDAÇÃO	NÍVEL DE EVIDÊNCIA	TIPOS DE ESTUDOS
A	1A	Revisão sistemática de ensaios clínicos controlados e randomizados.
	1B	Ensaio clínico controlado e randomizado com intervalo de confiança estreito. Coorte validada, com bom padrão de referência Critério Diagnóstico testado em um único centro clínico.
	1C	Resultados terapêuticos do tipo “tudo ou nada”.
B	2A	Revisão Sistemática (com homogeneidade) de estudos de coorte.
	2B	Estudo de Coorte (incluindo Ensaio Clínico randomizado de menor qualidade).
	2C	Observação de resultados terapêuticos. Estudo Ecológico.
	3A	Revisão Sistemática (com homogeneidade) de Estudos Caso-Controle.
	3B	Estudo Caso-Controle.
C	4	Relato de Casos (incluindo coorte ou caso-controle de menor qualidade)
D	5	Opinião desprovida de avaliação crítica ou baseada em matérias básicas (estudo fisiológico ou estudo com animais)
Fonte: Oxford Centre Evidence Based31.		

that included the following variables: Title of articles, authors, country, year of publication, study design, sample, age of participants, degree of recommendation and level of evidence, main results and recommendations. A third researcher cross-referenced the collected information to reach a final consensus on the extracted data.

It is noteworthy that it was not possible to perform the meta-analysis due to clinical

heterogeneity, different variables and measurement units, as well as methodological differences.

The method used to assess the quality of the study, that is, the degree of recommendation and the level of evidence was that of the Oxford Center for Evidence Based Medicine, whose methodology is described in Table 2. 31

The systematic review of the literature

is a secondary study, therefore, it was not necessary to evaluate the Research Ethics Committee, in accordance with the precepts of Resolution 466/2012 of the CNS.

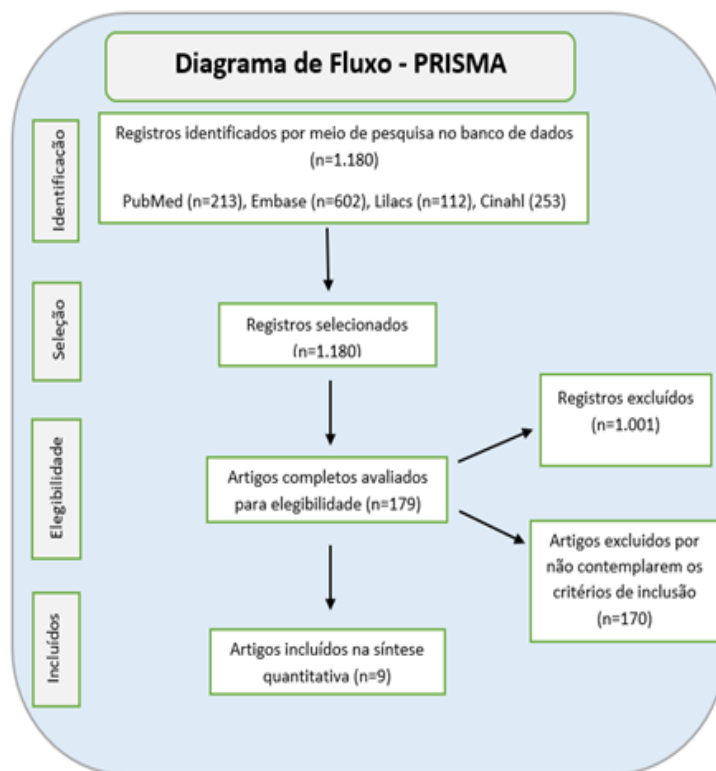
RESULTS

Initially, 1.180 articles were selected. Of these, after reading the titles and abstracts, 179 studies were selected. Finally, 9 studies comprised the final sample, as shown in Figure 1.

Among the nine selected articles, the oldest was published in 2011 and the most recent, in 2020. All were made available in English, in addition to being classified with grade of recommendation “B” and level of evidence “2c” (100%; n = 9), that is, these were observations of therapeutic results or descriptive cross-sectional studies, with insufficient evidence, for or against (Chart 3).

Those published in North America prevailed (n = 6), with 5 in the United States. Only 1 was held in South America. 63.980 adolescents participated. Although the inclusion criterion was the age of adolescence classified by the World Health Organization, that is, from 10 to 19 years old, coinci-

Figura 1 – Diagrama PRISMA indicando a seleção dos artigos propostos. Bauru, SP, Brasil, 2021.



Quadro 1 – Estratégias de busca nas bases de dados. Bauru, SP, Brasil, 2020.

TÍTULO DO ARTIGO	AUTORES/ PAÍS/ANO DA PUBLICAÇÃO	DESENHO DO ESTUDO/ AMOSTA/ IDADE DOS PARTICIPANTES	GRAU DE RECOMENDAÇÃO E NÍVEL DE EVIDÊNCIA	PRINCIPAIS RESULTADOS/ RECOMENDAÇÕES
Religiosity, heavy alcohol use, and vicarious learning networks among adolescents in the United States.	Gryczynski J, Ward BW25. EUA. 2012.	Estudo descritivo e transversal. Amostra: 14.556 adolescentes. Idade: 12 a 17 anos.	B; 2C	A religiosidade foi efetiva para prevenção do consumo de álcool em todos os grupos analisados.
Does religiosity delay adolescent alcohol initiation? a long-term analysis (2008–2015) of nationally representatives sample of 12th graders.	Barry AE, Valdez D, Russel AM14. EUA. 2020.	Estudo descritivo prospectivo. Amostra: 2.374 adolescentes. Idade: 17 a 18 anos.	B; 2C	A espiritualidade se mostrou mais efetiva na prevenção e proteção ao uso do álcool quando comparada com a religiosidade.

Alcohol consumption among rural African American and white adolescents: the role of religion, parents, and peers.	Dickens DD, Jackman DM, Stanley LR, Swaim RC, Chaves EL26. EUA. 2018.	Estudo descritivo transversal. Amostra: 23.163 adolescentes. Idade: 12 a 18 anos.	B; 2C	A religiosidade foi efetiva para prevenção do uso de álcool para adolescentes afro-americanos e brancos de comunidades rurais.
Religiosity, alcohol use attitudes, and alcohol use in a national sample of adolescents.	Vaughan EL, Dios MAD, Steinfeld JÁ, Kratz LM32. EUA. 2011.	Estudo descritivo transversal. Amostra: 14.297 adolescentes. Idade: 12 a 17 anos.	B; 2C	A religiosidade influenciou o uso e a frequência de uso do álcool por adolescentes.
To believe or not to believe?" religiosity, spirituality, and alcohol use among Hungarian adolescents.	Piko BF, Kovacs E, Kriston P, FitzpatrickKM33. Hungria. 2012.	Estudo descritivo transversal. Amostra: 592 adolescentes. Idade: 14 a 17 anos.	B; 2C	A religiosidade e a espiritualidade atuaram como fatores de proteção dos adolescentes contra o uso de álcool.
Are there gender, racial, or religious denominational differences in religiosity's effect on alcohol use and binge drinking among youth in the United States? a propensity score weighting approach.	Hai AH34. EUA. 2019.	Estudo descritivo prospectivo. Amostra: 1.969 adolescentes. Idade: 13 a 17 anos.	B; 2C	A religiosidade comportou-se como fator de proteção ao uso de álcool por adolescentes, a depender do sexo e denominação religiosa.
The role of religion and religiosity in alcohol consumption in adolescents in Spain.	Baena BC, Meneses C, Caperos JM, Prieto M, Uroz J17. Espanha. 2019.	Estudo descritivo transversal. Amostra: 2.890 adolescentes. Idade: 12 a 18 anos.	B; 2C	A religiosidade reduziu o risco do consumo de álcool entre adolescentes, com diferenças entre as afiliações religiosas.
Spirituality and alcohol consumption among adolescents in Chile: results of propensity score stratification analyses.	Delva J, Han Y, Sanchez N, Andrade FH, Sanhueza G, KrentzmanI35. Chile. 2015.	Estudo descritivo prospectivo. Amostra: 661 adolescentes. Idade: 12 a 19 anos.	B; 2C	A espiritualidade foi eficaz na proteção ao uso de álcool por adolescentes.

Alcohol use and church attendance among seventh through twelfth grade students, Dominican Republic, 2011.	Dohn MN, Méndez SAJ, Pozo MN, Cabrera EA, Dohn AL36. República Dominicana. 2015.	Estudo descritivo transversal. Amostra: 3.478 adolescentes. Idade: 12 a 18 anos.	B; 2C	A religiosidade comportou-se como fator de proteção aos adolescentes contra o uso de álcool.
Fonte: Aatoria.				

dentally the age of the participants ranged from 12 to 19 years old (Table 3).

Both religiosity and spirituality behaved as protective factors for initiation, frequency and use of alcohol. It was evident that religiosity was prevalent as a protector, compared to spirituality, in addition to the influence of sociodemographic factors such as gender, race and religious affiliation (Table 3).

DISCUSSION

The influence of religiosity and/or spirituality as a protective factor against alcohol use among adolescents emerged unanimously among the studies in this review, reinforcing the importance of inserting this practice in the formulation of public policies aimed at promoting and preventing health problems, as well as in its monitoring.^{14,17,25,26,32-36} Briefly, protection referred to delaying contact with alcohol, reducing its consumption, and, consequently, the harmful effects.^{13,36,37}

Although the way in which religiosity and/or spirituality are established as protective factors is not sufficiently known, routinely attending religious institutions, having a spiritual belief and greater disapproval of alcohol consumption by parents and friends behaved as protective practices to the use of psychoactive substances, including alcohol.^{25,38}

Possibly, the protection refers to the fact that social networks associated with the religious environment are more receptive to anti-alcohol messages than secular ones.³⁶ In association, family and friends are important sources of support among those that affect alcohol consumption, me-

diated by influence and interaction.^{7,39-41} In fact, social relationships are strongly associated with the use of alcohol by adolescents, with emphasis on the influence exerted by friends who use it, permeated by the interpersonal relationships established by them.⁸

On the other hand, approaching and attending temples, including churches and synagogues, the practice of individual and collective prayers, meditation, social support from members of the same religious denomination, having a religious identity and connecting with the transcendent are configured as strategies for strengthening and resilience, translated into healthy lifestyle habits that include abstaining from the use of alcohol.^{14,26,33,34}

It was also evidenced that religiosity and/or spirituality as a protective factor against alcohol use was strongly related to sociodemographic variables, such as among rural, white and African-American adolescents, where religiosity had a greater influence in protecting whites despite being more likely to use alcohol.²⁶ Corroborating this finding, Vaughan et al.³² identified greater impact among white adolescents compared to multiracial, African-American, and Hispanic adolescents.

Gender and religious denomination also appeared as influential variables, as evidenced in a North American survey that included 1.969 adolescents.³⁴ In another investigation, it was found that women were more delayed in contact with alcohol use when compared to men.¹⁴ Research carried out in Brazil, Mexico and Hungary showed a predominance of alcohol use among male adolescents.^{8,42,43}

However, in the Dominican Republic,

although women had fewer episodes of drunkenness and lower average alcohol consumption compared to male students, the proportions of use among male and female students were equal, suggesting a change in known social norms, that showed a predominance of alcoholism among men. In summary, the growing risk of alcohol-related problems among young women was highlighted.³⁶

In Hungary, it was evident that the levels of protection were different depending on religious affiliations,³³ while in Spain, the absence or reduction of religious affiliations contributed to higher alcohol consumption among adolescents.¹⁷ It is known that having a religion represented a subset of the significant social network, where experiences, including healthy lifestyle habits, are shared, in addition to directly influencing its members.³⁶

In another investigation carried out in the United States, girls with better grades reported greater disapproval of alcohol consumption, while those with greater purchasing power reported consuming more.³²

Equally, the protective effects were evidenced, both religiosity and spirituality, as in Hungary, a country with a history of heavy consumption of alcoholic beverages and little spirituality.³³

On the other hand, in the United States, spirituality was more effective in preventing and protecting alcohol use compared to religiosity, while in Spain, a country considered not very religious, the protective effects of religiosity were evident.^{14,17}

Unlike Spain, although Chile presents itself as a traditionally religious country, where 70% of its population report having

a religion and 90% report believing in God, the benefits related to alcohol consumption among teenagers were evidenced only for those with higher levels of spirituality, although researchers did not consider these results clear and suggested conducting longitudinal surveys to confirm these findings. 35

In fact, religiosity and spirituality are not synonymous, and the heterogeneity between them can make it difficult to fully understand their benefits. 44

Finally, it is considered pertinent to point out some limitations of the present study, which include the methodological heterogeneity that did not allow the performance of the meta-analysis, as well as the predominance of observational and cross-sectional investigations, therefore,

with limited evidence and degree of recommendation. Thus, controlled investigations and with more robust methods are needed, in order to better understand and/or consolidate the findings.

Other factors that should be scored refer to the subjectivity and breadth of aspects involving religiosity and spirituality, which make it difficult to establish consensus, since most studies have only included adolescents who attended school, excluding a population that certainly configure themselves as more vulnerable to the use of alcohol, and to the use of data collection methodologies based exclusively on the participants' self-reports. Therefore, the results must be interpreted with caution.

However, the contributions of this study to clinical practice are evident, as it

identifies religiosity and/or spirituality as a protective factor against alcohol use in adolescents, as well as the way in which they are established and the sociodemographic variables that influence it.

CONCLUSION

As the results of this study suggest, religiosity and spirituality were configured as protective factors against alcohol use by adolescents. In this sense, if additional research supports this hypothesis, the identification of such adolescents will be important to prioritize prevention efforts. However, the great challenge is to translate these findings into effective prevention programs.

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