



2020 Conference Research Briefs

**2020 Adventist Human Subjects Research Association Conference
Andrews University
June 17-20, 2020**

and

**2020 Andrews Research Conference
Andrews University
June 15-16, 2020**

(Conferences cancelled due to COVID-19)

Suggested Citation:

Author, (2020, May 15-20). *Presentation Title*, Conference Presentation, Adventist Human Services Research Association Conference, Berrien Springs, MI, United States. (Conference canceled)

Family Involvement in Community Service and/or Volunteer Activities: Its Influence on Social Responsibility and Self-Purpose Among Adult Church Members

Carthy Joy Aguillon, Ray Opao, Jimiah Jr. Adil, Susa Opao, Arceli Rosario
Mountain View College, Philippines
Adventist International Institute of Advanced Studies, Philippines

Abstract

Based on the 2017 Global Church Member Survey in the Southern Asia-Pacific Division, Millennials, Generation X, and Boomers whose families were involved in community service or volunteer activities were more socially responsible and had a higher sense of purpose and meaning than those whose families were not.

Literature

Family involvement in activities that benefit or help other individuals, group, or organizations has been known to strengthen family relationships (Salvador, 2019; Lewton & Nievar, 2012) increase opportunities for family bonding (Points of Light, 2018; Germann Molz, 2016) and give the family a sense of achievement (Stuart, 2019). It is also known to benefit individual family members (Littlepage, Obergfell, & Zanin, 2003). Although family involvement in community service and volunteer work was found to foster volunteering spirit among children (Youssim, Hank, & Litwin, 2015; Perks & Konecny, 2015; Nesbit, 2012) and their tendency toward charitable giving (Osili, Clark, Bergdoll, Keeler, Kalugyer, & St. Claire, 2016), not much have been said about its influence on individual social responsibility and self-purpose across generations in Southeast Asia.

Methodology

This study utilized the adult respondents (aged 18 and above) of the 2017 Global Member Survey in the Southern Asia-Pacific Division. The respondents were grouped based on whether or not their families were involved in community service or volunteer activities. Analysis was done by generation as described by the Pew Research Center.

Discussion

Results of the descriptive-comparative analysis showed that generally for male and female Millennials, Generation X males, and male and female Boomers, those whose families were involved in community service or volunteer activities were more socially responsible than those whose families were not. Additionally, for Generation X males and females, male and female Boomers, and female Millennials, those whose families were involved in community service or volunteer activities had a higher sense of purpose and meaning than those whose families were not. The social learning theory of Bandura (1977) and the generational theory of Howe-Strauss (1991) were used to explain the link between family involvement in community service and the individual social responsibility and life purpose across generations.

The study recommends that generational and gender differences be considered when designing family community service/ volunteer activities.

References

- Bandura, A. (1977). *Social learning theory*. USA: Prentice-Hall, Inc.
- Germann Molz, J. (2016). Making a difference together: Discourses of transformation in family volunteerism. *Journal of Sustainable Tourism*, 24(6), 805-823.
- Lewton, A., & Nievar, A. (2012). Strengthening families through volunteerism: Integrating family volunteerism and family life education. *Marriage & Family Review*, 48, 689-710.
- Littlepage, L., Obergfell, E., & Zanin, G. (2003). *Family volunteering: An exploratory study of the impact on families*. https://archives.iupui.edu/bitstream/handle/2450/438/31_03-C05_Family_Volunteering.pdf?sequence=1&isAllowed=y
- Nesbit, R. (2012). The influence of family and household members on individual volunteer choices. *Non Profit and Voluntary Sector Quarterly*, 42(5), 1134-1154.
- Osili, U., Clark, C., Bergdoll, J., Keeler, A., Kalugyer, A., & St. Claire, M. (2016). *A tradition of giving: New research on giving and volunteering within families*. https://cdn.vcapps.org/sites/default/files/upload/A%20tradition%20of%20giving_Final_0.pdf
- Perks, T. A., & Konecny, D. (2015). The enduring influence of parent's voluntary involvement on their children's volunteering in later life. *Canadian Review of Sociology*, 52(1). 89-101.
- Points of Light. (2018). *Global volunteerism journey report*. <https://www.pointsoflight.org/wp-content/uploads/2019/03/Points-of-Light-Global-Volunteerism-Journey-Report-FINAL.pdf>
- Salvador, M. (2019). *Which are the impacts of volunteer tourism?* <http://www.albasud.org/noticia/en/1143/cu-les-son-los-impactos-del-turismo-de-voluntariado>
- Stuart, J. (2019). *The links between family and volunteering: A review of evidence*. <https://publications.ncvo.org.uk/the-links-between-family-and-volunteering-a-review-of-the-evidence-/effects-family-volunteering/>
- Youssim, I., Hank, K., & Litwin, H. (2015). The role of family social background and inheritance in later life volunteering: Evidence from SHARE-Israel. *Research on Aging*, 37(1), 3017.

The Lived Experiences of Filipino Women with Breast Cancer

Dianne Pearl Almocera, Godwin Aja, Arceli Rosario, Alaisa Mbiriri
Adventist International Institute of Advanced Studies, Philippines

Introduction

In 2015, breast cancer ranked third among the leading new cancer deaths and had the highest incidence among cancer cases in the Philippines (Laudico et al., 2015). However, there is no study found that explored the lived experiences of Filipino women with breast cancer. Thus, the purpose of this paper is to describe the lifeworld of Filipino women who were diagnosed with breast cancer.

Literature

Research studies have found out that genetics (Sammarco, 2017), gender (Laudico et al., 2015), age (Huether & McCance, 2017), exposure to estrogen (Oner, Cosan, & Colak, 2016), alcohol intake (Bagnardi et al., 2015), obesity (Khan, Rafique, Farooq, & Khan, 2017), smoking (Pimhanam, Sangrajang, & Ekpanyaskul, 2014), and diet (Bhatia, 2016) are the most prevalent risk factors for breast cancer. Women with breast cancer experience physical symptoms (Zou et al., 2014), psychological disturbances (Hajian, Mehrabi, Simbar, & Houshyari, 2017), and social isolation (Cheng, 2013; Enache, 2012; Yusuf et al., 2013). Coping is difficult for women with breast cancer (William & Jeanetta, 2016). However, coping is needed to attain positive quality of life (Cheng, 2012). Several coping strategies have been proven to be effective to help women with breast cancer. Among these strategies are having a support group (Hajian et al., 2017), being positive (Alawadi & Ohaeri, 2009; Hajian et al., 2017), engaging in prayer, and nurturing faith in God (Clay, 2013; Hajian et al., 2017; Torreiro-Casal, 2014).

Research Questions/Hypothesis

It was the purpose of this study to describe the lived experiences of Filipino women with breast cancer. The following were the research questions that guided this study: (a) What was life like for Filipino women before the onset of breast cancer? (b) What is the lifeworld of Filipino women diagnosed with breast cancer? and (c) How do Filipino women with breast cancer view life in the future?

Methodology

The researchers used transcendental phenomenology, which aims to describe lived experiences of those who experience the phenomenon and capture such experiences freshly and purely. Seven participants were chosen through purposive and snowball sampling techniques. Data were gathered through phenomenological interviewing and observations, and analyzed using Moustakas' transcendental phenomenological data analysis framework.

Results

The findings showed that the participants engaged in an unhealthy lifestyle prior to the onset of breast cancer, specifically (a) eating unhealthy food, (b) being overworked, and (c) having psychological stress responses such as anger and worry. The participants described their lifeworld as (a) living a life of distress, (b) facing punishment, (c) passing through the shadow of death, (d) being haunted by the unknown, (e) pleading with the ultimate healer, (f) coping with uncertainties, (g) and turning curse into a blessing. The participants yearned for a bright future such as engaging in a productive job and preparing for a life in heaven.

Discussion

The central theme that emerged in Research Question 1 is an unhealthy lifestyle. Studies found that processed meat can cause breast cancer (Kim et al., 2016; Kim, Lee, Jung, & Kim, 2017), which is also seen as a prevailing practice among the participants of this study. Consistent with the statement of the participants that they did not fully understand the adverse effect of meat-eating on their health, a study conducted among Filipino women living in the rural areas showed that more than half of the study subjects did not know the risk factors of breast cancer (Kashiwagi & Kakinohana, 2016).

Most of the participants of this study experienced a life of distress, which is consistent with other studies, both physically (Zou et al., 2014) and psychologically (Hajian et al., 2017). One of the study participants remembered that she was taking a shower when suddenly she felt a lump that was piercing her chest. Then after a few months, the lump became more painful. It was like a sharp knife trying to stab her breast. Furthermore, Abu-Helalah et al. (2014) found that psychological well-being among the four domains of life is the most affected among breast cancer patients. One of the participants of this study shared, "You cannot disregard the thought of depression." Another participant verbalized, "I sobbed when I was diagnosed with breast cancer. The thought of having breast cancer bothered me. I could not sleep often. I felt like I was on the brink of death. The idea of death stressed me out. It was so bad that I got insomnia. I felt hopeless."

Furthermore, Muthoni and Miller (2010) concluded that to patients suffering with breast cancer, it was like an incurable plague. Hence, the participants of this study questioned God. One of the participants intimated, "I kept on asking why I have breast cancer when, in fact, I did not do anything wrong. I did not perform an abortion. I did not practice infidelity.... Where did I go wrong? Why was this affliction given to me? Lord, why did you give me this disease?"

Torreiro-Casal (2014) who conducted a study among Latinas showed that most people associated breast cancer to death. Likewise, participants of this research also felt it was like passing through the shadow of death. When asked what comes into their mind when they heard the word breast cancer, one of the participants answered, "Death." Another participant said, "It felt like a gun shot at me. The bullet flew straight at me." She verbalized that the events happened so fast. At first, she just felt a small lump, a size of a jackfruit seed, and after a few weeks, it grew as big as a ping-pong ball.

Consistent with other studies (Cheng, 2012; Nyblade et al., 2017), some of the participants of this study were also haunted by the social stigma of defining breast cancer as divine retribution. However, this study's participants verbalized turning the social stigma of breast cancer from a curse into a blessing. One participant said, "It is a blessing because I would not have changed my lifestyle if I had not been diagnosed with breast cancer." With teary eyes, one participant expressed that she wanted to be healed and have a longer life, because she was worried about her family's welfare. She wants to be the one to train her children to be ready for heaven. Bonsu et al. (2014) found that women with breast cancer want to live longer because of their concern for their family, especially their children's well-being.

Below are a few recommendations to different sectors of the society regarding what can be done to assist Filipino women with breast cancer:

1. Filipino women with breast cancer need a platform to inspire and support each other in making healthy lifestyle changes.

2. Family members need to consider providing women diagnosed with breast cancer with loving support as they go through this challenging phase of their lives.
3. Church leaders should consider giving women with breast cancer responsibilities in their respective churches and providing them the opportunity to participate in evangelism endeavors. Moreover, in cooperation with public health sectors, church leaders should endeavor to organize health programs such as healthy cooking classes and stress management activities specifically for patients with lifestyle diseases.
4. Public health professionals need to conduct breast cancer awareness programs, including education on self-breast examination and the importance of early screening, detection, and treatment of breast cancer at their respective communities and schools to decrease breast cancer mortality, especially in the Philippines.
5. Researchers may conduct studies among Filipino women with breast cancer who are residing outside the Philippines. Although acculturation is present, studying Filipino women living in other countries may help people, especially their immediate family members understand the life lived by Filipino women with breast cancer.
6. It is essential to conduct a study among family members of Filipino women with breast cancer to understand their experiences in dealing with Filipino women having breast cancer.
7. Researchers may also conduct a study among health care providers to also hear the voices of the professionals who take care of Filipino women with breast cancer.

References

- Abu-Helalah, M., Al-Hanaqta, M., Alshraideh, H., Abdulbaqi, N., & Hijazeen, J. (2014). Quality of life and psychological well-being of breast cancer survivors in Jordan. *Asian Pac J Cancer Prev*, 15(14), 5927-5936. doi:10.7314/APJCP.2014.15.14.5927
- Alawadi, S. A., & Ohaeri, J. U. (2009). Health-related quality of life of Kuwaiti women with breast cancer: A comparative study using the EORTC Quality of Life Questionnaire. *BMC Cancer*, 9(1), 222. doi:10.1186/1471-2407-9-222
- Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Fedirko, V., . . . Pelucchi, C. (2015). Alcohol consumption and site-specific cancer risk: A comprehensive dose-response meta-analysis. *British Journal of Cancer*, 112(3), 580-593. doi:10.1038/bjc.2014.579
- Bhatia, H. (2016). Breast cancer in Asia. *GenRe*. Retrieved from <https://goo.gl/eMhMjU>
- Bonsu, A. B., Aziato, L., & Clegg-Lamptey, J. N. A. (2014). Living with advanced breast cancer among Ghanaian women: Emotional and psychosocial experiences. *International Journal of Palliative Care*, 2014. doi: http://dx.doi.org/10.1155/2014/403473
- Cheng, H. (2012). *Understanding breast cancer survivorship experience among mainland Chinese women: A mixed methods study* (Doctoral dissertation), Available from ProQuest Dissertations and Theses database. (UMI No: 3572621)
- Clay, L. (2013). *Lived experiences of African American women with breast cancer: Implications for counselors*. (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI NO. 3571336)
- Enache, R. G. (2012). The relationship between anxiety, depression, and self-esteem in women with breast cancer after surgery. *Procedia-Social and Behavioral Sciences*, 33, 124-127. doi:10.1016/j.sbspro.2012.01.096

- Hajian, S., Mehrabi, E., Simbar, M., & Houshyari, M. (2017). Coping strategies and experiences in women with a primary breast cancer diagnosis. *Asian Pacific Journal of Cancer Prevention*, 18(1), 215-224. doi:10.22034/APJCP.2017.18.1.215
- Huether, S., & McCance, K. (2017). *Understanding pathophysiology* (6th ed.). St. Louis, MO: Elsevier.
- Kashiwagi, Y., & Kakinohana, S. (2016). Breast cancer knowledge and preventive behavior among Filipino women in a rural area: A cross-sectional study. *Nurs Midwifery Stud*, 5(3), e34300. Retrieved from eprints.kaums.ac.ir/1378/1/Breast%20Cancer%20Knowledge.pdf
- Khan, A., Rafique, K., Farooq, U., & Khan, K. (2017). Obesity, fat topography and risk of carcinoma breast. *Journal of Ayub Medical College Abbottabad*, 29(3), 419-421. Retrieved from <https://goo.gl/DEouB1>
- Kim, A. E., Lundgreen, A., Wolff, R. K., Fejerman, L., John, E. M., Torres-Mejía, G., . . . Baumgartner, K. B. (2016). Red meat, poultry, and fish intake and breast cancer risk among Hispanic and Non-Hispanic white women: The breast cancer health disparities study. *Cancer Causes & Control*, 27(4), 527-543. doi:10.1007/s10552016-0727-4.
- Kim, J., Lee, J., Jung, S. Y., & Kim, J. (2017). Dietary factors and female breast cancer risk: a prospective cohort study. *Nutrients*, 9(12), 1331. doi: 10.3390/nu9121331
- Laudico, A., Lumague, M., Medina, V., Mapua, C., Valenzuela, F., Pukkala, E. (2015). *Philippines cancer facts and estimates*. Manila: Philippine Cancer Society. Retrieved from http://www.philcancer.org.ph/wp-content/uploads/2017/07/2015-PCS-Ca-Facts-Estimates_CAN090516.pdf
- Muthoni, A., & Miller, A. N. (2010). An exploration of rural and urban Kenyan women's knowledge and attitudes regarding breast cancer and breast cancer early detection measures. *Health Care for Women International*, 31(9), 801-816. doi: 10.1080/07399331003628453
- Nyblade, L., Stockton, M., Travasso, S., & Krishnan, S. (2017). A qualitative exploration of cervical and breast cancer stigma in Karnataka, India. *BMC Women's Health*, 17(1), 58. doi: 10.1186/s12905-017-0407-x
- Oner, C., Cosan, D. T., & Colak, E. (2016). Estrogen and androgen hormone levels modulate the expression of PIWI interacting RNA in prostate and breast cancer. *PLoS One*, 11(7), e0159044. doi:10.1371/journal.pone.0159044
- Pimhanam, C., Sangrajang, S., & Ekpanyaskul, C. (2014). Tobacco smoke exposure and breast cancer risk in Thai urban females. *Asian Pac J Cancer Prev*, 15(17), 7407. doi:10.7314/APJCP.2014.15.17.7407
- Sammarco, A. (2017). *Women's health issues across the lifestyle: A quality of life perspective*. Burlington, MA: Jones & Bartlett Learning.
- Torreiro-Casal, M. (2015). *The lived experiences of Latinas: Contextualizing breast cancer survival within a feminist ecological model* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3689064)
- Williams, F., & Jeanetta, S. C. (2016). Lived experiences of breast cancer survivors after diagnosis, treatment and beyond: Qualitative study. *Health Expectations*, 19(3), 631-642. doi:10.1111/hex.12372
- Yusuf, A., Ab Hadi, I. S., Mahamood, Z., Ahmad, Z., & Keng, S. L. (2013). Understanding the breast cancer experience: A qualitative study of Malaysian women. *Asian Pacific Journal of Cancer Prevention*, 14(6), 3689-3698. doi:10.7314/APJCP.2013.14.6.3689
- Zou, Z., Hu, J., & McCoy, T. P. (2014). Quality of life among women with breast cancer living in Wuhan, China. *International Journal of Nursing Sciences*, 1(1), 79-88. doi: <https://doi.org/10.1016/j.ijnss.2014.02.021>

“When You Hear Something You Don't Want to Hear”: Parental Reactions Following a Child’s Coming Out

René Drumm, David Sedlacek, Curt VanderWaal, Shannon Trecartin, Nancy Carbonell
University of Southern Mississippi
Andrews University

Abstract

This presentation highlights findings from a study of SDA parents whose LGBTQ+ child came out to them within the past 10 years. While parents varied greatly in their feelings and actions post-coming out, overall, they revealed a picture of family strengths and healing during this time of crisis.

Keywords

Parental reactions; LGBTQ+; Coming Out; Spiritual Challenge

Introduction

When a LGBTQ+ child of Seventh-day Adventist (SDA) parents comes out, it can create a family crisis due to their religious beliefs about sexual orientation/gender identity. In fact, parents of LGBTQ+ children often experience strong conflicts between their religious beliefs and their child’s orientation or identity (McCormick & Baldrige, 2019; Campbell, Zaporozhets, & Yarhouse, 2017; Maslowe & Yarhouse, 2015). However, little is known about SDA parents and how they react when their child comes out as LGBTQ+. This study helps fill this gap in the research literature by examining the experiences of SDA parents after their LGBTQ+ child came out to them.

Methodology

The study used a mixed methods approach targeting Seventh-day Adventist parents with LGBTQ+ children who came out within the past 10 years. We conducted 21 in-depth interviews and solicited 118 responses to an online survey. The interview participants were obtained through snowball and purposive sampling. We solicited respondents for the online survey through LGBTQ+ students in university support groups, ally groups, and social media.

The in-depth interviews ranged from 1 ½ to 3 hours in length. All interviews were conducted face-to-face (in-person or by using FaceTime or Zoom) and were digitally recorded, transcribed verbatim, and coded using the constant comparative method. We downloaded survey data from SurveyMonkey and analyzed it with SPSS software.

Results

The qualitative findings revealed that the participants’ feelings at their child’s coming out ran the gamut of human emotions. The four broad categories of emotions included: (1) positive feelings such as relief or feeling honored by their child’s trust, (2) being confused or shocked, (3) negative feelings such as frustration, abhorrence and disgust, or disappointment and self-blame, and (4) spiritual angst, such as being unsure about their child’s salvation or their relationship to the SDA Church.

Likewise participants’ reactions at the time of coming out included: (1) expressing acceptance and unconditional love, (2) experiencing internal angst, (3) consulting with friends or other family members, and (4) remaining in denial.

The quantitative survey findings confirmed these findings as the majority of parents recalled expressing unconditional love for their child, listening attentively to their child, being determined to protect and support their child, being open to their child bringing LGBTQ+ friends home, and drawing on their faith to help them through their time of crisis.

Discussion

SDA parents often find themselves in crisis following the coming out of a LGBTQ+ child. The findings from this study confirm the strengths of SDA families in terms of parents offering unconditional love to the children without regard to their personal angst or convictions. These findings also supply practical ways that educators, researchers, ministers, and lay people can offer parents who find themselves in crisis following a child's coming out.

References

- Campbell, M., Zaporozhets O. & Yarhouse M. A. (2017). Changes in parent–child relationships and religious views in parents of LGB youth post-disclosure. *The Family Journal: Counseling and Therapy for Couples and Families*, 25(4), 336-344.
- Maslowe, K. E. & Yarhouse, M. A. (2015). Christian parental reactions when a LGB child comes out. *The American Journal of Family Therapy*, 43, 352–363.
- McCormick, A. & Baldrige, S (2019). Family acceptance and faith: Understanding the acceptance processes of parents of LGBTQ youth. *Journal of Christianity and Social Work*, 46(1), 32-40.
- VanderWaal, C., Sedlacek, D., and Lane, L. (2017). The impact of family rejection or acceptance among LGBTQ+ millennials in the Seventh-day Adventist Church. *Journal of Christianity and Social Work*, 44, (1&2), 72-95.

Sexual Orientation, Mental Health Status, and Suicidality among Students on a Conservative Religious College Campus

Trevor Furst, Curt VanderWaal, Alina Baltazar & Duane McBride
Andrews University

Introduction

Over the past decade, society has become supportive of different sexual orientations and behaviors. However, support levels are not uniformly distributed among social groups. Conservative religious groups often are not supportive of variant sexual orientations and this can lead to mental health problems in sexual orientation minority groups. This study was done in a university affiliated with a conservative protestant denomination, the Seventh-day Adventist Church. These analyses will examine the relationship between sexual orientation and anxiety and depression as well as the relationship with suicidality.

Literature

Research suggests that 15-30% of undergraduate populations suffer from significant mental health challenges (Eisenberg, Gollust, Golberstein & Hefner, 2007; Ibrahim, Kelly, Adams & Glazebrook, 2013). The extent of mental health problems among students has been on the rise for years now and shows no signs of slowing down (Gallagher, 2005). Because of this rise in mental health issues there is no shortage of research regarding correlates and effects of depression and anxiety among the general population or student populations. However, as discussions about mental health become more prevalent in our society some subgroups of the population remain left out of the conversation.

While LGBT+ students are becoming a more accepted subgroup among university campuses, they have been found to be 1.5-2 times as likely to have moderate to severe depression and anxiety as their heterosexual counterparts (Woodford, Han, Craig, Lim & Matney, 2014). Sexual minority students continue to experience discrimination and stigmatization on campuses (Rankin et al, 2010). Minority stress theory suggests that discrimination and stigmatization are significant risk factors for mental health issues among sexual minorities (Meyer, 2003). Corollary to this, a sense of belonging has been shown to be a vital contributor to mental health (Hagerty & Williams, 1999). While gay and lesbian students experience stigmatization, bisexual students have been shown to feel this effect even more strongly. This leads to a decreased sense of belonging compared to non-LGBT+ and even gay and lesbian students (Yarhouse, Dean, Stratton, Lastoria & Bucher, 2017). In contrast, gay and lesbian students often have an established support group in the form of Gay Straight Alliances and can even benefit from Ally Training Programs intended for non-LGBT+ students (Woodford, Kolb, Durocher-Radeka & Javier, 2014; GLSEN, 2007). Bisexual students may not be benefitting from this support as much as gay or lesbian students because of the relative unfamiliarity and cultural non-acceptance of bisexuality. Bisexual students may be seen by some as unable to commit to one sexual preference on a perceived binary scale, and might therefore be alienated from both gay/lesbian and non-LGBT+ groups. Therefore, there may be higher rates of mental health challenges and suicidality among the bisexual population on campuses.

This study was conducted on the campus of a faith-based institution, and as such it is important to explore the effect religiosity has on mental health. A Duke University Medical Center meta-analysis on the connection between religion and mental health found that high levels of religiosity have consistently been found to predict lower levels of depression and anxiety (Koenig, 2001). However, the religious

benefit to mental health does not often seem to extend to members of the LGBT+ community (Wolff, Himes, Soares & Miller Kwon, 2016). There is also an internal conflict present, as many fundamentalist religions are expressly against any non-heterosexual practices. Thirty-three percent of religiously affiliated LGBT+ adults report a conflict between their religious beliefs and their sexual orientation (Pew Research, 2013). Previous research with Millennials from the same denomination as this current study showed elevated rates of past six-month suicidal ideation and lifetime suicide attempts among the LGBT+ population (VanderWaal, Sedlacek & Lane, 2017).

Research Questions/Hypothesis

It is the purpose of this project to examine the relationship between sexual orientation and mental health status (anxiety and depression) and suicidality. Specifically, heterosexual students are compared to bisexual students on four variables: 1) anxiety, 2) depression, 3) suicide ideation, and 4) suicide attempts. It was hypothesized that bisexual students would have significantly higher rates of anxiety, depression, suicidal orientation and suicide attempts than heterosexual students.

Methodology

The data examined in these analyses were collected as a part of a larger study conducted every 5-7 years on health risk behavior as risk and protective factors at a private faith-based university. These data were collected in 2018 with an N of 657. The data were collected anonymously via a cell phone, tablet or note book computer in a purposive sample of class rooms. The sampling frame attempted to be representative of the student body and typical general education classes with large numbers as well as classes required by the different majors. Data were analyzed by SPSS V21. Percentages and risk ratios were calculated to address the research questions and hypotheses. The project was approved by the university's Institutional Review Board.

Results

We compared the percentages of each study group, bisexual and heterosexual, across the different measures of mental health and suicidality. We also ran odds ratios on the data to determine the relative risk for each adverse mental health issue between the two groups. 551 individuals gave complete responses for levels of anxiety and depression. As is shown in Table I, 17% percent of heterosexuals were in the highest three categories for anxiety. Rates of anxiety were significantly higher among bisexual students, with 56% reporting clinically significant levels of anxiety compared to 17% of heterosexual students ($p=.001$). In addition, Table II shows that bisexual students were six times more likely than heterosexual students to have clinically significant levels of anxiety ($p=.001$). Of heterosexual students, 22% reported clinically significant levels of depression compared to 64% of the bisexual students. Bisexual students were six times more likely to have clinically significant levels of depression than heterosexuals ($p=.001$).

Complete responses for suicidal ideation were completed by 569 individuals, including 25 students who self-identified as bisexual and another seven students who self-identified as gay or lesbian. Table I shows that, of heterosexual students, 12% reported having thoughts about ending their life in the past six months compared to 76% of the bisexual students ($p=.001$). Table II shows that bisexual students were 23 times more likely than heterosexual students to have thought about taking their own life in the last six months ($p=.001$).

Complete responses were provided by 568 individuals for suicide attempts. Table I shows that, of heterosexual students, 9% reported having attempted to take their own life at some point compared to a 48% rate among bisexual students ($p=.001$). Table II shows that, compared to heterosexual students,

bisexual students were twenty-two times more likely to have had suicidal thoughts and nine times more likely to have attempted suicide in their lives ($p=.001$).

Discussion

Bisexual students reported significantly higher rates of depression, anxiety and suicidality than heterosexual students. This difference is believed to be at least partially a result of stigmatization that bisexuals deal with on a conservative religious campus. Bisexual students are an outgroup on the campus. A sense of belonging plays a major role in positive mental health, and because the bisexual population has been marginalized their mental health may suffer as a result. This conflict between their identity as bisexuals and their identity as Seventh-day Adventists may also be a contributing factor in the elevated levels of mental health problems. It is also possible that this marginalization is coming from both heterosexual and the gay/lesbian groups. It is possible that bisexuals are seen to be 'riding the fence', not brave enough to commit to being a member of a stigmatized subgroup like those who identify as gays or lesbians. Because the bisexual population receives the most stigma and marginalization, their sense of belonging and by extension overall mental health is impacted the most.

This study suggests that there needs to be a heightened awareness of mental health issues within the bisexual population, particularly on non-affirming religious campuses. In addition, bisexual students may experience alienation on non-religious campuses as well. LGBT+ students in general often have greater mental health needs than heterosexual students, and it is important to communicate empathy and understanding to this at-risk population. One way to support them is through on-campus counseling centers that have the opportunity to run programs advocating mental health initiatives and normalizing mental health discussions among the bisexual population. Instituting Gay Straight Alliances and Ally Training Programs on campuses can also have a great impact on perceptions of the LGBT+ community.

One of the major limitations in this study was the number of gay and lesbian students who participated. Having only seven self-identified gay and lesbian students did not allow us to run any statistics on these groups so we could compare findings with heterosexual and bisexual populations. Future studies should attempt to obtain participation with a larger sample of gay and lesbian students. We were also unable to run statistics on religiosity because of the relatively small number of LGBT+ students. Further research could examine more closely how different aspects of religiosity affect mental health among LGBT+ populations.

Table I – Depression, Anxiety, and Suicidality of Bisexual and Heterosexual Students

DASS Depression Score	Heterosexual n=526	Bisexual n=25
3	11.6%	24.0%
4	4.9%	12.0%
5	5.9%	28.0%

DASS Anxiety Score	Heterosexual n=526	Bisexual n=25
3	7.6%	16.0%
4	3.8%	12.0%
5	5.5%	28.0%

Suicidality	Heterosexual n=543	Bisexual n=25
Ideation	12.3%	76.0%
Attempted	9.2%	48.0%

Table II – Odds of Anxiety, Depression and Suicidality for Bisexual Students Compared to Heterosexual Students

	Odds Ratio	95% CI Lower	95% CI Upper
Anxiety	6.25	2.75	14.22
Depression	6.15	2.65	14.27
Suicide Attempts	9.10	3.94	21.02
Suicidal Ideation	22.55	8.70	58.46

References

- Eisenberg, D., Gollust, S. E., Golberstein, E., & Hefner, J. L. (2007). Prevalence and correlates of depression, anxiety, and suicidality among university students. *American Journal of Orthopsychiatry*, 77, 534-542.
- Gallagher, R. (2005). National survey of counseling center directors (Monograph Series No. 80). Alexandria, VA: International Association of Counseling Services, Inc.
- Hagerty, B. M., & Williams, & A. (1999). The effects of sense of belonging, social support, conflict, and loneliness on depression. *Nursing Research*, 48, 215-219. doi:10.1097/00006199-199907000-00004
- Ibrahim, A. K., Kelly, S. J., Adams, C. E., & Glazebrook, C. (2013). A systematic review of studies of depression prevalence in university students. *Journal of Psychiatric Research*, 47(3), 391-400. doi:http://dx.doi.org/10.1016/j.jpsychires.2012.11.015
- Koenig, H. G. (2001). Religion and medicine II: Religion, mental health, and related behaviors. *The International Journal of Psychiatry in Medicine*, 31, 97-109.

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697.
- Pew Research. (2013). A Survey of LGBT Americans: Attitudes, Experiences and Values in Changing Times. Retrieved from http://assets.pewresearch.org/wp-content/uploads/sites/3/2013/06/SDT_LGBT-Americans_06-2013.pdf
- Rankin, S. R., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of greater education for lesbian, gay, bisexual and transgender people. Charlotte, NC: Campus Pride.
- VanderWaal, C. J., Sedlacek, D., & Lane, L. (2017). The impact of family rejection or acceptance among LGBT millennials in the Seventh-day Adventist church. *Social Work and Christianity*, 44, 72-95.
- Wolff, J. R., Himes, H. L., Soares, S. D., & Miller Kwon, E. (2016). Sexual minority students in non-affirming religious higher education: Mental health, outness, and identity. *Psychology of Sexual Orientation and Gender Diversity*, 3(2), 201-212. <http://dx.doi.org/10.1037/sgd0000162>
- Woodford, M. R., Han, Y., Craig, S., Lim, C., & Matney, M. M. (2014). Discrimination and mental health among sexual minority college students: The type and form of discrimination does matter. *Journal of Gay & Lesbian Mental Health*, 18, 142-163.
- Woodford, M. R., Kolb, C. L., Durocher-Radeka, G., & Javier, G. (2014). Lesbian, gay, bisexual, and transgender ally training programs on campus: Current variations and future directions. *Journal of College Student Development*, 55(3), 317-322. doi:<http://dx.doi.org/10.1353/csd.2014.0022>
- Yarhouse, M., Dean, J., Stratton, S., Lastoria, M., Bucher, E. (2017). A survey of sexual minorities who attend faith-based institutions of higher education. *Growth Journal*. 20-38.

Cultural Citizenship and Intersections of Race and Gender for LGBTQ African American Children and Youth

Stacie Hatfield

Department of Anthropology, University of Kentucky

Abstract

This qualitative anthropological research examines how belonging and access to resources are shaped by intersections of race and gender for LGBTQ African American young people living in Birmingham, Alabama. It offers applied recommendations and contributes to social science understandings of U.S. childhoods, race, LGBTQ politics and health intervention.

Introduction

This qualitative anthropological research examines social belonging and cultural citizenship among LGBTQ African Americans in Birmingham Alabama. This study was prompted by starkly disproportionate rates of HIV among African American LGBTQ teens and young adults in the U.S. south (Health, 2019) and because social identities, relationships and communities often determine access to HIV prevention resources (Baunach, 2013; Epstein, 1996; Feldman, 2010). Examining social belonging allows for improved understandings of health disparities and unequal access to resources like HIV prevention. My findings show that intersections of race and gender profoundly affect experiences of belonging for African American LGBTQ young people. These findings are compelling in that they show how intersections of race and gender impact access to support and resources for many children and youth. They contribute to anthropological and social science understandings of U.S. childhoods, race, LGBTQ politics and health intervention. They also suggest recommendations for better supporting African American LGBTQ individuals and communities.

Literature

Richard Delgado, Aihwa Ong, and Renato Rosaldo theorize cultural citizenship as everyday interactions through which belonging is claimed or contested and through which state subjects are made (Delgado, 1999; Ong, 1999; Rosaldo, 1993, 1999). For example, during the civil rights movement, sitting at a lunch counter became a claim to equal citizenship for African Americans previously excluded from white public spaces (Eskew, 1997). In the same way, creating ordinary spaces of belonging can be understood to constitute claims of formal and informal citizenship for Birmingham's African American LGBTQ youth. Questions of cultural citizenship are particularly vital ones because access to economic, political, and social resources including healthcare like HIV prevention is shaped by intersections of identity and belonging (Carbado & Harris, 2019; Crenshaw, 2011; Feldman, 2010; Hill Collins, 2016; Mumford, 2016). Social stigma around same sex desire results in a greater incidence of homelessness for many LGBTQ youth as well as decreased access to basic resources such as food, shelter, healthcare, employment opportunities, and education. (Cover, 2012; Prevention, 2017). African American children are not allowed the same benefits of childhood experienced by white children (Bernstein, 2011, 2017). They are more heavily policed and perceived as threatening (Tilton, 2010). They experience multiple forms of social and economic marginalization (Alexander, 2012; Bernstein, 2017; Chin, 2002; Cox, 2015; Kromidas, 2016). Intersections of race and gender further complicate access to resources for LGBTQ African American children and youth. Identifying as LGBTQ is fraught with meaning in African American

communities. Stereotypes of African American sexuality as deviant and dangerous (Hill Collins, 2006) and an HIV epidemic disproportionately affecting young African American men-seeking-men can unsettle the relationships LGBTQ young people have with their families and communities (Lichtenstein, 2000; Lichtenstein, Hook, & Sharma, 2005; Robertson IV, 2006). This research contributes to anthropological and social science understandings of U.S. childhoods, race, LGBTQ politics and health intervention through its examination of belonging and cultural citizenship among LGBTQ African Americans in Birmingham, Alabama.

Research Questions/Hypothesis

My primary research question is: In what ways do African American LGBTQ youth in Birmingham Alabama form and participate in relationships of social belonging? This question is divided into three constituent questions:

1. What cultural practices of social belonging do African American LGBTQ youth in Birmingham claim, participate in and utilize?
2. How do Birmingham's African American LGBTQ youth conceptualize social belonging?
3. How do different dimensions of social identity, including ethnic and gender identity shape African American LGBTQ youth experiences and practices of social belonging in a globally connected yet racially segregated U.S. city.

Methodology

This paper draws from research conducted through ethnographic fieldwork in the Birmingham metropolitan area between 2014 and 2019. Data collection activities included sixteen months of qualitative research consisting primarily of participant observation. Participant observation is the foundational research method of cultural anthropology. It means ethically and intentionally living and working closely with people in order to gather data about their lives (Bernard, 2011; Rubin & Rubin, 2012). I also collected data through semi-structured interviews, and unscripted conversations. Research participants were adult individuals including LGBTQ African Americans, HIV prevention specialists and service providers, LGBTQ advocates and activists, parents, clergy, and policy makers in Birmingham Alabama. I conducted participant observation at an AIDS service organization both onsite and at off-site testing and education events including education and testing events at local schools. I conducted participant observation at the Birmingham Civil Rights Institute and through regular attendance at two prominent African American churches. I participated in Pride events and conferences supporting LGBTQ and African American LGBTQ individuals. The goals of this research, research methods, and intended dissemination of findings were conveyed to primary gatekeepers and permission was obtained to conduct participant observation at each site. As a white cis-gender woman, I was generally readily recognizable as an outsider in my research locations. Addressing such, gatekeepers frequently introduced me as a researcher who had been granted permission to conduct research, work, volunteer, meet, or worship with them and their organization. Most of the individuals I interviewed occupied public positions as HIV/AIDS service providers or were individuals I met through participant observation activities. Some individuals contacted me for interviews after hearing about my research from other individuals (chain referral). Nineteen semi-structured interviews were audio recorded and transcribed for analysis. Fieldnotes and interview data were open coded for dominant themes. Interview and field note data were cross referenced for validity and reliability. Findings were reviewed with primary interlocutors throughout data analysis. A grounded theory approach by which data is broadly analyzed

to include unanticipated results has produced a wealth of findings beyond those suggested by the original research questions (Glaser & Strauss, 2017). These will be presented in upcoming papers. This research was conducted under the supervision of the Internal Review Board at the University of Kentucky.

Results

Birmingham is an iconic landscape of both historical and current struggles for justice and equality. Although African American children and youth played pivotal roles integrating schools, marching in Kelly Ingram Park, and dying in the bombing of the 16th Street Baptist Church in the 1960's (Eskew, 1997; McKinstry & George, 2011), belonging for African American LGBTQ youths continues to be complicated by Birmingham's racially segregated urban landscape and ongoing struggles for social justice. Racial inequality is the most significant factor for belonging and access to resources for African American LGBTQ children and youth. Interview and participant observation data show that for African American parents and communities "gayness" is perceived as an additional and overwhelming obstacle to success for children already highly policed, educationally stereotyped, and economically disadvantaged. Family support for LGBTQ children and youth is limited. Broader kinds of support for LGBTQ youth are missing in African American communities. Few schools in Birmingham support Gay Straight Alliance groups and none exist in African American schools. No PFLAG groups currently meet to support African American parents. Social segregation means that African American families and young people generally do not access resources supporting LGBTQ youth and their families in white communities. I found HIV outreach programs to be sites of both marginalization and vibrant if ephemeral places of belonging for Birmingham's African American LGBTQ community. By providing places to practice vogue dance moves, obtain help with job or college applications, or engage in Black Pride events, HIV prevention spaces become places of belonging for the African American LGBTQ community. However, HIV prevention programs are grant funded and structured around racialized notions of African American and LGBTQ sexuality, disease prevention, and risk. Unequal access to funding is an ongoing challenge. Some LGBTQ and HIV outreach organizations fail to provide racially equitable and fully inclusive services despite their stated goals of doing so. Participant observation and interview data suggest interpersonal conflicts, funding scarcity, and the importance of personal and organizational networks for obtaining funding are primary reasons for disparities in services.

Discussion

Belonging within racially marginalized communities means reduced access to a broad range of resources. Experiences of marginalization are compounded in identifiable ways for individuals also living at intersections of gender, sexuality, and youth. HIV prevention programs supporting LGBTQ individuals can be sites of belonging for African American LGBTQ young people though racial inequality is the most significant factor impacting belonging and access to resources. These findings suggest that alleviating inequalities experienced by African American adults and communities would help to support African American LGBTQ children and youth as well. Interventions must be made in collaboration with African Americans and LGBTQ African Americans. The disparities highlighted by this study support the recommendations of anthropological researchers advocating for an engaged/activist approach to research in which researchers actively support the goals of participants and research communities as they strive for greater equality (Rodriguez & Ward, 2018; Stuesse, 2016). Racial inequality across diverse sites including church and preventative health services multiply marginalizes LGBTQ young people.

References

- Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York, New York: New York Press.
- Baunach, D. M., and Elisabeth O. Burgess. (2013). HIV/AIDS Prejudice in the American Deep South. *Sociological Spectrum*, 33, 175-195.
- Bernard, H. R. (2011). *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. New York, New York: Rowman and Littlefield Publishers, Inc.
- Bernstein, R. (2011). *Racial Innocence: Performing American Childhood from Slavery to Civil Rights*. New York, New York: New York University Press.
- Bernstein, R. (2017). Let Black Kids Just Be Kids. *The New York Times*. Retrieved from <https://www.nytimes.com/2017/07/26/opinion/black-kids-discrimination.html?emc=eta1>
- Carbado, D. W., & Harris, C. I. (2019). Intersectionality at 30: Mapping the Margins of Anti-Essentialism, Intersectionality, and Dominance Theory. *Harvard Law Review*, 132, 2193-2239.
- Chin, E. (2002). *Purchasing Power: Black Kids and American Consumer Culture*. Minneapolis, Minnesota: University of Minnesota Press.
- Cover, R. (2012). *Queer Youth Suicide, Culture and Identity: Unliveable Lives?* Burlington, Vermont: Ashgate Publishing Company.
- Cox, A. M. (2015). *Shapeshifters: Black Girls and the Choreography of Citizenship*. Durham, North Carolina: Duke University Press.
- Crenshaw, K. (2011). Twenty Years of Critical Race Theory: Looking Back to Move Forward. *Connecticut Law Review*, 43(5), 1253-1352.
- Delgado, R. (1999). Citizenship. In R. D. Torres, L. F. Miron, & J. Xavier Inda (Eds.), *Race, Identity, and Citizenship* (pp. 247-252). Malden, Maine: Blackwell.
- Epstein, S. (1996). *Impure Science: AIDS, Activism, and the Politics of Knowledge*. Los Angeles, California: University of California Press.
- Eskew, G. T. (1997). *But for Birmingham: The Local and National Movements in the Civil Rights Struggle*. Chapel Hill, North Carolina: University of North Carolina Press.
- Feldman, D. (2010). *Introduction in AIDS, Culture and Gay Men*. Gainesville Florida: University of Florida Press.
- Glaser, B. G., & Strauss, A. L. (2017). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York, New York: Routledge.
- Health, A. D. o. P. (Producer). (2019). Brief Facts on African -Americans and HIV in Alabama. [Government Report] Retrieved from <https://www.alabamapublichealth.gov/hiv/assets/brieffactsonafricanamericansandhiv.pdf>
- Hill Collins, P. (2006). *Black Sexual Politics: African Americans, Gender, and the New Racism*. New York, New York: Routledge Press.
- Hill Collins, P. (2016). *Intersectionality*. Cambridge, United Kingdom: Polity.
- Kromidas, M. (2016). *City Kids: Transforming Racial Baggage*. New Brunswick, New Jersey: Rutgers University Press.
- Lichtenstein, B. (2000). Secret Encounters: Black Men, Bisexuality, and AIDS in Alabama. *Medical Anthropology Quarterly*, 14(3), 374-393.
- Lichtenstein, B., Hook, E., & Sharma, A. (2005). Public tolerance, private pain: Stigma and sexually transmitted infections in the American Deep South. *Culture, health & sexuality*, 7(1), 43-57.
- McKinstry, C., & George, D. (2011). *While the World Watched: A Birmingham Bombing Survivor Comes of Age during the Civil Rights Movement*. Carol Stream, Illinois: Tymdale House Publishers.
- Mumford, K. J. (2016). *Not Straight, Not White: Black Gay Men from the March on Washington to the AIDS Crisis*. Chapel Hill, North Carolina: University of North Carolina Press.

- Ong, A. (1999). Cultural Citizenship as Subject Making: Immigrants Negotiate Racial and Cultural Boundaries in the United States. In R. D. Torres, L. F. Miron, & J. Xavier Inda (Eds.), *Race, Identity, and Citizenship* (pp. 262-294). Malden, Maine: Blackwell.
- Prevention, C. f. D. C. a. (Producer). (2017, April 13, 2020). Lesbian, Gay, Bisexual, and Transgender Health. Retrieved from <http://www.cdc.gov/lgbthealth/youth.htm>
- Robertson IV, G. L. (2006). Not in My Family: AIDS in the African-American Community, Introduction. In G. L. Robertson IV (Ed.), *Not in My Family: AIDS in the African-American Community*. Chicago, Illinois: Agate Publishing.
- Rodriguez, C., & Ward, B. (2018). Making Black Communities Matter: Race, Space, and Resistance in the Urban South. *Human Organization*, 77(4), 312-322.
- Rosaldo, R. (1993). *Culture and Truth: The Remaking of Social Analysis*. Melksham, Wiltshire: Redwood Press Limited.
- Rosaldo, R. (1999). Cultural Citizenship, Inequality, and Multiculturalism. In R. D. Torres, L. F. Miron, & J. Xavier Inda (Eds.), *Race, Identity, and Citizenship* (pp. 253-261). Malden, Maine: Blackwell.
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative Interviewing: The Art of Hearing Data* (Third ed.). Los Angeles, California: Sage.
- Stuesse, A. (2016). *Scratching Out a Living: Latinos, Race, and Work in the Deep South*. Oakland, California: University of California Press.
- Tilton, J. (2010). *Dangerous or Endangered: Race and the Politics of youth in Urban America*. New York, New York: New York University Press.

Practices of Personal Piety that Correspond to the Lived Experience of Spirituality among Teachers in Seventh-day Adventist Schools in North America

Robert K. McIver

Scripture Spirituality and Society Research Centre, Avondale University College

Introduction

Several questions relating to practices of personal piety were included in a questionnaire developed to measure the perceptions of their contribution to the mission of the Church held by teachers in Seventh-day Adventist Schools. This research will eventually gather data from teachers from all of the Divisions of the Seventh-day Adventist Church (SDA Church). This paper provides a preliminary report on data collected from teachers in Adventist Schools in the North American Division (NAD) in 2018.

Literature

The term, “Spirituality,” is used in a wide variety of ways in the academic literature (see Table 2 in Steensland, Wang, & Schmidt, 2018, p. 458, for the range of concepts that are invoked by the term “spirituality”). Spirituality is invoked in such widely diverse fields of academic study as business ethics and mental health. For example, Suchuan Zhang uses the term in the context of workplace spirituality (WPS). He states that, “WPS is not about religion, rather, about employees who understand themselves as spiritual beings whose souls need nourishment at work” (Zhang, 2020, p. 668). By way of contrast is a study of the concepts of spirituality among Polish mental health professionals that led Edyta Charzyńska and Irena Heszen- Celińska to identify seven categories regarding the definitions of spirituality: (1) relationship, (2) transcendence, (3) dimension of functioning, (4) a specific human characteristic, (5) searching for the meaning of life, (6) value-based lifestyle, and (7) elusiveness and indefinability” (Charzyńska & Heszen- Celińska 2020, p. 113).

Such uses of the concept of spirituality illustrate the broad scope of the usage of the term, but the more narrowly focussed area of Christian spirituality is of greater relevance for this study. A widely cited definition of Christian spirituality is found in Sandra Schneiders’ seminal article, “The Study of Christian Spirituality: Contours and Dynamics of a Discipline.” In that article she states, “Most scholars would agree that the *material* object of the discipline, i.e., *what* spirituality studies, is lived Christian faith.” She further comments that, “the distinguishing formality of spirituality is its focus on ‘experience’” (Schneiders, 1998, p. 39, 40). Her article goes onto more carefully delineate the constitutive disciplines, which she identifies as Scripture, Christian history, and Theology. In several places she has written further about Biblical spirituality. For example, she says,

“... there are three interactive meanings of biblical spirituality as the lived experience of faith mediated by Scripture: the experience that produced the text (the spirituality of the “authors”), that which is embodied in the text (the spirituality of the work itself), and that to which the text gives rise (the spirituality of the believing individual and community, who appeal to this text as normative fount or source for their life of faith)” (Schneiders 2016, p. 421).

Within Seventh-day Adventist circles, spirituality tends to be less contemplative and more actively focussed on practices of piety than in some Christian denominations. As Bruce Manners observes in summing up his research into Adventist spirituality:

So, what could an Adventist model of spirituality look like? From the research there is a strong emphasis on what could be called “practical spirituality,” or defined as spirituality demonstrated in action, in doing—a part of our heritage. We have tended to promote and applaud action. (Manners, 2008, p. 19; see also McIver 2019, p. 156-160 for a more details exploration of definitions of spirituality among Seventh-day Adventists, and in the writings of Ellen G. White)

Jon Dybdahl also emphasises the practical outcomes of Advent spirituality (e.g. “As believers engage in both mission and compassion for human need, spiritual life is nourished”; Dybdahl 2015b, p. 21). Yet he also notes the importance of the experiential side of spirituality, when he says in summary of Ellen G. White’s understanding of spirituality, “Jesus is a resurrected Lord and is present and active among us by His Spirit, and we can and should daily commune with Him” (Dybdahl 2015b, p. 23).

Research Questions/Hypotheses

Given that spirituality in Seventh-day Adventism is expressed largely in practices of personal piety such as prayer, regular study of Scripture, and the like, it was thought appropriate to include questions on these behaviours in the survey conducted among teachers in Adventist schools in the North American Division. It was hypothesized that, given the important role models such teachers are to their students, that their level of engagement in practices of personal piety should be at least equal to, or greater than the community of members of the Seventh-day Adventist Church in which their schools operate. This hypothesis gives rise to the null hypothesis that there is no difference in the practices of personal piety between teachers in Seventh-day Adventist Schools, and the members of the Adventist church communities in which they work.

Methodology

Surveys were collected from participants in the 2018 Teachers’ Convention of the NAD. Participants were provided with paper copies of the survey, which also directed them to a SurveyMonkey version they could do from their phones. Not all versions of the surveys contained question on practices of personal piety, and of the 1,096 valid surveys collected, 899 responded to question 18, and 192 to question 56:

- Q18 Aside from weddings and funerals, how often do you attend religious services?

How often to you:

- Q56a. Pray outside of attending religious services
- Q56b. Participate in prayer groups, Scripture study groups or religious education programs
- Q56c. Read Scripture outside of religious services
- Q56d. Meditate
- Q56e. Share your faith / beliefs with non-believers or people from other religious backgrounds
- Q56f. Feel a deep sense of spiritual peace and well-being
- Q56g. Feel a deep sense of wonder about the universe

Results

Tables 1, 2 and 3 present the responses from the teachers in Adventist schools in the NAD. It was possible to compare the teachers' responses to those given by NAD respondents to the 2017 Adventist Church Members Survey, mapped to the closest response, for church attendance, prayer, reading Bible, attending prayer groups and sharing faith (the statistics for the NAD Members' Survey were derived from Činčala, Trecartin & Brantley, 2018, Appendix). Questions relating to meditation and feelings of wonder and peace were not asked in the Members' Survey.

Table 1 Practices of Personal Piety: Attend Church & Prayer Groups								
	Attend Church: NAD Teachers		Attend Church: NAD Members		Prayer groups: NAD Teachers		Prayer groups: NAD Members	
	Freq	%	Freq	%	Freq	%	Freq	%
Never	0	0.0	10	0.8	6	3.1	163	14.1
Seldom	0	0.0	29	2.4	39	20.3	321	27.7
A few times a year	4	0.4	56	4.6			140	12.1
Every time my work permits	9	1.0					161	13.9
Once or twice a month	80	8.9	411	33.7	69	35.9	191	16.5
Once a week	533	59.3	511	41.9	44	22.9	80	6.9
More than once a week	273	30.4	203	16.6	34	17.7	103	8.9
Total	899		1,220				1159	

Table 2 Practices of Personal Piety: Prayer, Reading Bible, Share Faith						
	Pray		Read Bible		Share Faith	
	Teach	Mem b	Teach	Memb	Teach	Memb
0 Never	0	13	0	18	1	163
1 Seldom	1	29	6	79	61	461
2 A few times a month	1	72	18	147	67	352
3 A few times a week	9	168	58	296	29	183
4 Once or more a day	181	901	110	645	33	0
Total	192	1183	192	1185	191	1159

Table 3 Practices of Personal Piety: Meditation, Feelings of Peace and Wonder						
	Meditate		Peaceful		Wonder	
	Freq	%	Freq	%	Freq	%
0 Never	23	12.2	0	0	2	1.0
1 Seldom	45	23.8	7	3.7	18	9.4
2 A few times a month	26	13.8	31	16.4	33	17.3
3 A few times a week	34	18.0	57	30.2	52	27.2
4 Once or more a day	61	32.3	94	49.7	86	45.0
Total	189		189		191	

Discussion

A two-tailed T-test was performed comparing the reported behaviours of the NAD Teachers and the NAD Church members. Given that 99.9% of teachers answered, “yes,” to the question, “Are you a Seventh-day Adventist,” and that the 2017 Church members survey was conducted among members of the SDA Church, it seemed reasonable to assume that the two samples were drawn from the same population, viz., the members of the Seventh-day Adventist Church in the NAD. Consequently, the samples from the two surveys reported in Tables 1 and 2 are assumed to have the same mean and variance.

The results of the T-test are as follows:

- There was no statistically significant difference in the frequency of church attendance, prayer, reading of Scripture, at $\alpha = 0.05$ (although $P(T \leq t) = 0.0597$ in the reading of Scripture for a one-tailed test).
- There was a significant difference in the frequency of attending prayer groups and of sharing faith. A 2-tailed T-test for equal means and variances give results of $P(T \leq t) = 0.0276$ for attending prayer groups; and $= 0.0435$ for sharing faith.

The Church members survey and other published data (e.g. McIver 2016, 74-75) reveal that SDA Members in the NAD are usually very regular in their attendance at weekly worship services. Consequently, there is no difference between the attendance patterns at weekly worship services of teachers in Adventist schools and other church members is not surprising. Nor is there any real surprise in the statistically significantly greater frequency that teachers in Adventist schools share their faith when compared to other members of the SDA Church. There is a very close connection between Adventist Schools in the NAD and their host churches. Schools, by their overtly Adventist branding, and by the contact between teachers and members of their surrounding community, provide opportunities for sharing personal beliefs. Teachers also share a commitment to their Church, and to furthering the mission of the church (90% strongly agreed that they serve the mission of the Church through their work as teachers, McIver & Hattingh 2019, p. 23), which is also consistent with their willingness to share their faith.

There was no comparative data from the Church Members’ survey on the practice of meditation, and feelings of peace and wonder, although it is possible to compare the behaviour of teachers in Adventist schools in the NAD with those identifying themselves as Christians in 2014 U.S. Religious Landscape Survey by the Pew Foundation. The teachers attended church more frequently than Christians in the US population (99% \geq weekly vs 90%), they read their Bibles more frequently (87.5% \geq weekly vs 43%), and experienced a sense of wonder more frequently (72% \geq weekly vs. 45%). Their practice of meditation and attendance at prayer groups was not too dissimilar (50% \geq weekly vs. 45% for meditation; and 31% \geq weekly vs. 32% for prayer groups) (Pew 2015).

Spirituality has been characterized by, “elusiveness and indefinability” (Charzyńska & Heszen- Celińska 2020, p. 113), as well as something that is an experience rather than merely a belief (Schneiders, 1998, p. 40). Whatever else it is, spirituality is abstract, and challenging to discern. Social scientists try to glimpse non-behavioural beliefs and other abstract features of human existence through the measurement of behaviours associated with them. For SDAs, attending church, prayer, reading Scripture, sharing their faith all work as identifiable proxies for the underlying spirituality of church

members, and the subgroup of members who are the teachers working in Adventist Schools in the NAD. By this measure, the church membership in general, and the teachers in Adventist Schools, have a strong spirituality that is manifested in practices of personal piety.

References

- Bailey, K. G. D., McBride, D.C., Trecartin, S.M., Baltazar, A.M., Činčala, P., & Drumm, R.D. (2018). 2017–2018 Global Church Member Survey ... Meta-Analysis Final Report. October 2, 2018 [minor revisions: August, 2019] http://documents.adventistarchives.org/Resources/Global Church Membership Survey Meta-Analysis Report/GCMSMetaAnalysis Report_2019-08-19.pdf Accessed December 16, 2019.
- Charzyńska, Edyta and Irene Heszen-Celińska (2020). Spirituality and Mental Health Care in a Religiously Homogeneous Country: Definitions, Opinions, and Practices Among Polish Mental Health Professionals. *Journal of Religion and Health* 59: 113-134.
- Činčala, P., S. Trecartin, S.M. & Brantley, P. (2018). North American Division report: Global Church Member Survey 2017. <http://documents.adventistarchives.org/Resources/>
- Dybdahl, J. (October 2015). Spirituality: Biblical and nonbiblical – Part 1 of 2. *Ministry* 87/10, 19–23.
- Dybdahl, J. (December 2015). Spirituality: Biblical and nonbiblical – Part 2 of 2. *Ministry* 87/1, 20–23
- Manners, B. (April 2008). Developing an Adventist concept of spirituality. *Ministry* pp. 16–20.
- McIver, R. K. (2019). Practices of Seventh-day Adventist Spirituality (Including Tithing) among Teachers in Adventist Schools in North America, in Robert K. McIver and Sherene J. Hattingh, eds. *Educating for Service and Mission: Teachers in Seventh-day Adventist Schools in North America and Their Perceptions of Mission*. Cooranbong, NSW; Silver Spring MD: Avondale Academic Press/General Conference Office of Archives, Statistics and Research, 154-172.
- McIver, R. K. (2016). *Tithing Practices Among Seventh-day Adventists: A Study of Tithe Demographics and Motives in Australia, Brazil, England, Kenya and the United States*. Cooranbong, NSW; Silver Spring MD: Avondale Academic Press/General Conference Office of Archives, Statistics and Research.
- McIver, R. K. and S. J. Hattingh, eds. (2019). *Educating for Service and Mission: Teachers in Seventh-day Adventist Schools in North America and Their Perceptions of Mission*. Cooranbong, NSW; Silver Spring MD: Avondale Academic Press/General Conference Office of Archives, Statistics and Research.
- Pew Research Center (2015). US public becoming less religious. www.pewforum.org/2015/11/03/u-s-public-becoming-less-religious accessed 16-12-19
- Schneiders, Sandra M. (1998). The Study of Christian Spirituality: Contours and Dynamics of a Discipline. *Christian Spirituality Bulletin* 6 (Spring 1998): 1, 3-12.
- Schneiders, Sandra M. (2016). Biblical Spirituality. *Interpretation* 70: 417-430.
- Steensland, B., Wang, X., & Schmidt, L. C. (2018). Spirituality: what does it mean and to whom? *Journal for the Scientific Study of Religion*, 57(3), 450–472
- Zhang, Suchuan (2020). Workplace Spirituality and Unethical Pro-organizational Behavior: The Mediating Effect of Job Satisfaction. *Journal of Business Ethics* 161: 687–705.

Assessment of the Relationship between Iron Status and Knowledge and Attitude on Feeding Infants Aged Six to Nine Months in Keiyo South Subcounty

Faith Onyangore, Job Isaboke
University of Kabianga

Introduction

To determine iron status among infants, to determine dietary intake of complementary foods by the infants and to ascertain the complementary feeding in Keiyo South Sub County. This research assessed the iron status among infants aged six to nine months.

Literature

Infant whining with complementary foods starts at six months with breast feeding for up to 2-3 years. The common complementary foods in Kenya given to infants aged 6-11 months are milk products other than breast-milk (57.8%), food made from grain (81%), fruits and vegetables (30.2%) and protein rich foods (13.1%) (Kenya National Bureau of Statistics, ICFMacro, 2010). The type of complementary foods fed to infants and children, will not only affect growth patterns, but also iron deficiency and other micronutrient deficiencies. (Fuchs et al, 1993; Retallack et al, 1994). Soaking, roasting, germination, and fermentation especially of cereals and legumes not only improve the nutritional quality of foods, but also eliminate the phytates and tannins respectively factors which hinder iron bioavailability in these foods. Iron absorption can be enhanced during the same meal by eating meat, fish, fructose and ascorbic acid containing fruits (Lynch et al, 1997). Exclusive breastfeeding provides iron requirements for first six months which is subrimented at fourth month by 1mg/kg/day/person (American Society of Pediatrics, 2008). Foods of animal origin (e.g. meat) have a better iron bioavailability (up to 22% of uptake) than those of vegetable origin (1 to 6%) (Naanyu, 2008).

Methodology

Study area: Keiyo South District which is subdivide into three agro – ecological zones. It has an area of 1440.9 square kilometers with semi desert conditions. It has a population of 109,160 with 33,583 households, 3464 children under one year of age. (KSSP, 2010)

Study design: Cross Sectional design. Determination of the level of bacteriological contamination of complementary foods during feeding was achieved by collecting swabs from hands of mothers who brought infants to the clinics.

$n = Z^2 \frac{pq}{d^2}$ (fishers et al, 1984)

Where n - the desired sample size when the population is more than 10,000

Z- The standard normal deviation at the required confidence level

p- The proportion in the target population estimated to have characteristics being measured.

$q = 1 - p$

d= level of statistical significance set.

$N = (1.962)^2 \frac{(0.03)(1-0.03)}{(0.05)^2}$

= 136 infants .

However, only 54 subjects were studied in the second year.

Simple random sampling was used to select three health facilities from the health facilities, within Keiyo South District, which were immunizing and were either sub-district hospitals or health centers.

Systematic random sampling was then used to select infants who had met the inclusion criteria, till the sample size was attained. From every facility 45 infants were then selected. This was done until the

sample size of 136 was achieved. A 24 hour recall gave data on dietary iron intake by measuring feeding pots against standard using the Nutri Survey software. Blood samples were collected into the Hemo-Control.

Data analysis: SPSS version 17, 2009 was used for analysis of means, frequencies, cross tabulations and Univariate analysis. Ethical approval: Institute of Research and Ethics Committee (IREC), Moi University, the Keiyo South Sub County, Provincial administration and the SCMOH Keiyo South District.

Results

Knowledge and practices on ID While fresh cow's milk (63.0%) was fed to the infants as the first complementary food, un-soaked legumes were consumed by none of the infants. Regarding iron supplementation, none of the infants had received iron supplementation before the age of 9 months.

Iron Status

Biochemical techniques were employed to determine the proportion of infants with anemia using a Hemo_Control device (Table 2).

In general anemia cases (Hb 10-10.9, 7-9.9 and below 7) were 28, making the prevalence of those who were positively screened for iron deficiency to be 51.8%. The mean hemoglobin values were $11.6 \text{ g/dl} \pm 1.71$.

Discussion

4.2 Knowledge and practices on complementary feeding

4.2.1 Time of introduction of complementary foods

Mothers introduced complementary foods as 0-3 months attributed that they had to go to work and attend to other duties, hence spend less time breastfeeding as confirmed by Naanyu (2008). However, the mean age of introduction of complementary foods from the results of this study was 1.6 months as it is contrary to the study by Naanyu, 2008 with mean of 2.4 months but similar to (Cherop, Unpublished Master's Thesis).

4.2.2 Breastfeeding and complementary feeding

Termination or reduced breastfeeding can signify that infants do not get all the valuable nutrients for proper growth/malnutrition (Simondon, 1995; Faber, 1999; Odumodu, 1994) early and late weaning can cause IDA because of iron quantities in breast milk are inadequate. From this study all mothers were breast feeding except a few mothers had stopped breastfeeding probably because they had a lactation failure, no enough milk, engorged breasts, sore nipples, sickness and a busy employment schedule which involved traveling as also shown in (Nwanko, 2002; Vaahtera, 2001).

4.2.3 Foods affecting iron absorption and utilization

Foods rich in vitamin C in the diet increase the absorption of iron in the body i.e citrus fruits, juices and others (Fuschs *et al.*, 1997). Another method to improve the absorption of non-heme iron is to include a source of heme iron (meat) with the meal. Vitamin A deficiencies, indicates iron deficiencies. (Anderson *et al.*, 2010).

4.2.4 Iron supplementation

According to WHO (1999), iron supplementation is also mandatory to infants; however in this study iron supplementation was poorly conducted at 0%. This is consistent with the Kenya Demographic Health and Survey (2009) results whereby iron supplementation in ages 6-8 months was 6.8% and 9-11 months was also low at 4.5%. Routine iron supplementation reduces the prevalence of anemia among

populations in non-malaria endemic areas from 62.3% to 37.9%, but by only 31.8% to 5.8% in malaria hyper-endemic regions (Gera, 2002).

4.3 Prevalence of anemia and screening infants for ID

According to the survey conducted by the government and UNICEF (1999) in Kenya, 89% of the children fewer than 6 years were anemic with 91% in the Lake basin region with the study producing 53.7%. (GOK and UNICEF, 2002). Kenya does not currently have legislation to address iron deficiency, supplementation, or food fortification with iron (although supplementation for pregnant women is routine). A national policy is under consideration. It is therefore essential to find out the anemic status of infants which is attributed to high consumption of fresh cow's milk, low intake of iron rich foods and no iron supplementation is required. In this study, all infants who had low hemoglobin levels were positively screened for IDA.



Variable	Frequency (n=136)	Percentage
Introduction of complementary foods		
0-3 months	5	9.3
4-6 months	5	9.3
After the 6 th month	44	81.4
Breastfeeding status		
Yes	49	90.7
No	6	11.1
Intention to breastfeed		
Not breastfeeding	6	11.1
Less than 1 year	5	9.3
1-1.5 Years	29	53.7
1.6- 2 years	4	7.1
Over 2 years	10	18.5
Awareness of time of introduction of complementary foods		
Yes	43	79.6
No	11	20.4
Time of Introduction of complementary foods		
Not aware	11	20.4

0-2 months	3	5.6
2.1-4	3	5.6
4.1 and above	38	70.4
First complementary food (affecting iron absorption)		
Tea	2	3.7
Fresh cow's milk	34	63.0
Un soaked legumes	0	0
Infant formula	2	3.7
Porridge	16	
Others	0	29.6
Iron supplementation		
Yes	0	0
No	54	100
Age iron supplementation given(months)		
Not given	54	100
1-3	0	0
3.1-6	0	0

Table 1: Frequency of the feeding regime of infants in Keiyo South Sub county

Classification of anemia	Values (g/dl)	Frequencies	Percentages
Normal	Over 11	28	51.8
Mild	10-10.9	14	26
Moderate	7-9.9	13	24.1
Severe	Below 7	1	1.9

Table 2: Prevalence of anemia in infants

References

- Andrews, N.C. (2010). Disorders of iron metabolism. *N Engl J Med* 341(1), 1986-95.
- American Academy of Pediatrics, Committee on Nutrition. (2008). Nutritional needs of the premature infant. In: Klenman, R.E. (ed.), *Pediatric Nutrition Handbook* (pp 79–112). 6th ed. Elk Grove Village, IL: American Academy of Pediatrics.
- Annibale, B., Capurso, G., Chistolini, A., D'Ambra, G., DiGiulio, E., Monarca, B. et. al. (2001). Gastrointestinal causes of refractory iron deficiency anemia in patients without gastrointestinal symptoms. *American Journal of Medicine* 3(111), 439-45
- Chatterjee, P. (2007). Child malnutrition rises in India despite economic boom. *Lancet*. 369: 1417-1418.
- Cohen, R.J., Haddix, K., Hurdato, E. et. al. (1995). Maternal activity budget: Feasibility of exclusive breastfeeding for six months among urban women in Honduras. *Social Science and Medicine*, 41(4), 527-536.
- Department of Health and Human services (DDHS). *The surgeons general report on health and nutrition*, 1988. US Government printing Office.
- Ehrhardt, P. (1986). Iron deficiency in young Bradford children from different ethnic groups. *British Medical journal*, 292(1), 90-3.
- Faber, M., Benade A. (1999). Nutritional status and dietary practices of 4-24 month- old children from a rural South African community. *Public Health Nutrition*, 2(2), 179-185.

- Fuchs, G.J., Farris, R.P., DeWier, M. et. al. (1993). Iron status and take of older children fed formula vs cow milk with cereal. *American Journal of Clinical Nutrition*, 58(1), 343-8.
- Gera, T., Sachdev, H.P.S., Nestel, P., Sachdev, S.S. (2007). Effect of iron supplementation on haemoglobin response in children: systematic review of randomised controlled trials. *Journal of Pediatric Gastroenterology Nutrition*. 44: 468-486.
- Gleerup, A., Rossander, H.M., Gramatkovski, E., Haliberg, L. (1995). Iron absorption from the whole diet: comparison of the effect of the two different distributions of daily calcium intake. *American Journal of Clinical Nutrition*. 61:97-104.
- GOK and UNICEF (2002). Anemia and the status of iron, vitamin A and zinc in Kenya. *The 1999 micronutrient Survey report*. The Government of Kenya and United Nations Children's Fund. Nairobi.
- Iannotti, L.L., Tielsch, J.M., Black, M.M., Black, R.E. (2006). Iron supplementation in early childhood: health benefits and risks. *American Journal of Clinical Nutrition*, 84: 1261-1276.
- Institute of Medicine. (2001). *Food and Nutrition Board. Dietary Reference Intakes for Vitamin A, Vitamin K, Arsenic, Boron, Chromium, Copper, Iodine, Iron, Manganese, Molybdenum, Nickel, Silicon, Vanadium and Zinc*. Washington, DC: National Academy Press.
- Kenya National Bureau of Statistics (KNBS) and ICF Macro (2010). *Kenya Demographic Health and Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro.
- Keiyo South Constituency Strategic Plan 2008-09-2012-/13(2010)
- Lozoff, B., de Andraca, J., Castillo, M., Smith, J.B., Walter, T., & Pino P. (2003). Behavioral and developmental effects of preventing iron deficiency anemia in healthy full-term infants. *Pediatrics*, 112(1), 846-54.
- Lozoff, B., Briwittenham, G.M., Viteri, F.E., Wolf, A.W., & Urrutia, J.J. (1982). The effects of short term oral therapy on developmental deficits in iron deficient anemic infants. *Journal of Pediatrics*, 100:351-57
- Lynch, S.R., Dassenko, S.A., Cook, J.D., Juillerat, M.A., & Hurrell, R.F. (1994). Inhibitory effect of a soybean-protein-related moiety on iron absorption in humans. *American Journal of Clinical Nutrition* 60(2), 567-72.
- Marx, J.J. (1997). Iron deficiency in developed countries: Prevalence, influence of lifestyle factors and hazards of prevention. *European Journal of Clinical Nutrition*, 51(2)491-494.
- Mbagaya, G. (2009). Child feeding Practices in a Rural western Kenya Community. *African Journal of Primary Health care & Family Medicine*, 1 (1), Art 15.
- Molbak, K., Gotschau, A., Aaby P et. al. (1994). Prolonged breastfeeding, diarrhoeal disease and survival of children in Guinea-Bissau. *British Medical Journal*, 308(6941), 1403-6.
- Naanyu, V. (2008). Young Mothers, First time parenthood and Exclusive breastfeeding in Kenya. *African Journal of Reproductive Health*. 12 (3):125-138
- National Family Health Survey (NFHS-2) 1998-99. Mumbai: International Institute for Population Sciences (IIPS) and ORC Macro; 2000.
- Nwankwo, B.O., Brieger, W.R. (2002). Exclusive breastfeeding is undermined by other liquids in rural southwest Nigeria. *Journal of Pediatrics*, 48(2), 109-112.
- Odumodu, C.U., Ighogboja, I.S., Okhuoghae, H.O. (1994). Performance of children on weaning foods in Jos, Nigeria. *East African Medical Journal*, 71 (3) 155-158.
- Oti-Boateng, P., Sershadri, R., Petrick, S., Gibson, R.A., & Simmer, K. (1998). Iron status and dietary intake of 6-24 month-old children in Adelaide. *Journal of Paediatrics and Child Health*, 34(1), 250-253
- Sachdev, H.P.S., Gera T., Nestel P. Effect of iron supplementation on physical growth in children: systematic review of randomised controlled trials. *Public Health Nutrition* 2007; 9: 904-920.
- Simondon, K.B., Simondon, F. (1995). Infant feeding and nutritional status: the dilemma of mothers in rural Senegal. *European Journal of Clinical nutrition*, 49(3): 179-88.

Religiosity, National Circumstances, and Well-Being among Seventh-day Adventists

David S. Sherman, Karl G. D. Bailey, & Duane C. McBride
School of Social and Behavioral Sciences, Andrews University

Introduction

Religion has personal benefits for believers, leading to a positive relationship between religion and well-being (Koenig & Larson, 2001; Hackney & Sanders, 2003). However, the relationship between religiosity and subjective well-being at the level of nations becomes more complicated (Tay, Li, Myers, & Diener, 2014; Diener, Tay, & Myers, 2011) because difficult societal circumstances are a strong positive predictor of religiosity and negative predictor of well-being (Diener et al., 2011). Thus, national-level data yields a negative relationship between religion and well-being. This may be because people gain less benefit from religion within nations with favorable social circumstances and low levels of national religiosity.

Literature

Previously, researchers have examined religiosity by combining all individuals from a particular nation into one large group (regardless of their religious tradition) and used relatively simple attendance and importance measures of religiosity (Diener et al., 2011). Religiosity is often measured by asking only if religion is an important aspect of a respondent's daily life (Diener, Tay, & Myers et al., 2011). Doing so fails to evaluate the construct of religiosity in a multidimensional matter.

A possible solution to address these issues is to examine these relationships within a single, global religious tradition, and to examine whether limiting the sample to just one religious group may change the relationship between national circumstances, well-being, and religiosity. We chose to examine this issue within a 'strict' religion where members engage in a range of measurable and normative behaviors and show high group solidarity (Iannaccone, 1994; Scheitle & Adamczyk, 2010). By limiting the study to just one religious identity, we reduce the difficulty of defining what behaviors are indicative of religiosity—within a single religion there is more agreement about what behaviors are expected of members of that religion. Social identity theories suggest that members of religious groups rely on the group for self-concept (Ysseldyk, Matheson, & Anisman, 2010), perhaps inhibiting the effects of societal circumstances on well-being.

Methodology

We selected 38,487 cases from 75 geographical units (countries or regional groupings of countries) in a large international study of Seventh-day Adventist Church members (a strict religion per Iannaccone, 1994) conducted between 2017 and 2018. The cases selected originated from 75 geographical units that had at least 50 data points in each unit. We refer to these geographical units as 'societies' for ease of reporting in following sections.

All subjects completed a 16-item multidimensional religiosity scale including measures of church meeting attendance, social interaction, personal devotional behavior, and perceived applicability of devotions to daily life. Five items measured church meeting attendance on a 7-point frequency scale (church, Sabbath school, prayer meeting, small group bible study, and public evangelism meeting attendance). A further two items measured social interaction with other group members (frequency of attendance at communion and frequency of eating with other Adventists) on the same 7-point frequency scale. Three items measured of personal devotional behavior originally on a 0-4 frequency

scale (Bible study, Sabbath school lesson study, reading Ellen White, family worship, personal prayer apart from mealtime, and personal devotions). We rescaled the personal devotional behavior items to a 7-point scale in order to construct a full-scale score. Finally, three items measured church members' perceptions of the applicability of studying the Sabbath school lesson, the Bible, and Ellen White's writings to daily life using a 5-point Likert-like scale (agree or disagree) rescaled to a 7-point scale. This scale had an internal consistency (split-half correlation) of $\alpha = .823$.

Societal circumstances for each geographic unit were measured using the Human Development Index (HDI; United Nations Development Program, 2018; Stewart, 2013). The HDI is a composite, three-dimensional index, including life expectancy, education, and income. Where geographic units were made up of multiple countries, we created a weighted mean of HDI based on the 2018 population of each constituent country. Individual subjective well-being (SWB) was measured using Cantril's single-item, 11-step well-being ladder (Cantril, 1965). We chose SWB rather than other indices or measures of well-being because other instruments tend to be saturated with variance in measures of income (Diener, Kahneman, Arora, Harter, & Tov, 2009).

Results

We observed a positive relationship between individual religiosity and individual subjective well-being (Figure 1a), $r = .19$, $p < .001$, 95% CI [.10, .27]. However, societal average religiosity and subjective well-being among members of a strict religion were not significantly correlated, $r = -.17$, $p = .156$, 95% CI [-.38, .06], although the relationship was in the predicted negative direction. After controlling for societal circumstances, the partial correlation between well-being and religiosity fell to $r_p = .03$, suggesting substantial mediation of this relationship by societal circumstances. The society-level relationship between average well-being and circumstances was positive, $r = .39$, $p < .001$, 95% CI [.178, .567], while the society-level relationship between average religiosity and circumstances was negative, $r = -.63$, $p < .001$, 95% CI [-.751, -.467].

Discussion

The positive relationship between individual religiosity and well-being within a single strict religion accounts was similar to studies across religious groups (Diener, Suh, Lucas, & Smith, 1999; Tay et al., 2014). As in previous studies, societal circumstances drove the relationship between well-being and religiosity at the societal level (in a mediation model, the relationship between well-being and religiosity is almost fully mediated by HDI). Even within strict religions, the relationship between religion and well-being is not immune to cultural context.

This pattern is consistent with previous findings that individuals within countries that are more economically developed are less dependent on religiosity in order to achieve well-being, whereas in lower economically developed countries people use religiosity in order to inhibit effects of difficult societal circumstances (Diener, Tay, & Myers, 2011). Further work should examine whether this pattern holds for other measures of societal circumstances—the Human Development Index (HDI) measures national circumstances using three dimensions that are highly reliant upon socioeconomic status. Life expectancy and education levels decrease as socio-economic status decreases (Swanson, McGehee, & Hoque, 2009; Guralnik, Land, Blazer, D., Fillenbaum, & Branch, 1993), but other measures (national happiness, measures of health-care access, measures of sustainability) may give additional insights into the circumstances that play a role in linking well-being and religiosity.

This study, moreover, suggests that for the Seventh-day Adventist Church, different issues may need to take priority in different societies depending on circumstances. In societies where circumstances

promote well-being independent of the effects of religiosity, the Church may need to focus on developing deeper habits of religious practice among church members. In societies where circumstances thwart well-being independent of the effects of religiosity, the Church may need to focus on actions that can enhance member well-being.

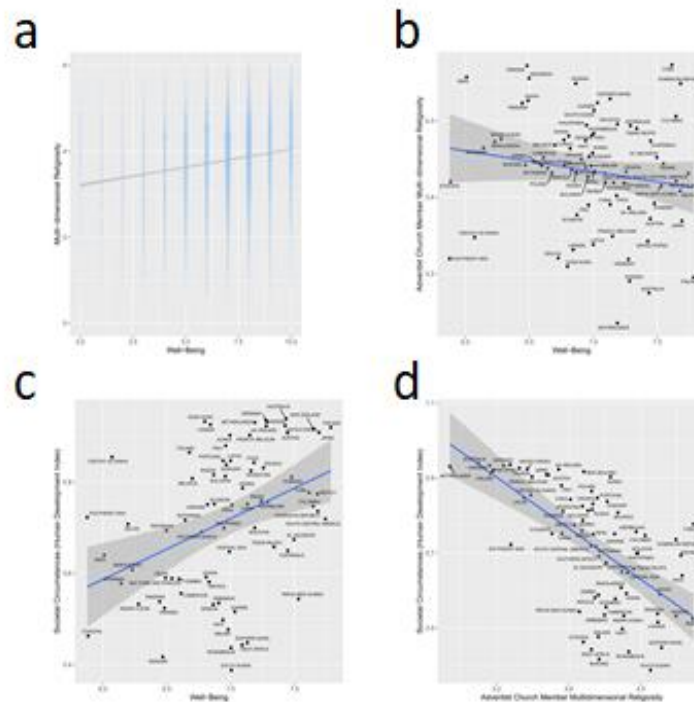


Figure 1. Relationships between religiosity, well-being, and societal circumstances. (a) The relationship between religiosity and well-being for individual respondents is positive ($r = .19$). Shaded distributions represent the religiosity distributions for each step on the Cantril well-being ladder. (b) The relationship between average religiosity and average well-being for geographic regions is negative ($r = -.17$). The shaded area represents the standard error around the best-fit regression line. Individual geographical units are labelled. The (c) positive relationship ($r = .39$) between societal circumstances (Human Development Index) and well-being, and (d) the negative relationship ($r = -.63$) between societal circumstances and religiosity accounted for most of the relationship between societal-level well-being and religiosity among church members.

References

- Cantril, H. (1965). *The pattern of human concerns*. New Brunswick, NK: Rutgers University Press.
- Diener, E., Kahneman, D., Arora, R., Harter, J., & Tov, W. (2009). Income's Differential Influence on Judgments of Life Versus Affective Well-Being. *Assessing well-being* (pp. 233-246). Springer, Dordrecht.
- Diener, E., Suh, E. M., Lucas, R. E., & Smith (1999). Subjective well-being: Three decades of progress. *Psychological Bulletin*, 125, 296-302.
- Diener, E., Tay, L., & Myers, D. G. (2011). The religion paradox: If religion makes people happy, why are so many dropping out? *Journal of personality and social psychology*, 101, 1278.

- Hackney, C. H., & Sanders, G. S. (2003). Religiosity and mental health: A meta-analysis of recent studies. *Journal for the scientific study of religion*, 42, 43-55.
- Iannaccone, L. R. (1994). Why strict churches are strong. *American journal of sociology*, 99, 1180-1211.
- Koenig, G. H., & Larson, D. B. (2001). Religion and mental health: Evidence for an association. *International review of psychiatry*, 13, 67-78.
- Scheitle, C. P., & Adamczyk, A. (2010). High-cost religion, religious switching, and health. *Journal of health and social behavior*, 51, 325-342.
- Stewart, F. (2013). Capabilities and Human Development: Beyond the individual-the critical role of social institutions and social competencies. *UNDP-HDRO Occasional Papers*, (2013/03).
- Tay, L., Li, M., Myers, D., & Diener, E. (2014). Religiosity and subjective well-being: An international perspective. In C. Kim-Prieto (ed.), *Religion and Spirituality Across Cultures*, Cross-Cultural Advancements in Positive Psychology, 9 (pp. 163-175). doi:10.1007/978-94-017-8950-9_9
- United National Development Program. (2018). Human development reports. Retrieved from <http://hdr.undp.org/en/2018-update>
- Ysseldyk, R., Matheson, K., & Anisman, H. (2010). Religiosity as identity: Toward an understanding of religion from a social identity perspective. *Personality and social psychology review*, 14, 60-71.

Portions of this work were funded by a grant from the Archives, Statistics, and Research Department of the General Conference of Seventh-day Adventists and by an Undergraduate Research Scholarship awarded to D. Sherman by the Office of Research and Creative Scholarship at Andrews University.

Project-based Community Support to Public Primary Schools in Tanzania: A Framework for Sustainable Basic Education

Eliada Tieng'o, *Elizabeth Role, and Millicent Ojwan'g
University of Eastern Africa, Baraton(university town), Kapsabet(town) Kenya

Abstract

The study explored an approach that will strengthen community participation in project-based support to public primary schools in Tanzania to ensure sustainable basic education for optimum learning. Identified interventions are community mobilization, social awareness seminars, social capital education, and collective action of the community, parents/guardians, and school management committees.

Keywords: Project-based support, community participation, basic education, sustainability, public primary schools, Tanzania

Introduction

A successful nation is one whose citizens are educated and skillfully empowered to serve its development objectives. The Tanzania Development Vision 2025 is to create a pool of skilled workforce. One way to achieve that is through Fee Free Basic Education (FFBE) policy that provides access to education for all children in Tanzania. However, due to the challenges such as textbook shortages, dilapidated classroom facilities, frayed school uniforms, etc. encroaching the teaching and learning environment, it is evident that the implementation of the FFBE policy is stalled; consequently, the quality of education tend to be negatively influenced. Oyunge (2015) in his study of primary schools in Moshi, Tanzania, the findings showed that despite the objectives of Tanzania government to provide access of education to all without discrimination, there was no proof that all the children enrolled were equally learning.

If this trend continues, the increased unskilled workforce will impede economic and human development as well as the national development plans. In a study conducted by Oyunge (2015), when parents were asked to indicate if there is quality education in the primary school that their children attended, majority (70.0%) said that quality education was not yet attained as the pupils completed primary education without ability in the reading, writing and arithmetic skills.

The overarching objective of the current study was to explore a viable approach that will strengthen community participation in project-based support to public primary schools for optimum learning; and subsequently, to propose a framework for sustainable basic education in Rorya District, Mara, Tanzania.

Literature

The concept and practice of community participation had been valued and used as a strategy to realize successful development projects in various parts of the world (Kieya, 2016). In education, strong ties between the school and the community promotes increased engagement among stakeholders which leads to ultimate learning (Pradhan et al., 2013). In the developing East African countries, lack of adequate involvement of the local communities in schools has contributed greatly on negative outcomes of education (Oyunge, 2015). Education reforms in the United Republic of Tanzania (URT), like other Sub Saharan countries, have experienced inadequate support from the local communities who are the key stakeholders with the crucial role to play in educational policy implementation. It is

indispensable to embrace collaboration and cooperation of local communities in planning and implementation of policies to realize the expected development goals in education (UNESCO, 2015).

The Ecological Systems Theory (Bronfenbrenner, 2005) informs this study about the significance of the interrelationship of the sub-systems that exist to bring the parts in place to make the whole. Community is an organ that functions through the various subsystems without which the community will be fragmented and fractured. Such sub-systems and parts of the community include households, schools, government, and other stakeholders. If these subsystems that make the community are pulled together, the people will be empowered.

The Transformational Leadership Theory (Burns, 1978) is foundational in the current study showing the contextual relationship in which school leadership and community operate. Vanderheide (2017) observed that transformational leadership in schools was desirable at such a time when educational aims keep changing to suit the changing demands of the 21st century. The school administration has a responsibility to initiate transformation of the community through partnership. Hence, a need for involvement of all stakeholders in planning, formulation and implementation of educational development policies.

Research Questions/Hypothesis

This study sought answers to the following questions:

1. What are the perception of the parents of primary school children in rural communities in Rorya District, Mara, Tanzania on a) the value of public primary school education and b) the importance of participation in projects to support primary education?
2. Is there a significant relationship between the parents' perceptions on the value of public primary school education and perceptions on the importance of participation in project-based support to education?
3. What interventions should be implemented to integrate project-based support to public primary education in Tanzania?
4. What is the recommended framework for project-based support to public primary education in Tanzania?

The null hypothesis tested in the current study was as follows:

H₀: There is no significant relationship between the parents' perceptions on the value of public primary school education and perceptions on the importance of participation in development programs for education.

Methodology

This study employed a concurrent mixed methods approach. Qualitative data were collected through interviews and focus group discussions. Quantitative data were gathered using questionnaires in Kiswahili, which were subjected to expert validation and pilot testing to establish their reliability coefficients of .867 for the value of primary school education and .751 for the importance of participation in development programs for education. From 8 randomly selected primary schools, 185 parents responded to the questionnaires and 16 selected parents and school management committee members participated in the focus group discussion. The district education director, district education officer for primary schools, and 8 ward education coordinators were interviewed. Descriptive statistics and simple linear regression analysis were used to analyze quantitative data while qualitative data was subjected to content analysis.

Results

Quantitative findings revealed that parents, in general, seem not to value primary education. They do not see the necessity of children completing primary education, which may be due to the fact that a substantial number of Tanzanian children who have primary education certificates from public schools lack basic literacy and numeracy skills (Makomelelo & Swai, 2013). Lindsjo (2017) observed that although parents believe primary education is the only way to change their household life for the better, they realize that with the current situation of inclusivity and the poor environment of the school condition, their children may not be able to acquire quality education. This situation led parents to have a negative attitude towards participation in community development programs for education. However, parents who value primary education tend to consider participation in community development programs for education important ($r = .510$). Twenty-six percent (26%) of the variance in the parents' perceptions on the importance of participation in community development programs for education is accounted for by the value they placed on public primary school education.

Discussion

Qualitative findings showed evidence of a weak cooperation between the local community and school management committees in Rorya District. To mitigate the negativity of the community toward primary education, the quality of public primary schools should be improved through collaboration among stakeholders. The participants proposed interventions for the community as follows: a) to sensitize community members on social awareness about social issues, and social capital as pertains to parental expectations, obligations, and social network, and b) to mobilize the community for collective action to strengthen community participation through project-based support to public primary education. These interventions and the recommended social and economic projects were encapsulated in a model (figure 1) which will serve as a framework for sustainable basic education.

References

- Bronfenbrenner, U. (2005). *Making human beings human*. Thousand Oaks, CA: Sage Publications, Inc.
- Burns, J. M. (1978). *Leadership*. New York: Harper and Row.
- Kieya, H. O. (2016). *Factors influencing community participation in the implementation of murram road projects in Nyamira County, Kenya* (Unpublished master's thesis). Nairobi University, Kenya.
- Lindsjo, K. (2017). *Everybody knows every child should be educated: The strive towards universal primary education in Tanzania*. Sweden: LUNDI University.
- Makomelelo, P. & Swai, H. (2013). *Mwongozo wa Kuwajengea Uwezo Wajumbe wa Kamati za Shule Haki Elimu kwa Ushirikiano na TRCC*. Dar-es-salaam, Tanzania: Hakielimu.
- Oyunge, A. M. (2015). *Assessment of the provision of quality basic education in primary schools in Moshi Rural District, Tanzania* (Unpublished master's thesis). Open University of Tanzania, Dar es Salaam. Available online: <http://repository.out.ac.tz/1224/>
- Pradhan, M., Suryadarma, D., Beatty, A., Wong, M., Gaduh, A., Alishjabana, A. & Artha, R. P. (2013). *Improving educational quality through enhancing community participation: Results from a randomized field experiment in Indonesia*. Retrieved from <http://real.wharton.upenn.edu/~maisy/documents/School Committee/AEJA>.
- UNESCO. (2015). *Education 2030: Equity and quality with a lifelong learning perspective*. Paris, France.
- Vanderheide, G. M. (2017). *The need for transformational leaders in education during times of change in British Colombia* (Unpublished master's thesis). Gordon Albright School of Education City University, Seattle, WA. Available online: <http://repository.cityu.edu/handle/20.500.11803/648>

Figure 1. A project-based model for sustainable basic education in public primary schools in Tanzania.

