Prayer/Religiosity as Primary Stress Coping Strategy Predicts Health-Related Pregnancy and Birth Factors in a Rural Appalachian Sample

Abstract:

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During intake, a rural sample of 1312 women admitted for low-risk singleton birth was asked the open-ended question, “How do you deal with stress?” Responses were categorized into 18 stress coping strategies, including Prayer/Religiosity (n = 22). Demographically, women endorsing prayer/religiosity (PR) were older (p < .001), more educated (p = .007), more likely to be married (p = .004), and had more children (p = .001) than non PR women. PR women were significantly less likely to report alcohol use (p = .028), tobacco use (p = .034), or have a positive prenatal drug screen (p = .045), and far more likely to breastfeed (p = .006) compared to Non PR women, all factors predictive of pregnancy and birth health. PR women did not differ from others in presence of complications, but they did have infants who were hospitalized fewer days at birth (p = .005).

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