

Asian Resonance

Religious Attitude and Quality of Life among Rural Ageing Adults

Shubha Dube

Associate Professor ,
Department of Home Science,
University of Rajasthan,
Jaipur.

Vimla Siyag

Research Scholar,
Department of Home Science,
University of Rajasthan,
Jaipur.

Abstract

Ageing, a universal phenomenon, is a normal outcome of the human life cycle. Currently, India's national population for ageing adults is 8% translating into roughly 93 million people. By 2050, this aging population is projected to climb to 20%, or approximately 323 million people. Religion can fulfil some important psychological needs and help them, face life ahead. The present study aims to understand the religious attitude in relation to socio-economic status and gender; and the relationship between religious attitude and quality of life among rural population.

A group of 300 aging adults in the age range of 65 to 75 years were selected using purposive sampling technique. 150 subjects belonged to high Ses and 150 belonged to low Ses. Further the sample was divided as 75 males and 75 females. It was observed that subjects of low socio-economic group had significantly high religious beliefs, as compared to the high Ses cohort. Women were found to be high on religious belief as compared to the ageing men irrespective of Ses. Relationship between Ses, gender and religious attitude was also found in the study. Highly significant negative correlation between religious attitude and psychological well-being among the groups could also be appreciated.

Keywords: Ageing, Ses, gender, religious attitude, psychological well-being

Introduction

Aging is universal phenomenon and is a normal outcome of the human life cycle. It brings about certain anatomical, physiological, psychological changes in life. It is also one of the most important demographic and epidemiological transitions caused by enormous improvement in public health, medical treatment and socio-economic factors such as education, income, better nutrition and living conditions as well as technological advancement. Aging though, refers to a decline in the functional capacity of the organs of the human body, which occurs mostly due to physiological transformation, it never implies that everything has been finished.

The ageing population is a precious reservoir of human resource as it is gifted with knowledge of various sorts, varied experiences and deep insights. They may have formally retired, yet overwhelming majorities of ageing adults are physically fit and mentally alert. Hence given an appropriate opportunity, they are in a position to make significant contribution to the socio-economic development of their nation (Pull Rav, 2012).

Over – sixty population is proliferating considerably, hence it is impossible to, overlook them. In every country the measures to help the aged to remain healthy and active has become a must. With 1.21 billion inhabitants counted in 2011 census, India is the second most populous country in the world. Currently, the aging adults account for 8% of India's national population, translating into roughly 93 million people. By 2050, this aging population share is projected to climb to 20%, or approximately 323 million people. The elderly dependency ratio will rise dramatically from 0.12 to 0.31, largely as a result of fertility decline and increasing life expectancy (WHO, 2007).

The size of India's elderly population is estimated to increase from 71 million in 2001 to 179 million in 2031, and further to 301 million in 2051 (Irudaya Rajan, Sarma and Mishra, 2003). The increasing presence of older persons in the world is making people of all ages more aware that we live in a diverse and multi-generational society. (Nasreen, 2007). Religion can fulfill some important psychological needs in older

adults, helping them to face life ahead, find and maintain a sense of meaningfulness and significance in life. Socially, religion can provide a number of functions for older adults, such as social activities, social support and the opportunity to assume challenges and leadership roles. Religion can play an important role in the lives of elderly adults (Cox and Hammonds, 1988). Religious beliefs provide broad guidelines which form the basis of cultural scripts for old age, especially in the realm of interpersonal behavior and appropriate social activities.

Ellison (1991) views that individuals with stronger religious attachment have higher levels of life satisfaction and personal happiness, as well as fewer negative psychosocial experiences. Keeping in mind the above view this study was planned with its special focus in rural areas. The subjects were categorized on the basis of Ses and gender.

Objective of the study were as following-

1. To study the relationship between religious attitude and quality of life among rural aging adults from high and low socio-economic status.
2. To compare the religious attitude and quality of life among Hses and Lses rural ageing adults.
3. To make a gender wise comparison of religious attitude and quality of life in rural aging adults.

Methodology

For the present study 300 ageing adults between the age range to 65 to 75 years were selected from 'gram panchayats' of Raisinghnagar Tehsil of Sriganganagar district in Rajasthan. The five villages selected were through chit system. Below is the table 1 showing village wise subjects' distribution.

Table 1: Village Wise Subject Distribution

Sl.No	Name of the Village	Subjects Distribution
1	Dabla	40
2	Udsar	70
3	Muklava	100
4	Fozuwala	40
5	Satjanda	50
	Total	300

Sample was drawn from two different Socio Economic Status (Ses) categories i.e. high, and low (Hses and Lses) on the basis of Socio-Economic Scale (Sess) by S.C. Tiwari (2005). Multistage sampling procedure was applied for the sample selection. A rough road map was made with the help of Sarpanch. Houses with aging population were identified, home visits were made and personal interaction was done with the subjects.

Background profiles were distributed among the aging adults. The profiles included basic information about the subjects (name, age, sex, occupation and educational etc.). 150 subjects belonged to upper and 150 subjects belonged to lower Ses. Further the sample was divided on the basis of gender i.e. 75 males and 75 females in each group.

Religious Attitude Scale (Ras) by D. Banerjee (1962) was used to measure the extent of religiosity, the scale comprised of 20 items, each item

Asian Resonance

was to be rated on five point likert scale. Religious attitude here referred to faith, religious acceptance, importance of religious etc. Pgi Quality of Life Scale (Pgi-Qols) by A. C. Moudgil, S. K. Verma and K. Kaur(1986) was used to assess quality of life among ageing population.

Results and Discussion

The data so collected was evaluated and is presented below.

Table 2
Mean, S.D. And 't' Value of Hses and Lses on Religious Attitude

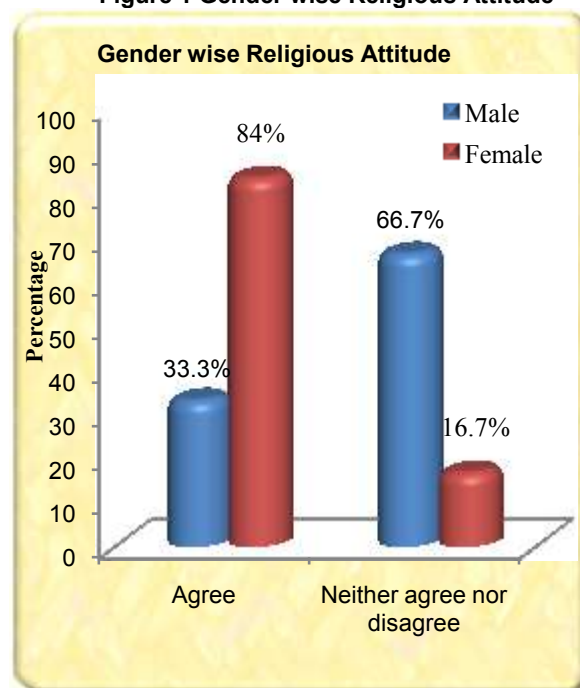
Ses	Mean	S.D.	't' value	d f	Sig. (2-tailed)
Hses	56.96	6.356	13.488	298	.000***
Lses	66.21	5.486			

*** Significant at .001 level of significance

Table 2 depicts the comparative mean and S.D. of the subjects under study with religious attitude on the basis of socio – economic status. The mean scores on the religious attitude among Hses was 56.96 and that of ageing adults belonging to Lses was 66.21 which is higher as compared to subjects belonging to Hses and was significant at 0.001 level. Subjects belonging to low socio – economic groups were significantly high on religious beliefs, as compared to the subjects from high income groups.

Hence it can be concluded that improvement in socio – economic status tends to decrease the religious attitude amongst individuals. Gill's (1999) too supplants the above findings wherein the socio – economic status influences the demand for the practice and/or participation of religion which increases or decreases accordingly.

Figure 1 Gender wise Religious Attitude



Asian Resonance

The above Figure 1 shows the gender wise distribution in percentage of religious attitude of the total sample, 33.3 percent males and 84 percent females confirmed respectively, to the importance of religion in their live. 66.7 percent of males and 16.7 percent females had a neutral view on religious

attitude. A very clear gender difference can be observed in the above figure. Indian aged women were found to give high value for religion as compared to Indian aged men, a finding that has also been reported by Basha and Ushasree (1999).

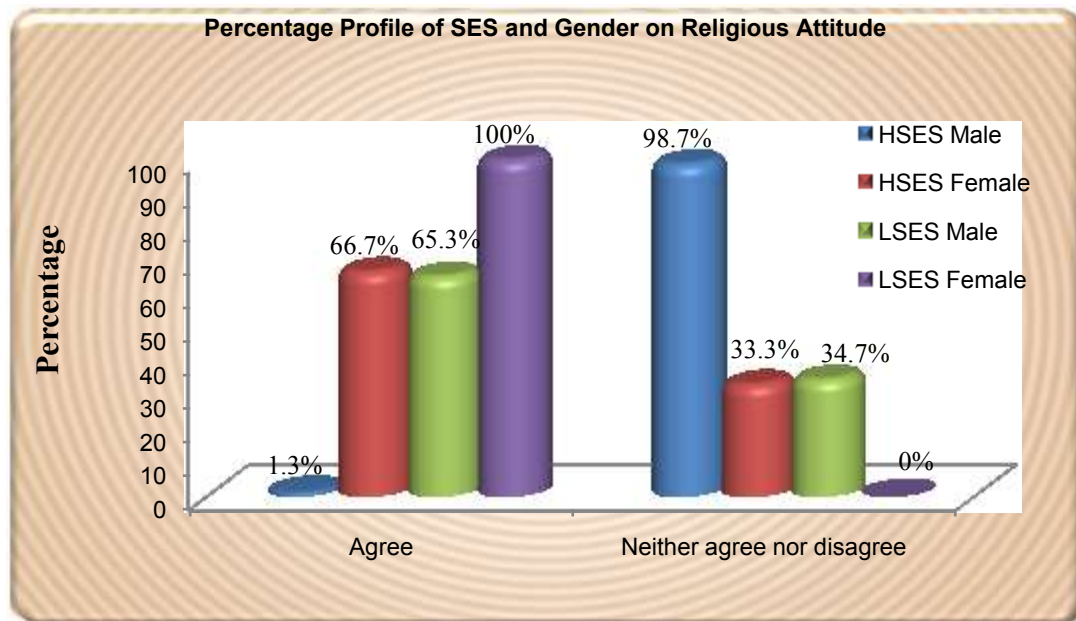


Figure 2: Percentage Profiles of Ses and Gender on Religious Attitude

The above Figure 2 gives the percentage profile for high and low SES and gender on religious attitude. 1.3 percent of the males belonging to high socio-economic status agreed upon religious beliefs and 98.7 percent of them neither agreed nor disagreed. 66.7 percent of females belonging to high socio-economic status agreed and 33.3 percent had a neutral attitude. The data above also shows that 65.3 percent of the males belonging to low socio-economic status agreed upon religiousness and 34.7 percent of males neither agreed nor disagreed, 100 percent of

female belonging to low socio-economic agreed upon religious beliefs.

Anova for Religious Attitude

Anova was carried out among socio-economic status, gender and religious attitude. Table 3 below gives Anova scores of Ses, gender and religious attitude in aging adults. The "F" values, on the religious attitude, indicated that Ses and gender (A, and B) were statistically 'very highly significant' at 0.001 level of significance in aging adults, when calculated individually.

Table 3: Anova scores of Ses, gender and Religious Attitude

S.No.	Source of variation	Sum of Squares	Degree of freedom	Mean Square	F value	Significance of F value
A	Ses	6412.563	1	6412.563	473.047	.000***
B	Gender	6431.070	1	6431.070	474.413	.000***
C	Ses * Gender	60.750	1	60.750	4.481	.035 *
D	Error	4012.533	296	13.556		
E	Total	1154669.000	300			

*** Significant at 0.001 level of significance and *at 0.05 level of significance

Therefore, it can be interpreted that socio-economic status and gender had a highly significant impact on the religious attitude. Two-way interaction of socio-economic indicator and gender (C) indicated significant impact on the religious attitude

Table 4

Correlations on Religious Attitude, Quality of Life among Hses

S. No.	Dimensions	Religious Attitude	Quality of Life
1.	Religious Attitude	1	
2.	Quality of Life	-.651**	1

**Correlation is significant at the 0.01 level of significance

The above table 4 delineates the correlation between religious attitude and quality of life in Hses

Asian Resonance

group. A highly significant negative correlation between quality of life and religious attitude among the subjects belonging to Hses was observed in the sample population. Johnson (1995) viewed that religious faith or involvement significantly affects overall quality of life. He suggested that the added resources provided by religious activities play a key role in contributing to geriatric individuals' greater sense of well-being. Wink and Dillon (2001) observed that religiosity affects overall levels of life satisfaction in geriatric individuals.

Table 5
Correlations on Religious Attitude and Quality of Life among Lses

S. No.	Dimensions	Religious Attitude	Quality of Life
1.	Religious Attitude	1	

Table 6: Anova for Ses, Gender and Quality of Life

S. No.	Source of variation	Sum of Squares	Degree of freedom	Mean Square	F value	Significance of F value
A	Ses	1532.280	1	1532.280	973.182	.000***
B	Gender	901.333	1	901.333	572.455	.000***
C	Ses* Gender	1.080	1	1.080	.686	.408 N.S.
D	Error	466.053	296	1.575		
E	Total	59592.000	300			

*** significant at 0.001 level of significance N.S. = Not Significant

Above table 6 gives the obtained "F" values on the quality of life and it was observed that Ses and gender (A, and B) were found to be statistically 'very highly significant' at 0.001 level of significance among aging adults. Hence, it can be inferred that socio-economic status and gender has highly significant impact on quality of life. The two-way interaction of Ses and gender (C); did not indicate any significant impact on quality of life of aging adults.

Conclusion

The world's population aged 60 and older is currently of 760 million people, representing 11% of total population. By 2050, it is expected that 20% of total population, or 2.0 billion people, will be aged, 60 and older. Moreover, the world's proportion of individuals aged 80 or over is projected to be, more than double from now until 2050, rising from 1.5% to over 4%.

This is equivalent to a 10-fold increase in the 60+ population and a 27-fold increase in the 80+ population, significantly larger demographic movements than the 3.7-fold increase the global population is expected to have experienced between 1950 and 2050 as reported by Bloom (2011). The older population faces a number of problems and adjusts to them in varying degrees. These problems range from decline in health status, absence of ensured and sufficient income to support themselves and loss of social role and recognition and to the non-availability of opportunities for creative use of free time.

Age, socio-economic indicators, religion, living status all affect significantly the lives of the elderly. The present study aims to understand the religious attitude in relation to socio-economic status

2.	Quality of Life	-.565**	1
----	-----------------	---------	---

** Correlation is significant at the 0.01 level and
* Correlation is significant at the 0.05 level of significance

Table 5 shows the correlation between the religious attitude and quality of life among rural ageing adults belonging to LSES. It can be seen from the table that there is a highly significant negative correlation between religious attitude and psychological well-being among this group, which implies that if psychological well-being is high religious attitude would be low and if psychological well-being is low religious attitude would be high.

Anova for Quality of Life

Anova was carried out among socio-economic status, gender and quality of life. Table 6 below gives Anova scores of Ses, gender and quality of life in aging adults.

and gender; and the relationship between religious attitude and quality of life among rural population. A group of 300 aging adults in the age range of 65 to 75 years were selected using purposive sampling technique. 150 subjects belonged to high Ses and 150 belonged to low Ses were selected for the study.

Further the sample was divided as 75 males and 75 females. It was observed that subjects of low socio-economic group had significantly high religious beliefs, as compared to that observed in the high Ses cohort. Women were found to be high on religious belief as compared to the ageing men irrespective of SES. Relationship between Ses, gender and religious attitude was also found in the study. Highly significant negative correlation between religious attitude and psychological well-being among the groups could also be appreciated.

References

1. Basha, S. A. & Ushasree, S. (1999). Futurity among British and Indian elderly. Paper presented at National Seminar on Aging-current issues, November 1999, Madurai Kamaraj University, Madurai.
2. Bijur, P.E., Wallston, K.A., Smith, C.A., Litrak, S., & Friedman, S.B. (1993). Gender differences in turning to religion for coping. Paper presented at the meeting of the American Psychological Association, Toronto.
3. Bloom, D. E. (2011). "India's Baby Boomers: Dividend or Disaster?" Current History, April, 143-149.
4. Cliquet, R., & Nizamuddin, M. (1999). Population Ageing: Challenges for Policies and Programmes in Developed and Developing Countries. New York: United Nations Population Fund; and

Asian Resonance

- Brussels: Centrum voor Bevolkings-en Gezinsstudien (CBGS)
5. Cox, H., & Hammonds, A. (1988). Religiosity, aging, and life satisfaction. *Journal of Religion and Aging*, 5, 1–21.
 6. Demerit, N. J., & Fukuyama, y. (1961). "The major dimensions of church membership." *Reviews of Religious Research* 2 (Spring). 154-161.
 7. Ellison, C. G. (1991). "Religious Involvement and Subjective Well-being." *Journal of Health and Social Behavior* 32: 80-99.
 8. Ellison, C. G. (1995). Race, religious involvement and depressive symptomology in a Southeastern U.S. community. *Social Science and Medicine*, 40, 1561 – 1572.
 9. Ellison, C. G., & Gay, D. A. (1990). "Region, Religious Commitment and Life Satisfaction among Black Americans." *Sociological Quarterly* 31: 23-145.
 10. Ellison, C., & Sherkat, D. (1995). Is sociology the core discipline for the scientific study of religion? *Social Forces*, v73, 1255-1267.
 11. Ferris, A. (2002). Religion and Quality of Life, *Journal of Happiness Studies* Volume 3, 199-215, 2002. Kluwer Academic Publisher, Netherlands.
 12. Francis and Wilcox, (1998). Religiosity and femininity: Do women really hold a more positive attitude toward Christianity? *Journal for the Scientific Study of Religion*, 37, 462–469.
 13. Fukuyama, Y., & Demerath, N. J. (1961). "The major dimensions of church membership." *Review of religious Research* 2 (spring) 154-161.
 14. Gills, A. (1999). Government regulation, social anomie, and Protestant growth in Latin America: A cross-national analysis. *Rationality and Society* 11:287–316.
 15. Hertel, B. R. (1973). Dimensions of Sanskritization" *Journal for the Scientific Study of Religion* 12 (March). 17-32.
 16. Irudaya-Rajan, S., Mishra, U. S., & Sarma, P. S. (1999). *Indian's Elderly: Burden or challenge?* New Delhi: Sage Publications.
 17. Irudaya-Rajan, S., Sarma, P. S. & Mishra, U. S. (2003). Demography of Indian Aging, 2001- 2051. *Journal of Aging and Social Policy*, Volume 15, Nos 2 And 3, Pp. 11-30.
 18. Johnson, T. R. (1995). The significance of religion for aging well. *American Behavioral Scientist*, 39 (2), 186- 208.
 19. The significance of religion for aging well. *American Behavioral Scientist*, 39 (2), 186- 208.
 20. Kalache, A. (2002). The graying world a challenge for the 21st Century. *Science progress* 83 (1), 33-54.
 21. Mehta and Sringapore, 2000 Diet Nutrition and Health Profile of Elderly Population of Urban Baroda. *Indian Journal of Public Health*. 44(4): 124-128.
 22. Miller, A. S., & Hoffman, J. P. (1966). Risk and religion: An explanation of gender differences in religiosity. *Journal for the Scientific Study of Religion*, 34, 63–75.
 23. Nasreen, A. (2007). Coping with economic problems in old age and civil societies response. *Indian Journal of Gerontology*, 21 (3), pp 324-335.
 24. Pull Rav, D. (2012). Problems of the Aged in a Growing Town in Andhra Pradesh: A Social Work Perspective. *Aging in India, Challenges and Opportunities*. Department of Economics Andhra University Visakhapatnam, A.P. E-mail: pullaraod -1003 @yahoo.co.in.
 25. Stuckey, J. D. (1990). The Sunday School Class: The meaning of older women's participation in church. Presented at the Annual Scientific meeting of the Gerontological Society, Boston, Mass., November
 26. World Health Organization, (2004-2007). "Who Medicines Strategy: Countries at the Core, <http://apps.who.int/medicinedocs/pdf/s5571e/s5571e.pdf> (accessed Aug 17, 2011).
 27. Wikstrom, O. (1981-1987). "Attribution, Roles, and Religion: A Theoretical Analysis of Sunden's Role Theory and Attributional Approach to Religious Experience." *Journal for the Scientific Study of Religion* 26: 384-390.
 28. Wink, P., & Dillon, M. (2001). Religious involvement and health outcomes in late adulthood finding from a longitudinal study of women and men. In T, Planet & A. Sherman (Eds.), *Faith and health. Psychological perspectives*. New York: Gilford Press.