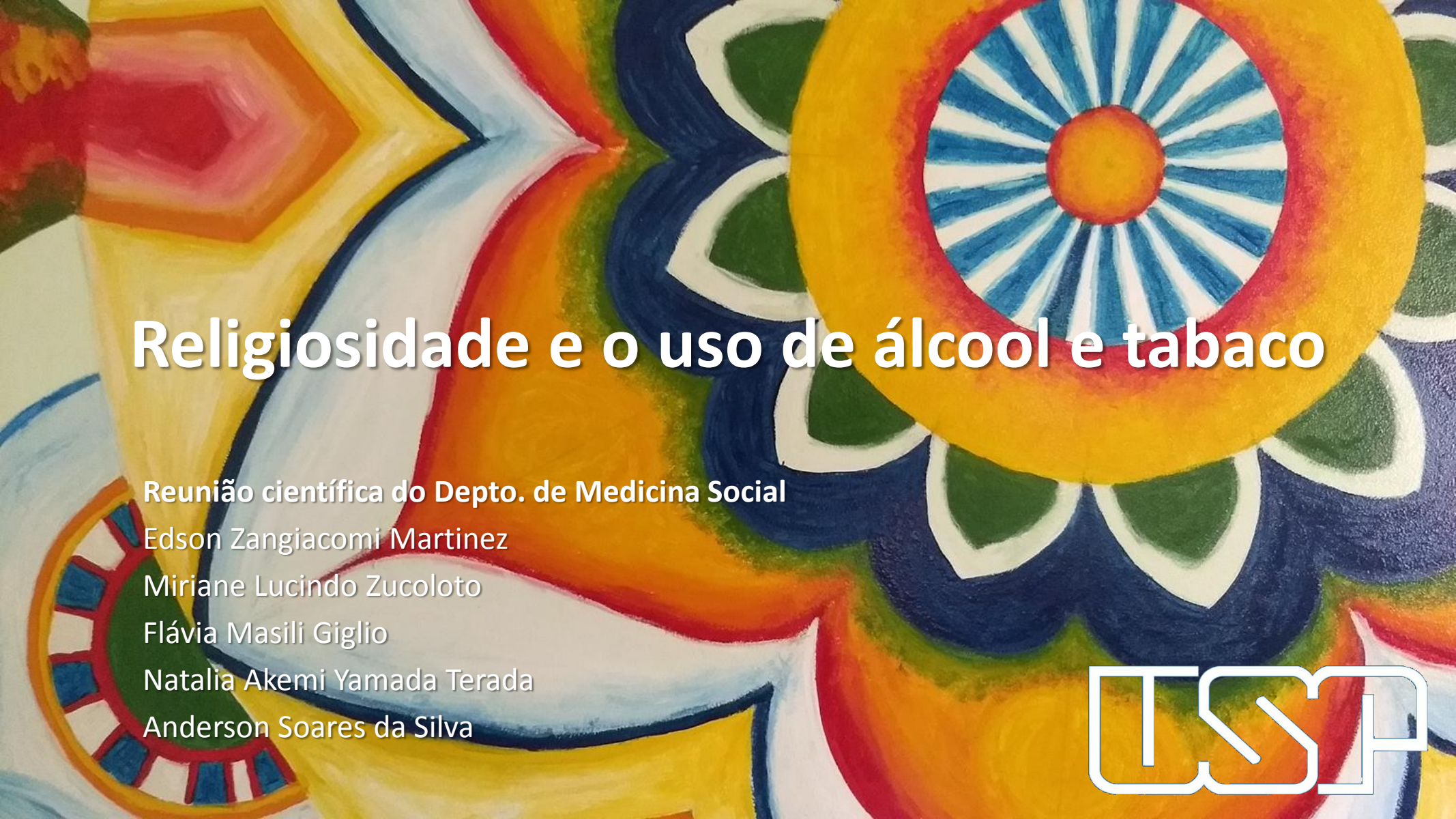

Religiosidade e o uso de álcool e tabaco

Reunião científica do Depto. de Medicina Social

Edson Zangiacomi Martinez
Miriane Lucindo Zucoloto
Flávia Masili Giglio
Natalia Akemi Yamada Terada
Anderson Soares da Silva

Apresentação baseada nos trabalhos:

Martinez, E. Z., Giglio, F. M., Terada, N. A. Y., da Silva, A. S., & Zucoloto, M. L. (2017). Smoking Prevalence Among Users of Primary Healthcare Units in Brazil: The Role of Religiosity. *Journal of Religion and Health*, in press. https://doi.org/10.1007/s10943-017-0389-x

Martinez, E. Z., da Silva, A. S., Giglio, F. M., Terada, N. A. Y., & Zucoloto, M. L. (2017). Religiosity and patterns of alcohol consumption among users of primary healthcare facilities in Brazil. Submitted.

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Study 1:

Martinez, E. Z., Giglio, F. M., Terada, N. A. Y., da Silva, A. S., & Zucoloto, M. L. (2017). Smoking Prevalence Among Users of Primary Healthcare Units in Brazil: The Role of Religiosity. *Journal of Religion and Health*, in press. https://doi.org/10.1007/s10943-017-0389-x

The present study was undertaken to examine the association between religious involvement and tobacco use in a large representative sample of users of primary healthcare units of Ribeirão Preto, Southeast Brazil. The objectives of this study were (1) to describe the prevalence of smoking consumption and identify the social and demographic factors associated with smoking among the users of primary healthcare units and (2) to explore associations between religiosity and tobacco use.

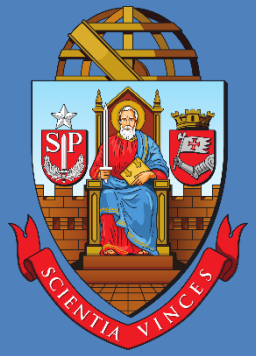
Study 2:

Martinez, E. Z., da Silva, A. S., Giglio, F. M., Terada, N. A. Y., & Zucoloto, M. L. (2017). Religiosity and patterns of alcohol consumption among users of primary healthcare facilities in Brazil. Submitted.

The present study was undertaken to examine the association between religious involvement and patterns of alcohol consumption in a large and representative sample of users of primary healthcare facilities in Ribeirão Preto, Southeast Brazil. The objectives of this study were (1) to describe the prevalence of alcohol consumption and identify the social and demographic factors associated with alcohol consumption among the users of primary healthcare facilities; and (2) to explore associations between religiosity and patterns of alcohol consumption.

	Total	Homens	Mulheres
Católica Apostólica Romana	123 280 172	61 180 316	62 099 856
Católica Apostólica Brasileira	560 781	282 011	278 770
Católica Ortodoxa	131 571	65 727	65 844
Evangélicas	42 275 440	18 782 831	23 492 609
Evangélicas de Missão	7 686 827	3 409 082	4 277 745
Evangélicas de origem pentecostal	25 370 484	11 273 195	14 097 289
Evangélica não determinada	9 218 129	4 100 554	5 117 575
Outras religiosidades cristãs	1 461 495	666 772	794 723
Igreja de Jesus Cristo dos Santos dos Últimos Dias	226 509	107 144	119 366
Testemunhas de Jeová	1 393 208	579 466	813 742
Espiritualista	61 739	24 857	36 882
Espírita	3 848 876	1 581 701	2 267 176
Umbanda	407 331	182 119	225 213
Candomblé	167 363	80 733	86 630
Outras declarações de religiosidades afro brasileira	14 103	6 636	7 467
Judaismo	107 329	53 885	53 444
Hinduismo	5 675	2 942	2 733
Budismo	243 966	110 403	133 563
Novas Religiões Orientais	155 951	63 813	92 139
Igreja messiânica mundial	103 716	41 980	61 736
Outras novas religiões orientais	52 235	21 833	30 402
Outras Religiões Orientais	9 675	4 502	5 173
Islamismo	35 167	21 042	14 124
Tradições Esotéricas	74 013	42 095	31 918
Tradições Indígenas	63 082	32 095	30 987
Outras Religiosidades	11 306	5 135	6 171
Sem religião	15 335 510	9 082 507	6 253 004
Sem religião	14 595 979	8 592 492	6 003 486
Ateu	615 096	411 397	203 699
Agnóstico	124 436	78 618	45 818
Não determinada e múltiplo pertencimento	643 598	302 807	340 791
Religiosidade não determinada / mal definida	628 219	295 713	332 506
Declaração de múltipla religiosidade	15 379	7 094	8 284

Censo Demográfico 2010
http://www.ibge.gov.br



Motivação
Métodos
Resultados
Conclusões

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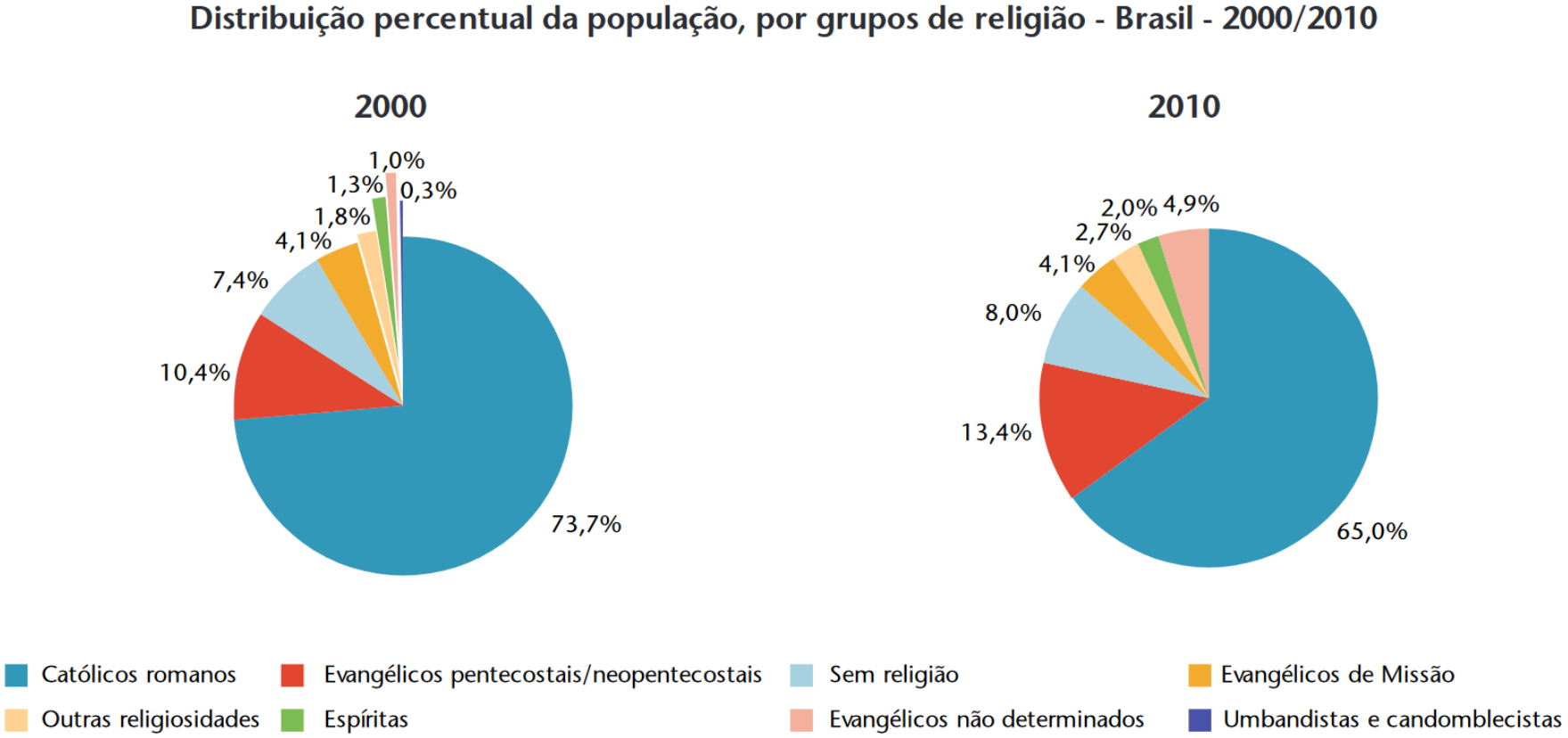

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http://www.ibge.gov.br

Os ateus são 0,322% da população brasileira. Então, 99,678% creem em ...

Motivação
Métodos
Resultados
Conclusões

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Religiosidade

Consumer attitudes and purchase intentions toward Islamic banks: the influence of religiosity

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Marzouki R
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Malaysian Management Journal 11 (1 & 2), 87-101 (2007)

Consumer Religiosity and Shopping Behaviour in Malaysia

IS
Economics
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International Journal of Social Science and Humanity, Vol. 5, No. 1, January 2015

Assessing Knowledge and Religiosity on Consumer Behavior towards *Halal* Food and Cosmetic Products

Ahlam Nuwairah Ahmad, Azmawani Abd Rahman, and Suhaimi Ab Rahman

***Abstract*—This paper investigates the relationship between knowledge and religiosity on attitude towards Halal food and cosmetic products. It also looks at existence of significant difference between consumers' attitude towards Halal cosmetic and *Halal* food products were investigated. Based on the sample**

The influence of religion on Islamic mobile phone banking services adoption

Susan Sun
and International Business,
llington, Wellington, New Zealand
iong Goh
nagement, University of Wellington,
on, New Zealand
Shyan Fam
and International Business,
gton, Wellington, New Zealand, and
ang Xue
agement and Economy,
Water Resources and Electric Power,
ople's Republic of China

explore the effects religious affiliation and commitment
tion to adopt Islamic mobile phone banking.

PABLO BRAÑAS-GARZA
MÁXIMO ROSSI
DAYNA ZACLICEVER

Individual's Religiosity Enhances Trust: Latin American Evidence for the Puzzle

This paper explores the effect of religious observance and affiliation to the dominant religion (Catholicism) on trust in institutions and toward others, and market attitudes. The analysis is performed using a Latin American database of 20,000 respondents from 2004 by means of ordered probit models. The most interesting results are:

(i) *Trust toward others is positively correlated with both religious observance* and *Catholic affiliation* (and *practice*).
(ii) There is a *positive correlation between trust in the government, in*

Estratégias de comunicação

Perfil de consumidor

Adaptação de produtos

...

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Definitions

Undoubtedly, the definitions of **religiousness** and **spirituality** have a long history of controversy. However, there is general agreement that these constructs are related to the search for the sacred or transcendent, which includes concepts of God, a higher power, the divine, and/or ultimate reality. (Moreira-Almeida & Koenig, 2006)

Religion is an organized system of beliefs, practices, rituals, and symbols designed to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality). (Koenig, H. G., McCullough, M., & Larson, D. B., 2001)

Religiosity is defined as the extent to which an individual is committed to the religion he or she professes and its teachings, such as the individual attitudes and behaviors reflect this commitment. (Johnson et al., 2001)

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Spirituality is distinguished from all other things—humanism, values, morals, and mental health—by its connection to that which is sacred, the transcendent. The transcendent is that which is outside of the self, and yet also within the self—and in Western traditions is called God, Allah, HaShem, or a Higher Power, and in Eastern traditions may be called Brahman, manifestations of Brahman, Buddha, Dao, or ultimate truth/reality. Spirituality is intimately connected to the supernatural, the mystical, and to organized religion, although also extends beyond organized religion (and begins before it). Spirituality includes both a search for the transcendent and the discovery of the transcendent and so involves traveling along the path that leads from nonconsideration to questioning to either staunch nonbelief or belief, and if belief, then ultimately to devotion and finally, surrender. Thus, our definition of spirituality is very similar to religion and there is clearly overlap. (Koenig, H. G., King, D. E., & Carson, V. B., 2012)

Spirituality is defined as helping one understand and find **purpose** and **meaning** in life. Spirituality can be described as a broader and more universal construct than religiosity, framing spirituality as a subjective experience that can exist both inside and outside a religious framework. Hence, spirituality can exist in people who consider themselves very religious, slightly religious, or not at all religious. (Nelson et al., 2009)

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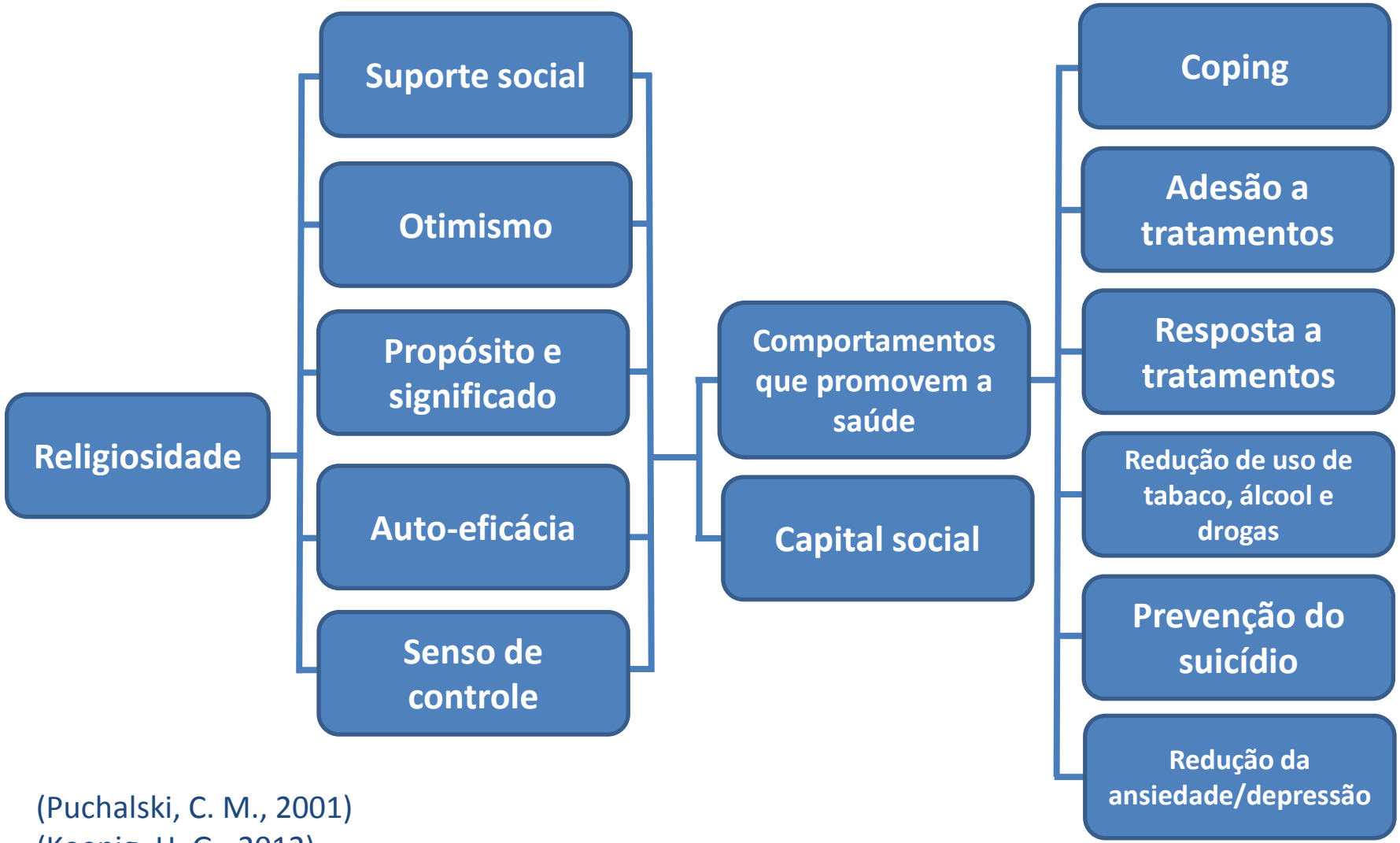

(Puchalski, C. M., 2001)
(Koenig, H. G., 2012)
(VanderWeele, T. J., Balboni, T. A., & Koh, H. K., 2017)

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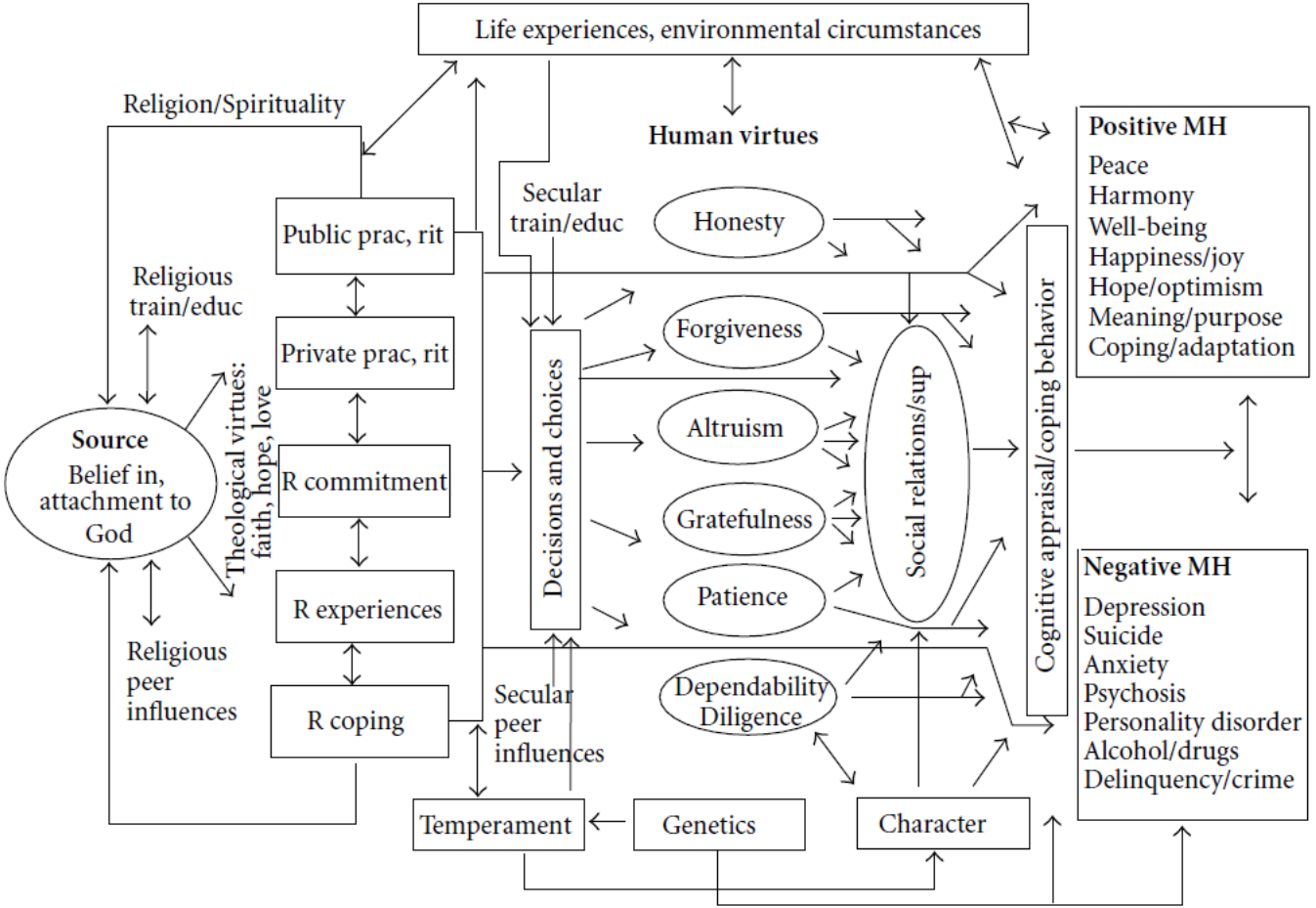

FIGURE 2: Theoretical model of causal pathways for mental health (MH), based on Western monotheistic religions (Christianity, Judaism, and Islam). (Permission to reprint obtained. Original source: Koenig et al. [17]). For models based on Eastern religious traditions and the Secular Humanist tradition, see elsewhere. (Koenig et al. [24]).

(Koenig, H. G., 2012)

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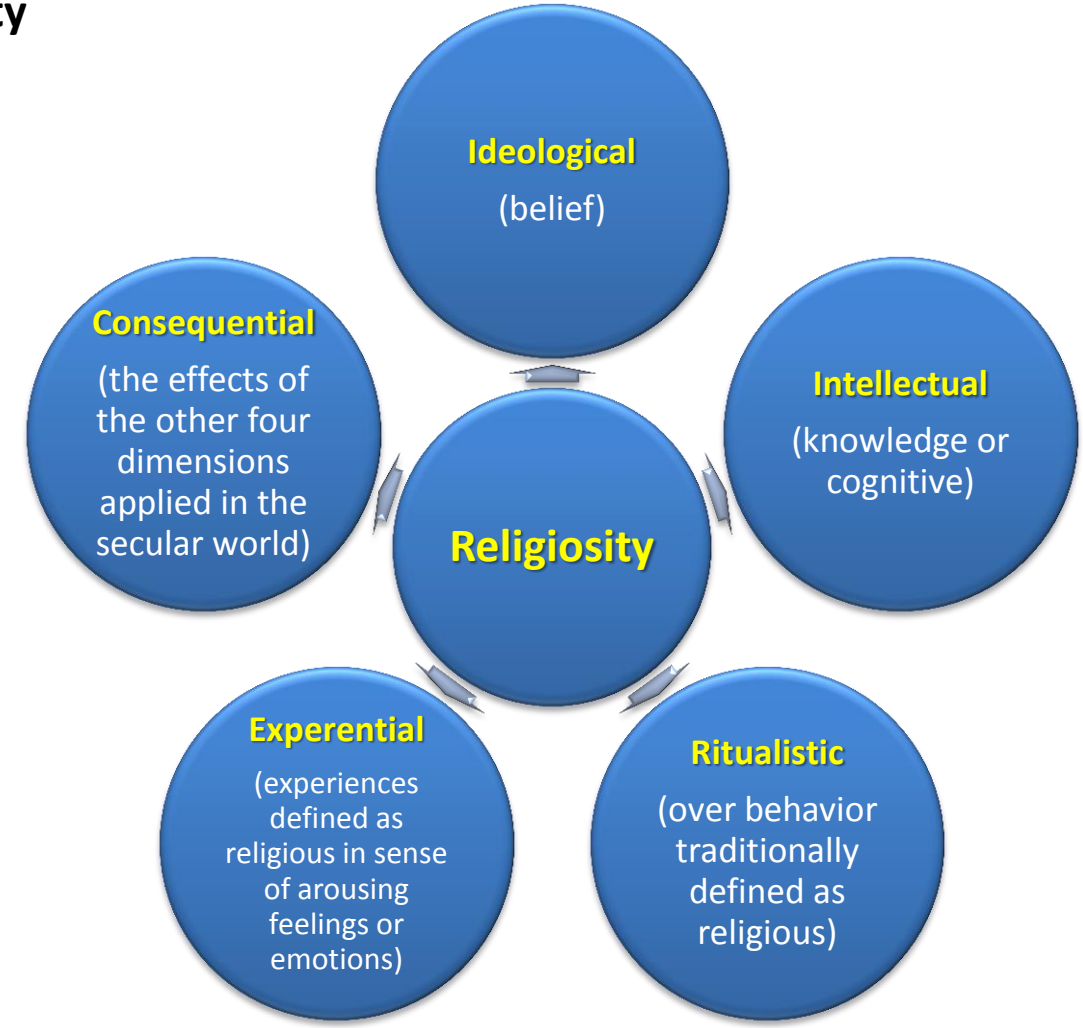
Dimensions of Religiosity



Clayton and Gladden, *Journal for the Scientific Study of Religion* 1974, 13(2):135-143

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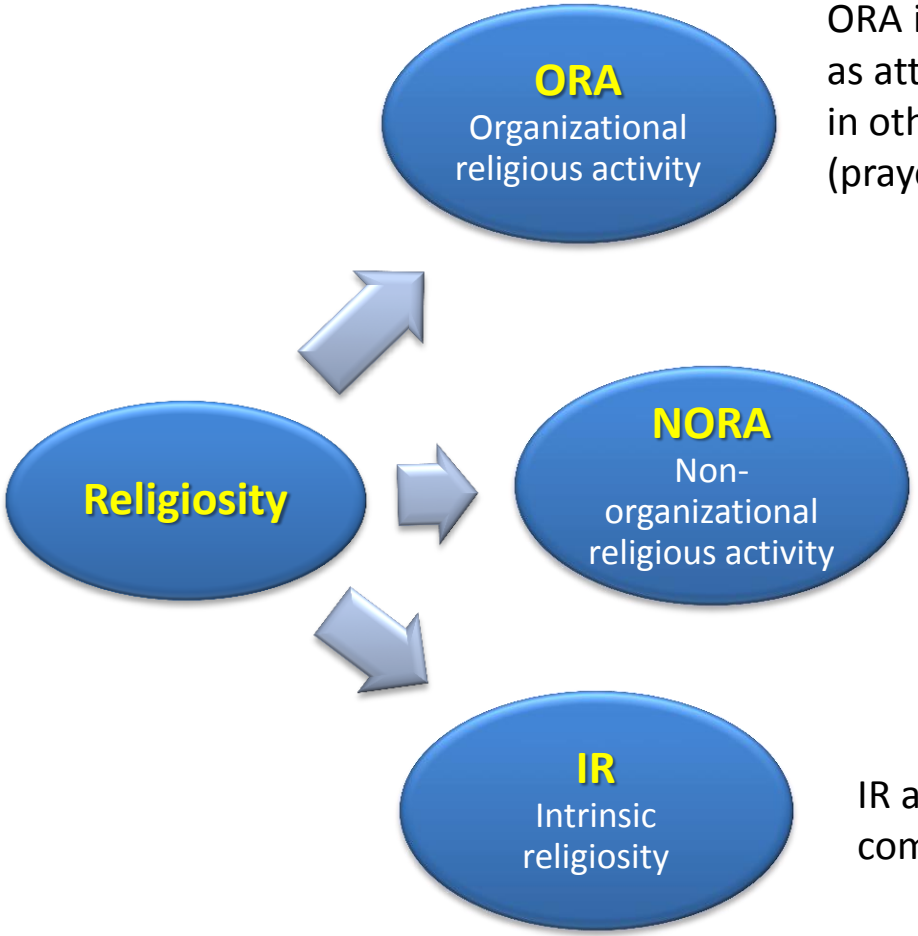
Dimensions of Religiosity: The Duke University Religion Index (DUREL)



ORA involves public religious activities such as attending religious services or participating in other group-related religious activity (prayer groups, Scripture study groups, etc.).

NORA consists of religious activities performed in private, such as prayer, Scripture study, watching religious TV or listening to religious radio.

IR assesses degree of personal religious commitment or motivation.

(Koenig, H. G., & Büssing, A., 2010)

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Versão em Português da Escala de Religiosidade de Duke (DUREL)

Índice de Religiosidade da Universidade Duke

(1) Com que freqüência você vai a uma igreja, templo ou outro encontro religioso?
1. Mais do que uma vez por semana
2. Uma vez por semana
3. Duas a três vezes por mês
4. Algumas vezes por ano
5. Uma vez por ano ou menos
6. Nunca

ORA

(2) Com que freqüência você dedica o seu tempo a atividades religiosas individuais, como preces, rezas, meditações, leitura da bíblia ou de outros textos religiosos?
1. Mais do que uma vez ao dia
2. Diariamente
3. Duas ou mais vezes por semana
4. Uma vez por semana
5. Poucas vezes por mês
6. Raramente ou nunca

NORA

A seção seguinte contém três frases a respeito de crenças ou experiências religiosas. Por favor, anote o quanto cada frase se aplica a você.

(3) Em minha vida, eu sinto a presença de Deus (ou do Espírito Santo).
1. Totalmente verdade para mim
2. Em geral é verdade
3. Não estou certo
4. Em geral não é verdade
5. Não é verdade

IR

(4) As minhas crenças religiosas estão realmente por trás de toda a minha maneira de viver.
1. Totalmente verdade para mim
2. Em geral é verdade
3. Não estou certo
4. Em geral não é verdade
5. Não é verdade

IR

(5) Eu me esforço muito para viver a minha religião em todos os aspectos da vida.
1. Totalmente verdade para mim
2. Em geral é verdade
3. Não estou certo
4. Em geral não é verdade
5. Não é verdade

IR

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The Duke University Religion Index (DUREL)

Koenig, H., Parkerson Jr, G. R., & Meador, K. G. (1997). Religion index for psychiatric research: a 5-item Measure for Use in Health Outcome Studies. *Am J Psychiatry* 154: 885-886, 1997.

Koenig, H. G., & Büssing, A. (2010). The Duke University Religion Index (DUREL): A five-item measure for use in epidemiological studies. *Religions*, *1*(1), 78-85.

The DUREL has been used in over 100 published studies conducted throughout the world and is available in 10 languages.

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Versão em Português da Escala de Religiosidade de Duke (DUREL)

Moreira-Almeida A, Peres MF, Aloe F, Lotufo Neto F, & Koenig HG (2008). Versão em português da Escala de Religiosidade da Duke: DUREL. *Revista de Psiquiatria Clínica*, *35*(1), 31-32.

Taunay TCD, Gondim FDAA, Macedo DS, Moreira-Almeida A, Gurgel LDA, Andrade LMS, & Carvalho AF (2012). Validação da versão brasileira da escala de religiosidade de Duke (DUREL). *Revista de Psiquiatria Clínica*, *39*(4), 130-135.

Lucchetti G, Granero Lucchetti AL, Peres MF, Leão FC, Moreira-Almeida A, Koenig HG (2012). Validation of the Duke Religion Index: DUREL (Portuguese version). *Journal of Religion and Health*, *51*(2):579-586.

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DOI: 10.1590/1414-462X201400040016

Cad. Saúde Colet., 2014, Rio de Janeiro, 22 (4): 419-27

Artigo Original

Investigação das propriedades psicométricas do *Duke Religious Index* no âmbito da pesquisa em Saúde Coletiva

Assessment of the psychometric properties of the Duke Religious Index scale in the context of the Public Health research

Edson Zangiacomi Martinez[1], Adorama Candido Alves[2], Ariadne Fernanda Tesarin Mendes Carneiro[3], Tatiane Martins Jorge[4], Antonio Carlos Duarte de Carvalho[5], Miriane Lucindo Zucoloto[6]

Resumo

A religiosidade é uma variável importante para a pesquisa em saúde, considerando suas conhecidas associações com o processo saúde-doença e questões importantes sobre o bem-estar, atitudes, práticas e satisfação em relação a cuidados e serviços. No entanto, na pesquisa em Saúde Coletiva, é frequentemente usada a afiliação religiosa como única dimensão da religiosidade. O presente estudo objetivou investigar a adequação do uso do instrumento *Duke Religious Index* (DUREL) no âmbito da pesquisa em Saúde Coletiva, ao avaliar as capacidades psicométricas do instrumento quando aplicado a uma população representativa de usuários dos serviços de atenção primária à saúde de um município de porte médio do interior do Estado de São Paulo. Foi encontrada uma adequada consistência interna para o instrumento e validade convergente-discriminante. Os resultados sugerem que o uso do DUREL não é restrito à pesquisa em saúde mental e que sua utilização pode trazer novas perspectivas para o entendimento de eventos de interesse na área da Saúde Coletiva.

Palavras-chave: religião e medicina; questionários; estudos de validação.

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Palavras-chave: religião e medicina; questionários; estudos de validação.

Referência	População	n	Caracterização da amostra	Resultados
Taunay et al.[6]	Estudantes universitários da área da Saúde, dos cursos de graduação em Psicologia e Medicina de uma universidade pública do Ceará.	323	Idade média de 20,7 anos, 66% mulheres, 60% católicos, 12% evangélicos, 8% ateus ou agnósticos, 8% sem religião.	Alfa de Cronbach igual a 0,89. Adequada confiabilidade teste-resteste. Correlação entre as subescalas RI e RO, r=0,71; RI e RNO, r=0,64; RO e RNO, r=0,62.
Taunay et al. [6]	Pacientes psiquiátricos atendidos no ambulatório de psiquiatria de um Hospital Universitário do Ceará.	102	Idade média de 40,4 anos, 69% mulheres, 59% católicos, 12% evangélicos, 7% espíritas, 21% sem religião; 38% só tinham o ensino fundamental.	Alfa de Cronbach = 0,87. Adequada confiabilidade teste-resteste. Correlação entre as subescalas RI e RO, r=0,71; RI e RNO, r=0,58; RO e RNO, r=0,62.
Lucchetti et al.[30]	Indivíduos adultos, de baixa renda, residentes na comunidade de Paraisópolis, São Paulo.	383	Idade média de 41,7 anos, 74% mulheres, 72,6% católicos, 13,3% evangélicos, 8,9% sem religião, 0,5% espíritas.	Alfa de Cronbach igual a 0,733 para o P-DUREL e de 0,758 para a escala RI. Correlação entre as subescalas RI e RO, r=0,37; RI e RNO, r=0,36; RO e RNO, r=0,46.
Martinez et al.[31]	Estudantes universitários de diferentes cursos de pós-graduação da área da Saúde de uma universidade pública do Estado de São Paulo.	160	Sem informações.	Alfa de Cronbach de 0,88 para o P-DUREL e de 0,89 para a escala RI. Correlação entre as subescalas RI e RO, r=0,58; RI e RNO, r=0,62; RO e RNO, r=0,58.
Presente estudo	Usuários dos serviços de atenção primária à saúde de Ribeirão Preto, Estado de São Paulo.	605	Idade média de 40,5 anos, 68% mulheres, 58% católicos, 25% evangélicos, 7% espíritas, 8% sem religião.	Alfa de Cronbach igual a 0,822 para o P-DUREL e de 0,742 para a escala RI. Correlação entre as subescalas RI e RO, r=0,56; RI e RNO, r=0,41; RO e RNO, r=0,49.

RO: religiosidade organizacional; RNO: religiosidade não organizacional; RI: religiosidade intrínseca.

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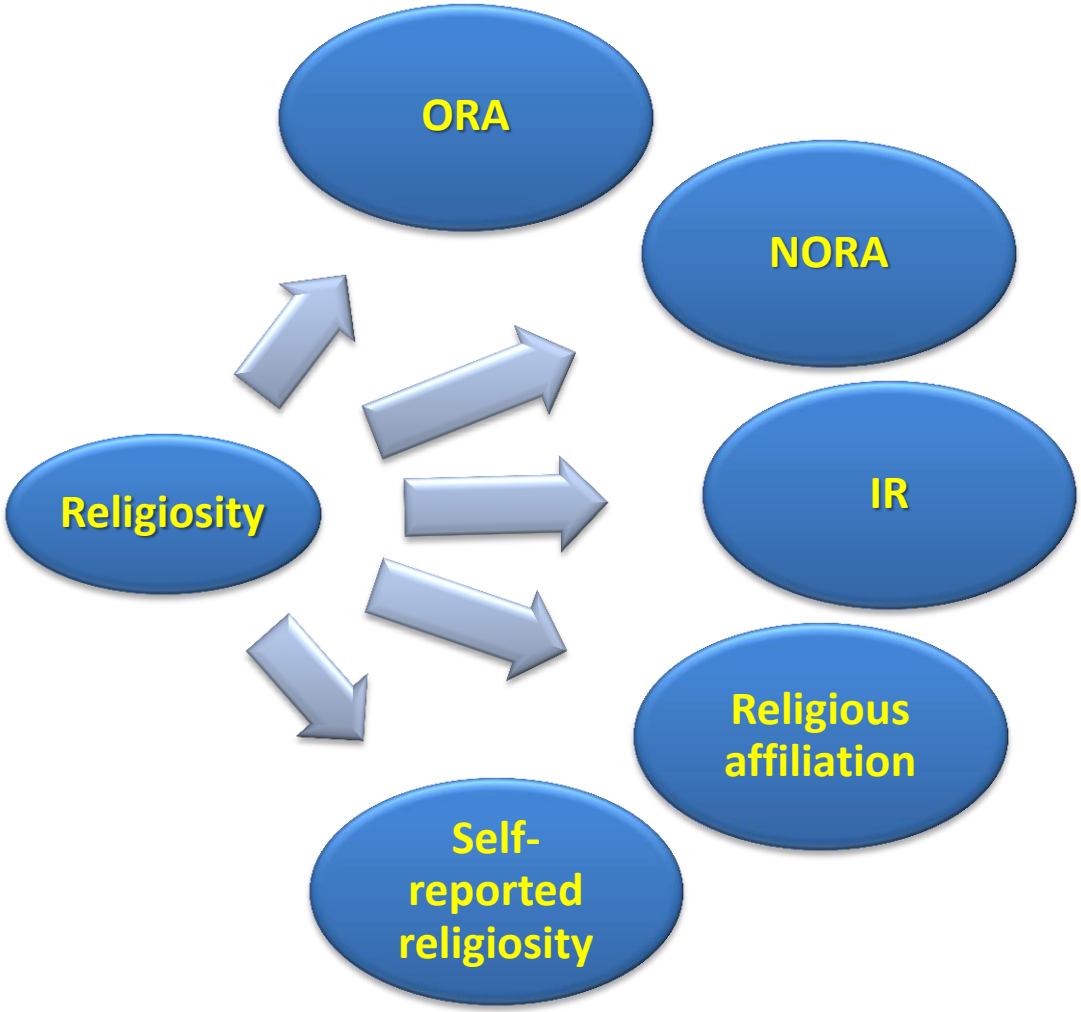
Dimensions of Religiosity



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Data were collected through personal interviews conducted by three trained interviewers from August 2015 to May 2016. Participants were invited to participate in the study while they waited for medical care in the health units.

At the time of data collection, the primary healthcare system in Ribeirão Preto was composed of 41 healthcare facilities divided into five health districts denominated as North, Central, South, East and West. In the stratified sampling scheme used in this study, the healthcare facilities were also classified using the São Paulo Social Vulnerability Index (IPVS), based on the values that are considered to be most frequent in each area of coverage.

Sample size: n = 1055

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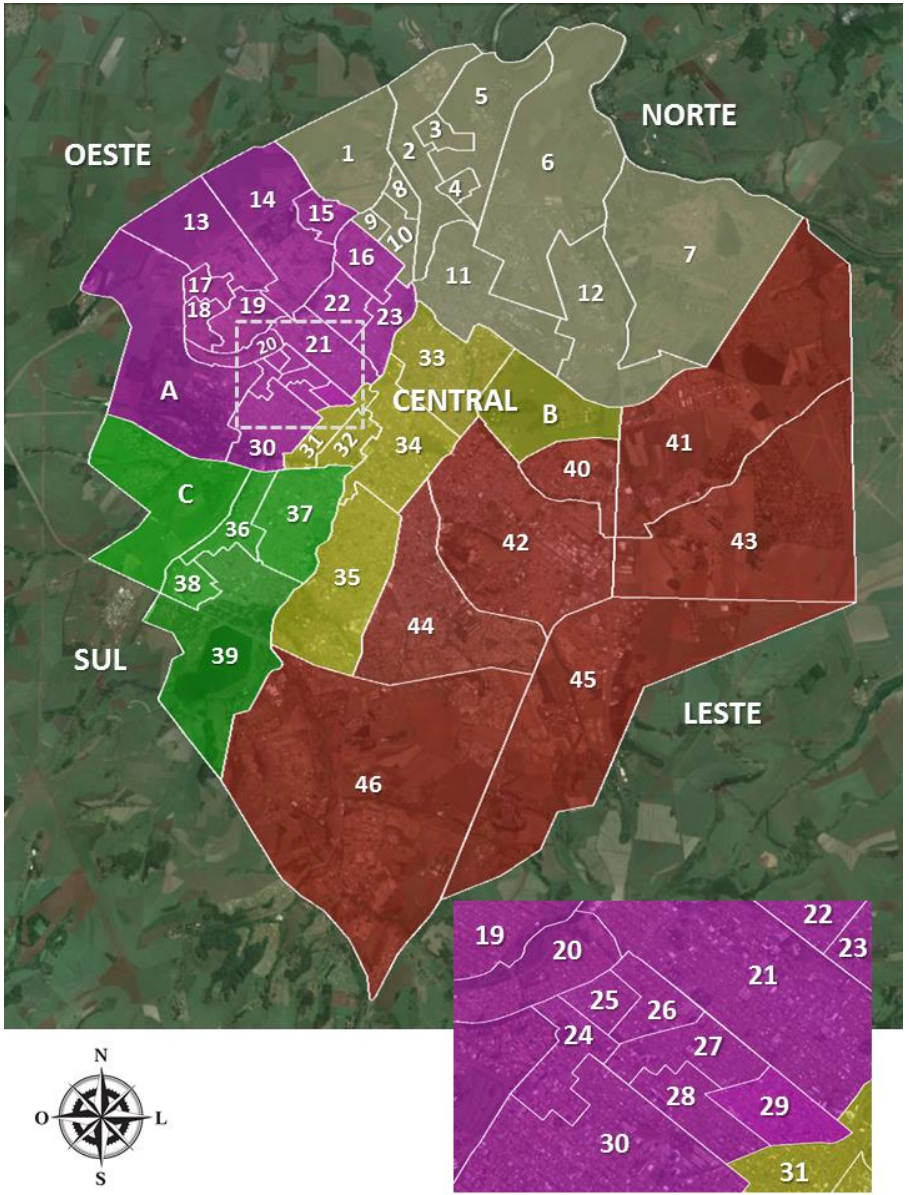
Norte: 1. USF Heitor Rigon, 2. Adelino Simioni, 3. NSF Estação do Alto, 4. NSF Avelino Alves Palma, 5. UBDS Quintino Facci II, 6. Quintino Facci I, 7. Ribeirão Verde, 8. Valentina Figueiredo, 9. USF Geraldo Correia de Carvalho, 10. Marincek, 11. Vila Mariana, 12. Jardim Aeroporto. **Oeste**: 13. Dom Mielle, 14. José Sampaio, 15. Maria Casagrande Lopes, 16. Jardim Presidente Dutra, 17. Eugênio Mendes Lopes, 18. Portal do Alto, 19. Paulo Gomes Romeo, 20. Jardim Paiva, 21. Ipiranga, 22. Vila Recreio, 23. Vila Albertina, 24. NSF Núcleo 4, 25. NSF Núcleo 5, 26. NSF Núcleo 6, 27. NSF Núcleo 1, 28. NSF Núcleo 3, 29. NSF Núcleo 2, 30. CMSC Vila Lobato. **Central:** 31. Vila Tibério 1, 32. Vila Tibério 2, 33. Campos Elíseos, 34. UBDS Central, 35. João Rossi. **Sul:** 36. Adão do Carmo Leonel, 37. UBDS Vila Virgínia, 38. Jardim Maria das Graças, 39. Parque Ribeirão Preto. **Leste:** 40. Jardim Zara, 41. Vila Abranches, 42. UBDS Castelo Branco, 43. Jardim Juliana, 44. Santa Cruz, 45. São José, 46. Bonfim Paulista. A. Campus da USP. B: Centro Universitário Moura Lacerda. C: Jardim Recreio e Jardim Itaú.



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Distrito	Número	Unidade de saúde	Média mensal de consultas realizadas	IPVS predominante	Sorteio	Tamanho amostral
Norte	1	USF Estação do Alto	428	2		
	2	UBS Avelino Palma	641	2		
	3	UBS Quintino I	1153	2	x	42
		Tamanho do estrato 1	2222			
	4	USF Geraldo C de Carvalho	250	3		
	5	UBS Marincek	1350	3		
	6	UBS Valentina Figueiredo	480	3		
	7	USF Adelino Simioni	1889	3		
	8	UBS Vila Mariana	1705	3	x	106
		Tamanho do estrato 2	5674			
	9	USF Heitor Rigon	975	4		
	10	USF Ribeirão Verde	2309	4	x	86
	11	UBS Jardim Aeroporto	1288	6		
		Tamanho do estrato 3	4572			
Oeste	12	USF Núcleo 1	395	1,2		
	13	USF Núcleo 2	253	1,2	x	42
	14	USF Núcleo 3	77	1,2		
	15	USF Núcleo 4	414	1,2		
	16	USF Núcleo 5	428	1,2		
	17	UBS Ipiranga	677	2		
		Tamanho do estrato 4	2244			
	18	UBS Dom Mielle	1291	3		
	19	UBS José Sampaio	1367	3	**x**	142
	20	UBS Vila Recreio	2074	3		
	21	UBS Dutra	1456	3		
	22	USF Vila Albertina	1416	3		
		Tamanho do estrato 5	7604			
	23	USF Maria Casagrande	904	4	**x**	45
	24	USF Eugênio M Lopes	503	4		
	25	USF Portal do Alto	238	4		
	26	UBS Jardim Paiva	748	4		
		Tamanho do estrato 6	2393			

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Distrito	Número	Unidade de saúde	Média mensal de consultas realizadas	IPVS predominante	Sorteio	Tamanho amostral
Central	27	UBS João Rossi	1199	1		
	28	UBS Vila Tibério I	1352	2		
	29	UBS Vila Tibério II	546	2		
	30	UBDS Central	9654	2		
	31	UBS Campos Elíseos	2734	2,1	x	288
		Tamanho do estrato 7	15458			
Sul	32	UBS Adão do Carmo	685	4		
	33	UBS Parque Ribeirão	2729	4		
	34	UBS Maria das Graças	1053	5	x	84
		Tamanho do estrato 8	4467			
	35	UBDS Vila Virgínia	2444	1,5,3	x	46
		Tamanho do estrato 9	2444			
Leste	36	UBDS Castelo Branco	1777	1		
	37	UBS São José	1178	1	x	84
	38	UBS Bonfim Paulista	1521	2		
		Tamanho do estrato 10	4476			
	39	USF Jardim Zara	1214	3	x	58
	40	UBS Jardim Juliana	1901	3		
		Tamanho do estrato 11	3115			
	41	UBS Vila Abranches	1652	4	x	31
		Tamanho do estrato 12	1652			

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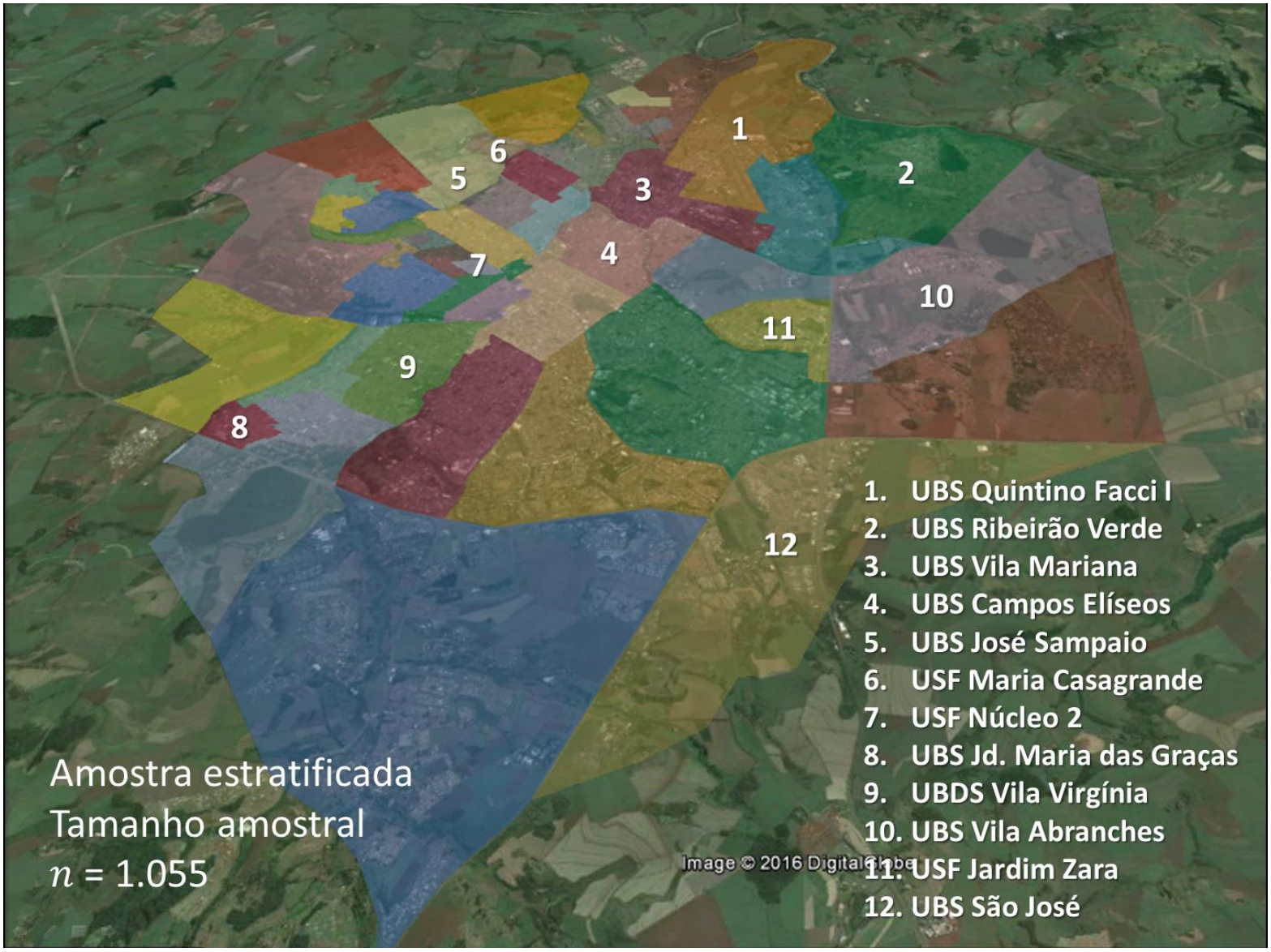

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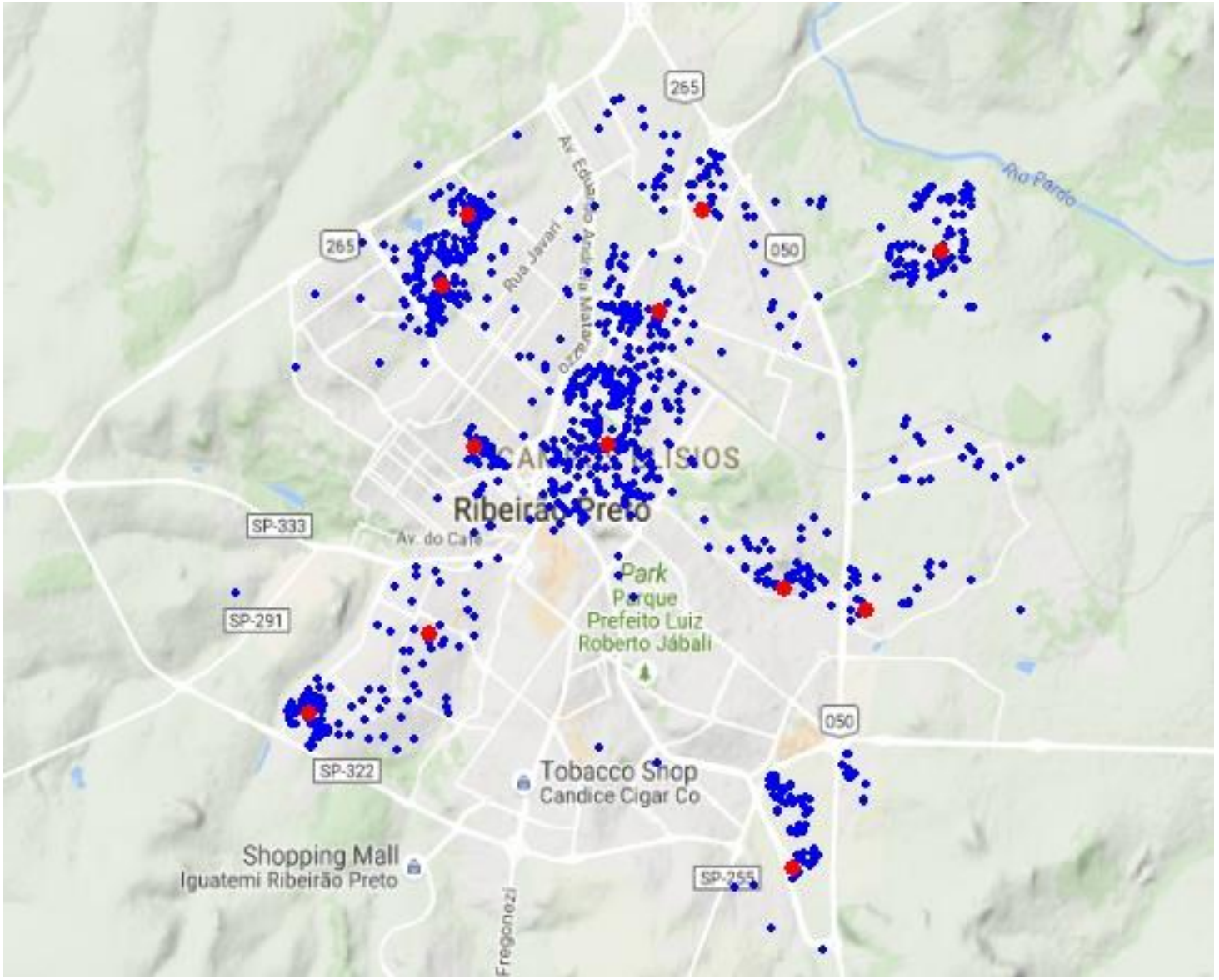

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- The Alcohol Use Disorder Identification Test (AUDIT) was used to evaluate the pattern of alcohol use. AUDIT classifies the participants into four risk zones, according to the score obtained: non-drinker, non-hazardous drinking, hazardous drinking and harmful drinking.

- Participants were classified as current cigarette smokers, ex-smokers, and lifelong non-smokers from their responses to questions about smoking habits. Current smokers were categorized into three levels of tobacco consumption, based on the reported average number of cigarettes smoked per day: light smoker (1–9 cigarettes), moderate smoker (10–19 cigarettes), and heavy smoker (20 or more cigarettes). This classification is based on that used by Alati et al. (2004).

- Quality of life was measured using the 15-item Flanagan Quality of Life Scale (QOLS) (Flanagan 1982), modified by adding the 16th item on independence, as recommended by Burckhardt et al. (1989).

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Prevalência de tabagismo, Ribeirão Preto

	Mulheres (*n* = 841)	Homens (*n* = 214)
Central	12.1 (8.3 – 16.9)	26.8 (14.2 – 42.9)
Leste	18.9 (12.4 – 26.8)	10.9 (3.6 – 23.6)
Norte	11.5 (7.2 – 17.0)	21.6 (11.2 – 35.3)
Oeste	12.3 (7.9 – 17.9)	11.6 (3.8 – 25.1)
Sul	8.3 (3.6 – 15.6)	12.1 (3.4 – 28.2)
Total	**12.6 (10.4 – 15.0)**	**16.8 (12.0 – 22.5)**

	Mulheres	Homens
Idade média ao início do tabagismo	17.3 (DP 5.7)	15.5 (DP 4.1)

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Prevalência de tabagismo, Ribeirão Preto

	Mulheres (*n* = 841)	Homens (*n* = 214)
Pesado (>20 cigarros/dia)	3.6	8.9
Leve (10 a 19 cigarros/dia)	5.5	5.6
Moderado (1 a 9 cigarros/dia)	3.6	2.3
Ex-fumantes	19.2	25.2
Nunca fumaram	68.1	58.0

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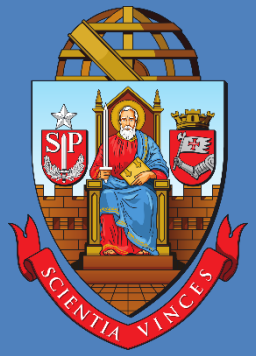
	n	Smoking status (%)			Smokers versus never smoked OR1 (95% CI)	Ex-smokers versus never smoked OR2 (95% CI)
		Current cigarette smokers	Ex-smokers	Never smoked		
Sex						
Women	841	12.6	19.3	68.1	Reference	Reference
Men	214	16.8	25.2	58.0	**1.60** (1.03 – 2.40)*	**1.54** (1.07 – 2.22)*
Age group (years)						
Until 25	188	9.6	7.4	83.0	Reference	Reference
26 – 30	132	12.9	13.6	73.5	1.52 (0.74 – 3.09)	2.07 (0.98 – 4.34)
31 – 40	250	13.2	19.2	67.6	1.69 (0.91 – 3.13)	**3.16** (1.67 – 5.96)*
41 – 50	173	14.4	23.7	61.9	**2.02** (1.05 – 3.89)*	**4.27** (2.21 – 8.21)*
51 – 60	164	19.5	28.1	52.4	**3.22** (1.71 – 6.08)*	**5.96** (3.09 – 11.45)*
> 60	148	11.5	33.1	55.4	1.80 (0.87 – 3.67)	**6.65** (3.46 – 12.76)*
Educational level						
Complete higher education	67	10.5	16.4	73.1	Reference	Reference
Incomplete higher education	59	11.9	20.3	67.8	1.22 (0.39 – 3.78)	1.34 (0.53 – 3.35)
Complete medium school	405	11.1	14.6	74.3	1.05 (0.44 – 2.45)	0.87 (0.42 – 1.78)
Incomplete medium school	112	11.6	21.4	67.0	1.21 (0.45 – 3.26)	1.42 (0.64 – 3.17)
Complete fundamental II	117	13.7	25.6	60.7	1.58 (0.60 – 4.12)	1.88 (0.86 – 4.11)
Incomplete fundamental II	104	16.4	20.2	63.5	1.80 (0.69 – 4.68)	1.42 (0.62 – 3.21)
Complete fundamental I	61	21.3	24.6	54.1	2.76 (0.99 – 7.64)	2.02 (0.82 – 4.95)
Insufficient	130	18.5	33.9	47.7	**2.71** (1.08 – 6.81)*	**3.16** (1.47 – 6.76)*
Marital status						
Married	648	11.6	20.8	67.6	Reference	Reference
Widowed	53	13.2	35.9	50.9	1.51 (0.63 – 3.60)	**2.28** (1.23 – 4.23) *
Single	247	14.6	15.0	70.4	1.21 (0.78 – 1.87)	0.69 (0.46 – 1.03)
Divorced	107	22.4	23.4	54.2	**2.42** (1.41 – 4.13) *	1.40 (0.84 – 2.32)



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	n	Smoking status (%)			Smokers versus never smoked OR1 (95% CI)	Ex-smokers versus never smoked OR2 (95% CI)
		Current cigarette smokers	Ex-smokers	Never smoked		
Socioeconomic status						
A or B	355	11.2	18.9	69.9	Reference	Reference
C1	368	14.1	21.5	64.4	1.36 (0.86 – 2.13)	1.23 (0.85 – 1.79)
C2	235	14.0	21.7	64.3	1.36 (0.81 – 2.24)	1.25 (0.82 – 1.89)
D or E	97	17.5	19.6	62.9	1.73 (0.91 – 3.25)	1.15 (0.64 – 2.06)
Self-perception of health						
Good	735	12.4	19.0	68.6	Reference	Reference
Regular	280	15.7	23.2	61.1	1.43 (0.95 – 2.12)	1.37 (0.97 – 1.93)
Poor	40	17.5	27.5	55.0	1.76 (0.73 – 4.25)	1.80 (0.85 – 3.80)
Have health insurance						
Yes	154	10.4	18.8	70.8	Reference	Reference
No	901	14.0	20.7	65.3	1.45 (0.83 – 2.55)	1.19 (0.76 – 1.86)
Self-reported hypertension						
No	823	12.8	17.5	69.7	Reference	Reference
Yes	232	15.9	31.0	53.0	**1.64** (1.07 – 2.51)*	**2.33** (1.65 – 3.29)*
Self-reported diabetes						
No	971	13.7	19.0	67.3	Reference	Reference
Yes	84	10.7	38.1	51.2	1.03 (0.49 – 2.16)	**2.64** (1.62 – 4.30)*
AUDIT risk level						
I	889	9.8	20.4	69.9	Reference	Reference
II	136	30.2	22.1	47.8	**4.5** (2.8 – 7.1)*	1.6 (0.9 – 2.5)
III or IV	30	46.7	16.7	36.7	**9.1** (3.9 – 20.6)*	1.5 (0.5 – 4.5)

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	n	Smoking status (%)			Smokers versus never smoked OR1 (95% CI)	Ex-smokers versus never smoked OR2 (95% CI)
		Current cigarette smokers	Ex-smokers	Never smoked		
Have a religion						
Yes	916	12.0	21.6	66.4	Reference	Reference
No	139	23.0	13.0	64.0	**2.47** (1.53 – 3.98)*	0.90 (0.51 – 1.57)
Religious affiliation (b)						
Evangelic	332	7.2	22.0	70.8	Reference	Reference
Catholic	495	14.3	21.4	64.3	**2.20** (1.32 – 3.65)*	0.98 (0.68 – 1.40)
Spiritist	62	21.0	25.8	53.2	**3.77** (1.72 – 8.23)*	1.36 (0.69 – 2.65)
Others	27	7.4	11.1	81.5	1.14 (0.24 – 5.24)	0.55 (0.15 – 1.95)
Practice their religion (b)						
Yes	665	10.1	20.6	69.3	Reference	Reference
No	251	17.1	24.3	58.6	**2.01** (1.30 – 3.10)*	1.41 (0.98 – 2.04)
Are you a religious person? (b)						
Very religious	215	7.0	21.4	71.6	Reference	Reference
Moderately religious	559	13.0	21.5	65.5	**2.35** (1.29 – 4.28)*	1.37 (0.91 – 2.06)
A little or nothing	142	15.5	22.5	62.0	**3.32** (1.60 – 6.90)*	**1.85** (1.06 – 3.22)*
Growing up in a religious home						
No	280	11.8	20.7	67.5	Reference	Reference
Yes	775	14.0	20.4	65.6	1.17 (0.76 – 1.81)	0.88 (0.61 – 1.26)

Odds ratios adjusted by sex and age.

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	n	Smoking status (%)			Smokers versus never smoked OR1 (95% CI)	Ex-smokers versus never smoked OR2 (95% CI)
		Current cigarette smokers	Ex-smokers	Never smoked		
How often do you attend church or other religious meetings? (ORA)						
More than once/week	269	8.2	21.2	70.6	Reference	Reference
Once a week	314	10.8	20.1	69.1	1.46 (0.82 – 2.60)	1.03 (0.67 – 1.57)
A few times a month	119	19.3	20.2	60.5	2.95 (1.53 – 5.69)*	1.16 (0.65 – 2. 04)
A few times a year	178	16.3	22.5	61.2	2.48 (1.34 – 4.58)*	1.35 (0.83 – 2.19)
Once a year or less	84	19.1	16.7	64.3	2.69 (1.31 – 5.55)*	0.98 (0.49 – 1.93)
Never	91	19.8	19.8	60.4	3.03 (1.49 – 6.14)*	1.16 (0.61 – 2.18)
How often do you spend time in private religious activities, such as prayer, meditation or Bible study? (NORA)						
More than once/week	184	12.0	22.8	65.2	Reference	Reference
Once a week	629	13.4	22.3	64.4	1.13 (0.67 – 1.91)	1.00 (0.66 – 1.51)
A few times a month	88	9.1	17.1	73.9	0.67 (0.28 – 1.61)	0.68 (0.34 – 1.34)
A few times a year	52	17.3	15.4	67.3	1.31 (0.54 – 3.15)	0.62 (0.26 – 1.48)
Once a year or less	42	11.9	9.5	78.6	0.86 (0.29 – 2.50)	0.36 (0.11 – 1.13)
Never	60	23.3	11.7	65.0	1.96 (0.90 – 4.25)	0.53 (0.21 – 1.31)

Odds ratios adjusted by sex and age.

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	n	Smoking status (%)			Smokers versus never smoked OR1 (95% CI)	Ex-smokers versus never smoked OR2 (95% CI)
		Current cigarette smokers	Ex-smokers	Never smoked		
In my life, I experience the presence of the Divine (i.e., God) (IR)						
Definitely true of me	965	13.5	20.8	65.7	Reference	Reference
Tends to be true	79	11.4	16.5	72.2	0.88 (0.42 – 1.85)	0.93 (0.48 – 1.77)
Unsure (c)	11	9.1	27.3	63.6	1.87 (0.57 – 6.06)	1.59 (0.48 – 5.25)
Tends *not* to be true (c)	1	-	100.0	-	-	-
Definitely *not* true (c)	8	37.5	-	62.5	-	-
My religious beliefs are what really lie behind my whole approach to life (IR)						
Definitely true of me	773	12.3	21.0	66.8	Reference	Reference
Tends to be true	197	15.2	21.3	63.4	1.54 (0.96 – 2.48)	1.41 (0.93 – 2.13)
Unsure	48	18.8	14.6	66.7	1.71 (0.78 – 3.76)	0.83 (0.35 – 1.98)
Tends *not* to be true	7	28.6	14.3	57.1	2.74 (0.46 – 16.1)	0.85 (0.08 – 8.24)
Definitely *not* true	30	20.0	13.3	66.7	1.83 (0.69 – 4.84)	0.88 (0.28 – 2.71)
I try hard to carry my religion over into all other dealings in life (IR)						
Definitely true of me	610	9.0	22.3	68.7	Reference	Reference
Tends to be true	262	15.3	17.9	66.8	**2.11** (1.33 – 3.34)*	1.03 (0.70 – 1.53)
Unsure	110	22.7	20.0	57.3	**3.74** (2.12 – 6.59)*	1.47 (0.85 – 2.55)
Tends *not* to be true	17	29.4	5.9	64.7	**5.55** (1.75 – 17.6)*	0.50 (0.06 – 4.09)
Definitely *not* true	56	30.4	17.9	51.8	**6.00** (2.99 – 12.0)*	1.52 (0.69 – 3.32)

Odds ratios adjusted by sex and age.

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Levels of tobacco consumption	Women			Men	
	n	Mean (SD)		*n*	Mean (SD)
ORA					
No smokers	735	4.41 (1.53)		178	3.84 (1.70)
Light	46	3.57 (1.53)*		12	3.33 (1.37)
Moderate	30	4.20 (1.52)		5	3.40 (1.14)
Heavy	30	3.77 (1.77)*		19	3.74 (1.94)
NORA					
No smokers	735	4.73 (1.18)		178	4.42 (1.42)
Light	46	4.17 (1.66)		12	4.58 (1.24)
Moderate	30	4.50 (1.46)		5	4.20 (1.79)
Heavy	30	4.97 (0.85)		19	4.37 (1.61)
IR					
No smokers	735	13.88 (1.81)		178	13.69 (2.11)
Light	46	12.67 (3.00)*		12	13.17 (2.44)
Moderate	30	13.70 (1.49)		5	13.20 (1.48)
Heavy	30	13.43 (1.19)*		19	12.37 (3.18)*

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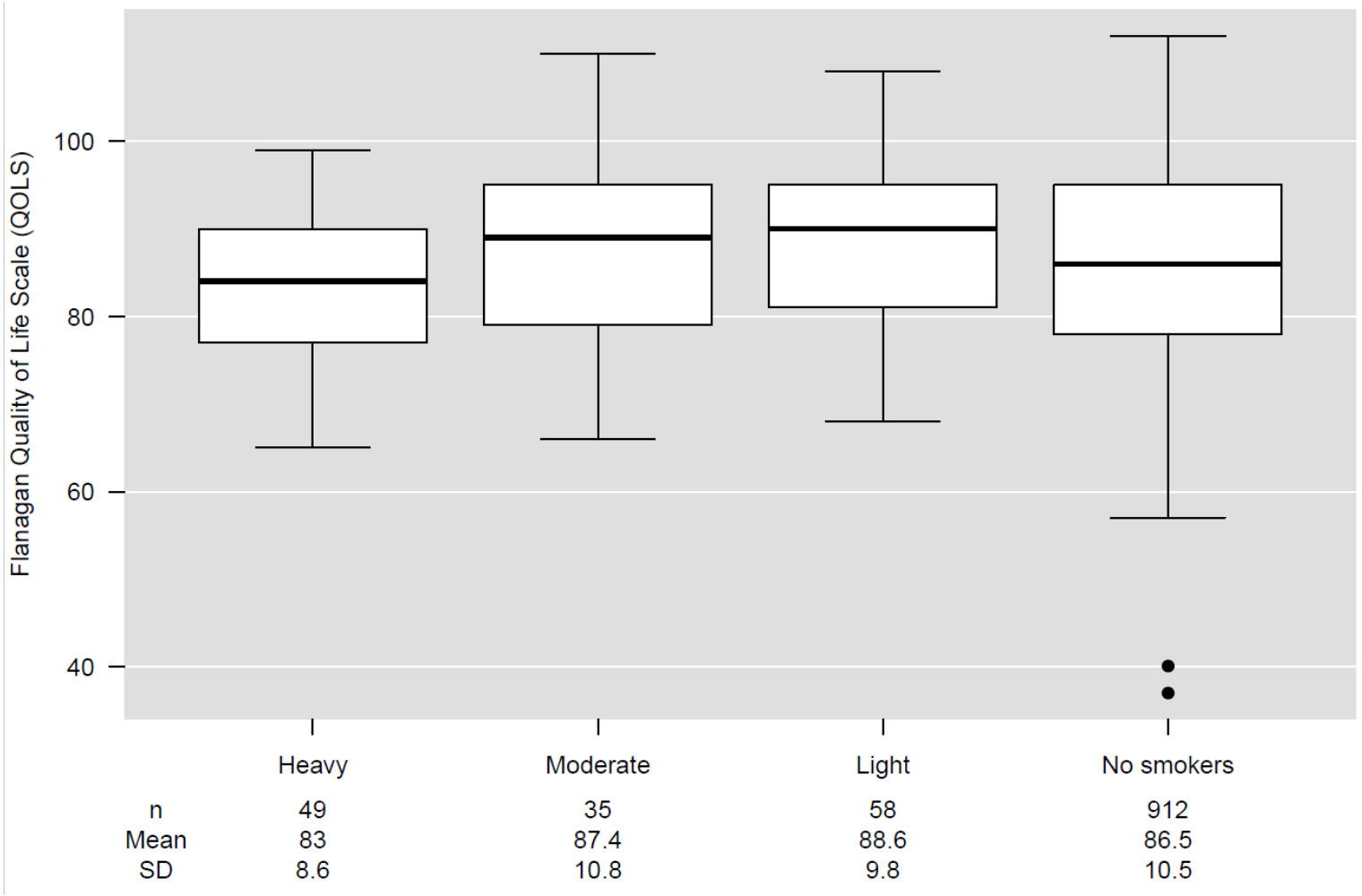

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Prevalência de alcoolismo, Ribeirão Preto

	AUDIT		
	I	II	III ou IV
Feminino	88.8	9.3	**1.9**
Masculino	66.4	27.1	**6.5**
Total	84.3	12.9	**2.8**

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Alcohol use disorders identification test (AUDIT) item response distribution

Item	Women			Men	
	n	%		*n*	%
1. Drinks containing alcohol					
Never	522	62.1		84	39.2
Monthly or less	119	14.1		24	11.2
2 to 4 times a month	136	16.2		49	22.9
2 to 3 times a week	50	5.9		35	16.4
4 or more times a week	14	1.7		22	10.3
2. Number of drinks on a typical day [(a)]					
1 or 2	120	37.6		37	28.5
3 or 4	92	28.8		35	26.9
5 or 6	60	18.8		26	20.0
7 to 9	19	6.0		10	7.7
10 or more	28	8.8		22	16.9
3. Frequency of six or more drinks [(a)]					
Never	156	48.9		39	30.0
Less than monthly	58	18.2		16	12.3
Monthly	41	12.9		31	23.9
Weekly	61	19.1		36	27.7
Daily or almost daily	3	0.9		8	6.1

Binge drinking

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	n	AUDIT risk level			III or IV *versus* I OR1 (95% CI) [a]	II *versus* I OR2 (95% CI) [a]
		I	II	III or IV		
Sex						
Women	841	88.8	9.3	1.9	Reference	Reference
Men	214	66.4	27.1	6.5	**5.2** (2.4 – 11.0)*	**4.3** (2.9 – 6.5)*
Age group (years)						
Until 25	188	86.7	11.2	2.1	Reference	Reference
26 – 30	132	79.6	16.7	3.8	1.9 (0.4 – 7.4)	**1.5** (0.8 – 2.9)
31 – 40	250	80.4	16.0	3.6	3.6 (0.9 – 13.0)	**2.5** (1.3 – 4.5)*
41 – 50	173	83.2	12.7	4.1	3.1 (1.0 – 9.6)	**2.2** (1.2 – 3.7)*
51 – 60	164	83.5	13.4	3.5	3.0 (0.9 – 9.8)	1.5 (0.8 – 2.8)
> 60	148	93.9	6.1	0	-	-
Educational level						
Higher education	126	86.5	12.7	0.8	Reference	Reference
Medium school	517	86.1	11.6	2.3	2.9 (0.3 – 23)	0.9 (0.5 – 1.8)
Fundamental II	221	79.2	18.5	2.3	3.2 (0.3 – 28)	1.6 (0.8 – 3.0)
Fundamental I	61	85.2	11.5	3.3	5.7 (0.4 – 70)	0.9 (0.3 – 2.6)
Insufficient	130	83.1	9.2	7.7	**15.4** (1.8 – 130)*	0.9 (0.4 – 2.2)
Socioeconomic status						
A or B	355	85.9	12.1	1.2	Reference	Reference
C1	368	86.1	11.7	2.2	1.1 (0.3 – 3.0)	0.9 (0.5 – 1.5)
C2	235	82.6	14.0	3.4	1.9 (0.6 – 5.4)	1.3 (0.7 – 2.1)
D or E	97	75.3	17.5	7.2	**3.9** (1.3 – 11.9)*	1.5 (0.8 – 2.9)

Odds ratios adjusted by sex and age.

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	n	AUDIT risk level			III or IV *versus* I OR1 (95% CI) [a]	II *versus* I OR2 (95% CI) [a]
		I	II	III or IV		
Have a religion						
Yes	916	85.8	11.7	2.5	Reference	Reference
No	139	74.1	20.9	5.0	2.4 (0.9 – 6.0)	**2.2** (1.3 – 3.5)*
Religious affiliation (b)						
Evangelic	332	91.9	6.6	1.5	Reference	Reference
Catholic	495	81.6	15.2	3.2	2.3 (0.8 – 6.6)	**2.5** (1.4 – 4.2)*
Spiritist	62	87.1	12.9	0	-	-
Others	27	85.2	7.4	7.4	**7.1** (1.1 – 42.0)*	1.6 (0.3 – 7.3)
Practice their religion (b)						
Yes	665	88.9	9.3	1.8	Reference	Reference
No	251	77.7	17.9	4.3	**2.6** (1.1 – 6.0)*	**2.0** (1.3 – 3.1)*
Are you a religious person? (b)						
Very religious	215	91.6	7.4	0.9	Reference	Reference
Moderately religious	559	84.4	12.5	3.0	3.5 (0.7 – 16)	**1.8** (1.1 – 3.3)*
A little or nothing	142	82.4	14.8	2.8	3.3 (0.5 – 19)	**2.3** (1.1 – 4.8)*
Growing up in a religious home						
No	280	83.9	13.6	2.5	Reference	Reference
Yes	775	84.4	12.6	3.0	1.2 (0.5 – 2.9)	0.9 (0.6 – 1.4)

Odds ratios adjusted by sex and age.

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	n	Drinking group (%)			No binge versus abstemious OR1 (95% CI) [a]	Binge versus abstemious OR2 (95% CI) [a]
		Abstemious	No-binge	Binge		
Sex						
Women	841	62.1	18.6	19.4	Reference	Reference
Men	214	39.2	18.2	42.5	1.4 (0.9 – 2.3)	**4.0** (2.7 – 5.7)*
Age group (years)						
Until 25	188	58.0	16.0	26.1	Reference	Reference
26 – 30	132	55.3	13.6	31.1	0.8 (0.4 – 1.7)	1.2 (0.7 – 2.0)
31 – 40	250	54.4	17.6	28.0	1.2 (0.6 – 2.0)	1.0 (0.6 – 1.6)
41 – 50	173	58.4	17.3	24.3	1.0 (0.5 – 1.9)	0.7 (0.4 – 1.3)
51 – 60	164	61.6	14.6	23.8	0.8 (0.4 – 1.5)	0.7 (0.4 – 1.5)
> 60	148	58.1	33.1	8.8	**1.9** (1.1 – 3.3)*	**0.2** (0.1 – 0.4)*
Educational level						
Higher education	126	48.4	23.8	27.8	Reference	Reference
Medium school	517	59.8	17.4	22.8	0.6 (0.3 – 1.1)	0.6 (0.4 – 1.1)
Fundamental II	221	52.9	19.0	28.1	0.7 (0.3 – 1.2)	0.8 (0.5 – 1.5)
Fundamental I	61	65.6	14.8	19.7	**0.3** (0.1 – 0.7)*	0.7 (0.3 – 1.7)
Insufficient	130	60.8	18.4	20.8	**0.5** (0.2 – 0.9)*	0.7 (0.3 – 1.5)
Socioeconomic status						
A or B	355	52.1	22.5	25.4	Reference	Reference
C1	368	59.5	16.6	23.9	**0.6** (0.4 – 0.9)*	0.8 (0.5 – 1.2)
C2	235	61.3	17.9	20.8	0.7 (0.4 – 1.1)	0.6 (0.4 – 1.1)
D or E	97	59.8	12.4	27.8	**0.4** (0.2 – 0.9)*	0.8 (0.4 – 1.4)

Odds ratios adjusted by sex and age.

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	n	Drinking group (%)			No binge versus abstemious OR1 (95% CI) [a]	Binge versus abstemious OR2 (95% CI) [a]
		Abstemious	No-binge	Binge		
Have a religion						
Yes	916	59.8	17.7	22.5	Reference	Reference
No	139	41.7	23.8	34.5	**2.2** (1.3 – 3.5)*	**2.1** (1.3 – 3.3)*
Religious affiliation (b)						
Evangelic	332	78.9	30.7	11.1	Reference	Reference
Catholic	495	48.9	21.8	29.3	**3.4** (2.2 – 5.3)*	**4.2** (2.7 – 6.5)*
Spiritist	62	37.1	30.6	32.3	**6.7** (3.2 – 13.8)*	**8.1** (3.8 -16.6)*
Others	27	77.8	7.4	14.8	0.8 (0.1 – 3.9)	1.5 (0.4 - 4.7)
Practice their religion (b)						
Yes	665	66.0	15.5	18.5	Reference	Reference
No	251	43.4	23.5	33.1	**2.2** (1.5 – 3.3)*	**2.6** (1.7 – 3.7)*
Are you a religious person? (b)						
Very religious	215	76.3	12.6	11.1	Reference	Reference
Moderately religious	559	57.9	18.1	24.0	**2.1** (1.3 – 3.5)*	**2.9** (1.7 – 4.7)*
A little or nothing	142	42.3	23.9	33.8	**4.3** (2.3 – 7.9)*	**5.8** (3.1 – 10.6)*
Growing up in a religious home						
No	280	62.2	13.2	24.6	Reference	Reference
Yes	775	55.7	20.4	23.9	**1.7** (1.1 – 2.5)*	1.1 (0.7 – 1.6)

Odds ratios adjusted by sex and age.

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AUDIT risk level	Women			Men	
	n	%		*n*	%
ORA					
I	747	4.39 (1.53)		142	4.13 (1.67)
II	78	3.90 (1.62)		58	3.10 (1.57)*
III	12	3.42 (1.44)*		8	3.63 (0.74)
IV	4	3.75 (1.26)		6	2.67 (1.86)*
NORA					
I	747	4.75 (1.18)		142	4.54 (1.41)
II	78	4.38 (1.36)*		58	4.07 (1.52)*
III	12	3.75 (1.60)*		8	4.88 (0.35)
IV	4	5.00 (0.82)		6	4.33 (1.21)
IR					
I	747	13.88 (1.82)		142	13.89 (1.83)
II	78	13.23 (2.26)		58	12.62 (2.99)*
III	12	12.08 (2.15)		8	13.75 (1.58)
IV	4	14.00 (0.82)		6	13.67 (1.51)

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Drinking group	Women			Men	
	n	%		*n*	%
ORA					
Abstemious	522	4.59 (1.54)		84	4.33 (1.78)
No-binge drinking	156	3.87 (1.49)*		39	3.90 (1.52)
Binge drinking	163	3.79 (1.52)*		91	3.25 (1.52)*
NORA					
Abstemious	522	4.81 (1.15)		84	4.60 (1.43)
No-binge drinking	156	4.63 (1.28)*		39	4.67 (1.15)
Binge drinking	163	4.43 (1.31)*		91	4.15 (1.49)*
IR					
Abstemious	522	14.05 (1.64)		84	13.87 (1.83)
No-binge drinking	156	13.46 (2.12)*		39	13.77 (1.87)
Binge drinking	163	13.31 (2.23)*		91	13.12 (2.67)

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Prevalência de tabagismo, Brasil, dados do estudo VIGITEL (Ng et al., 2014).

Ano	Homens	Mulheres
1980	25,9%	15,6%
1996	21,3%	14,4%
2006	18,8%	12,0%
2012	16,5%	11,0%

	Homens (*n* = 214)	Mulheres (*n* = 841)
Nosso estudo (2015/6)	**16,8 (12,0 – 22,5)**	**12,6 (10,4 – 15,0)**

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Prevalência de consumo abusivo de álcool, Brasil, dados do estudo VIGITEL 2010 (Iser et al., 2012)

Ano	Homens	Mulheres
18 a 24 anos	26,3	14,6
25 a 34 anos	34,0	13,5
35 a 44 anos	30,0	10,4
45 a 54 anos	23,6	9,8
55 a 64 anos	17,8	4,6
65 ou mais	9,0	1,8

Nosso estudo (2015/6)

Homens	Mulheres
31,6	26,3
63,9	22,1
50,9	20,1
52,8	19,3
28,6	12,4
14,3	3,6

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Projeto OBEDIARP
EERP/USP-RP
***n* = 2.197**
Freitas & Moraes, 2011

Níveis de gravidade * (%) do hábito, segundo características da população do estudo. Projeto OBEDIARP, Ribeirão Preto, São Paulo, Brasil, 2006.

	Zonas de "risco" – AUDIT			
	I (0-7) **	II (8-15) **	III (16-19) **	IV (20-40) **
Sexo ***				
Feminino	89,81	7,70	1,28	1,21
Masculino	56,53	28,68	7,24	7,55
Faixas etárias (anos) ***				
≥ 60	89,53	9,45	0,50	0,52
50-59	79,97	11,61	4,50	3,92
40-49	82,28	12,40	2,59	2,73
30-39	70,98	20,20	4,22	4,60

Nosso estudo (2015/6)

	n	AUDIT risk level		
		I	II	III or IV
Sex				
Women	841	88.8	9.3	1.9
Men	214	66.4	27.1	6.5
Age group (years)				
Until 25	188	86.7	11.2	2.1
26 – 30	132	79.6	16.7	3.8
31 – 40	250	80.4	16.0	3.6
41 – 50	173	83.2	12.7	4.1
51 – 60	164	83.5	13.4	3.5
> 60	148	93.9	6.1	0

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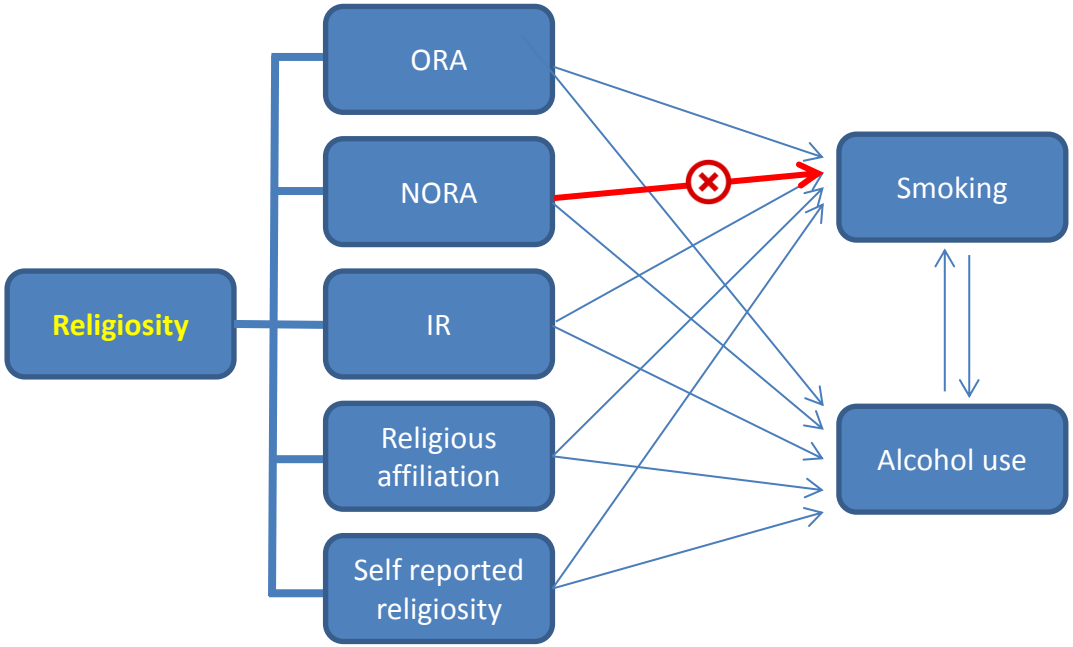

- The simple fact of **having a religion** seems to be sufficient for promoting a decrease in the prevalence of current smoking and alcohol use
- **Religious affiliation:** People from Evangelical backgrounds tend to have a proper lifestyle and they are more disposed to assume restrictive moral attitudes, including disapproval of smoking and drinking
- **Self reported religiosity:** Individuals who reported to practice their religion and those who claim to be very religious have the lower smoking frequency and the lower frequency of alcohol use
- **ORA:** The social involvement motivated by the participation in activities linked to religion can be important to influence moral attitudes that include the non-acceptance of the consumption of substances as alcohol and tobacco.
- **IR:** A lifestyle motivated by religious concerns and beliefs tends to strongly influence smoking and drinking habits.

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