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A Study of Religiosity and Depression among Undergraduate Students (Kargil)



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Abstract

Present investigation was to find out the correlation between religiosity and depression among undergraduate students. The sample for the study consisted of 120 from III year's undergraduate students. The investigator used Hisham Abu Raiya religiosity scale and Beck Depression Inventory (BDI) to collect the data. After analyzing the data it has been found that there was negative correlation between religiosity with depression and significant difference in religiosity and depression male and female undergraduate students.

Keywords: Religiosity, Anxiety, Gender, Education.

Introduction

The sizable majority of college students are looking for to maximize pleasure and decrease pain in everyday existence and, whilst experiencing psychological distress, they use an extensive type of coping patterns, some extra powerful than others. When faced with stressful life events, few individuals try to cope by means of exercise, others by trying to manage their time extra efficaciously, even as others use prayer, reading religious book, religious practice, meditation as coping techniques. The responses which can be the maximum adaptive tend to be related to a reduction within the degree of psychological distress experienced by the male and female students and a growth in high quality health results. Coping techniques associated with religious ideals or religious behaviors are often related to positive mental health. Religion is play an important role in every society and it has big impact on the ones individuals who practice it. Religion is an idea structure, a settled of value, exercise, belief and its associated with a heavenly vitality this can be indicated by means of demonstrations of religion at every individual and profoundly established method for acting extents (Knox et al, 1988). The religiosity for own self and others has an enormous effect on psychological as well as physical well being (Tessman & Tessman, 2000). The term "depression is determined from latin word 'deprimere' which implies that to push down" (Jakson, 1995). Depression can be caught on both as a feeling of (disposition) or a disorder (infection). The traumatic ways of life activities additionally also result in sadness. (Dohrenwend and Dohrenwend, 1974). Depression is ordinarily related with loss of interest in all activities, loss of appetite and diminished the physical activities (Fieldman, 1993). Depression people can feel anxious, hopeless, pessimist, sad, irritable, hurt, uncomfortable or restless, loss of interest in activities that once were pleasurable, loss of appetite having problem in concentrating, remembering details or making decisions, insomnia, excessive sleep, fatigue, loss of energy, aches or pains, digestive problem and suicidal tendencies may also be present. Depression is characterized as a mood disorder. There are four types of symptoms of depression including emotional, cognition, motivation and physical. With a lifetime prevalence rate of 17 % in the general population, a significant number of men and women suffer from a clinical episode of depression at some time in their lives (Segrin and Flora, 2000).

Study Duration

August 2017-April 2018

Review of Literature

Evidence exists that the relation between religiousness and depressive symptoms among adolescents was examined by Perce, Little and Perez (2003) they reported that there was a negative correlation between religiosity and depression. Similarly In another study by Sabwah and Abdel-khlek (2006) examined the relationship between religiousness and death depression among a sample of 570 Egyptian women nursing undergraduates, mainly Muslim. The results indicated that the religiousness decreases the level of death depression.

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In yet another study was conducted by Safara and Bhatia (2008) to investigate the relationship of religious belief with depression in an Indian setting. The results showed that the religious belief and practices play a significantly role in the prevention and cure of mental and emotional problems. Muhammad, A, Buzdar. Akhtar, Ali., Masood, N., & Muhammad, N (2015). Examined the correlation Between Religiosity and Psychological Symptoms in Students. The results revealed that there was negative relationship between religiosity and depression among students. Similarly, in another study by Zahra, T, K., Mohammad, A., Reza, O, K., Mostafa, A., Vahid, V., & Hesam, M. (2015) indicated that the religiosity played an important role in prevention and decrease of depression. Urip, P., and Doran, C. French. (2016) indicated that the religiosity was negatively associated with depression. In yet another study by Shekhar, C., & Hussain, Z. (2017) A study of religiosity and anxiety among undergraduate students (Kargil). The results showed significant negative correlation between religiosity and anxiety among students.

Objectives of the Study

1. To examine the religious belief, practice and depression in male and female undergraduate students.
2. To explore the inter-relation between religious belief and depression among undergraduate students.
3. To examine the correlation between religious practice and depression among undergraduate students.

Methodology

Hypotheses

There will be a significant deference of religious belief, practice and depression in male and female undergraduate students.

There will be a significant correlation between religious belief and depression among undergraduate students.

There will be a significant correlation between religious practice and depression among undergraduate students.

Sample

The present study was designed to examine the correlation between religiosity (belief, practice) with depression and further t-test was applied to find out the significant difference among all variables in male and female students. The sample for the study consisted of 120 from III year's undergraduate students Govt. Degree College, Kargil city. A stratified random sampling technique was used. The respondents were between 19 to 23 years of age.

Tools

The Psychological Measure of Islamic religiousness constructed by Hisham Abu Raiya (2005, 2008). The scale contains total 77 items and the scale has eight sub-scales. The subscale of Islamic dimension have further five subscales, *i.e.*, (1)

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belief (2) practice (3) ethical conduct- do (4) ethical conduct-don't (5) Islamic universality dimension and only the score of belief and practice subscale has been used in the present research work. The Belief dimension consisted of five items. The participants were asked to respond to each item on a 3-point scale ranging from 0 ("no") to 2 ("yes"); the higher the score, the stronger the belief. In the pilot test, this subscale demonstrated very high internal consistency (Cronbach's alpha = .97). Six items were included in the Practices Dimension subscale. One of these items (wearing hijab) was gender-specific (for women only). The participants were asked to respond to each item in this subscale on a 6-point scale ranging from 0 to 5; the higher the score, the more the practice of religious duties. The pilot study showed that this subscale demonstrated high internal consistency (Cronbach's alpha = .87). Beck depression inventory constructed by Aron Beck (1961) was used in the present research work to measure depression. The Beck Depression Inventory (BDI) has undergone several revisions over the last 35 years from BDI-IA (1978), to the most recent version. The BDI-II (1996) is a completely self-administered format. BDI-II consists of 21 items and each item has 4 alternative statements. Each is then to be answered and is scored on a four point rating scale from 0-3. The BDI-II Spanish translate producing a coefficient of 0.91 and the English version a co-efficient of 0.89. BDI has been validated with substantial evidence reporting co-efficient alpha of 0.91 and higher, only two published report consistency validated its test-retest reliability. The score on the BDI-II ranges from 0-63. The range of scores 0-9 indicates minimal depression, 10-16 mild depression, 17-29 moderate depression and 30-63 indicates severe depression.

Procedure

The main aim of the research work was to study the relationship between religiosity and depression and significant difference among all variables undergraduate students. 120 students were selected from govt degree college Kargil. All the subjects were explained about the nature and aim of the study and taken the permission from principal for data collection. After the completion of data, responses were assigned scores according to the manual of psychological measure of Islamic religiousness and the Beck depression inventory (BDI). The data was analyzed by using SPSS.

Results and Discussion

The study was conducted to examine the inter-relationship between religiosity with depression and significant differences among all variables undergraduate students. After data collection and scoring, the data were put to statistical analysis in order to test the formulated hypotheses; mean, standard deviation, t-test and Pearson's product moment correlation method was applied to find out the correlation between religiosity (belief, practice) and depression.

Table – 1

Showing The Mean, Standard Deviation and T-Ratio on The Variables of Religiosity (Belief, Practice) and Depression among Male and Female Undergraduate Students

Variable	Gender	N	Mean	Sd.	t-ratio
Religious Belief	Male	62	7.54	1.705	2.35*
	Female	58	8.25	1.595	
Religious Practice	Male	62	25.72	2.187	2.50*
	Female	58	27.13	3.358	
Depression	Male	62	12.12	6.476	2.05*
	Female	58	14.93	8.509	

Table -1 clearly revealed that the female have significantly scored higher on religious belief, practice and depression compared to male students. Thus, female in the present study are experience more religiosity and depression than male undergraduate students.

Table – 2

Showing the Inter-Correlation of Religiosity (Belief, Practice) With Depression among Undergraduate Students

	Belief	Practice
Depression	-.557**	-.625**

It is clear from Table - 2 that the religious belief and religious practice has a significant negative correlation with the depression. It showed that higher the religiosity decrease the level of depression among student. As our first hypotheses was there will be a significant difference of religious belief, practice and depression in male and female undergraduate students.

As per Table - 1 significant difference were found in male and female undergraduate students. Results revealed that significant difference emerged between male and female on religious belief, practice and depression. Female's score higher on religious belief, practice and depression which showed that female experience high religiosity than men and high depression experience as compared to male students. The present study results are supported by previous research findings that females being more religious than men and more experience of depression than male. (Smith *et al.*, 2002; Walter and Davie, 1998; Alagna & Morokoff, 1986). Likewise, our second and third hypotheses were there will be a significant negative correlation between religious belief, practice and depression. There will be a significant negative correlation between religious belief, practice and depression. As per Table - 2 above negative correlation were found between religious belief, practice and depression. The present study results are supported by previous research findings that religious belief plays an important role in the prevention or decrease of depression. A study by Dein (2006) found that religious importance predicts lower incidence of depressive symptoms and that religiosity may increase the speed of recovery from depression. Another study shows that religious affiliations were negatively correlated with depressive symptoms (Perce, Little & Perez, 2003).

The religious activity decreases the level of depression. Research findings have documented that personal devotion, which captures both intrinsic and

non organizational religiosity e.g., consciousness of religious purpose, frequency of seeking spiritual comfort and frequency of private prayer was associated with a decreased incidence of depression and increased hope and wellbeing (Kendler, Gardner & Prescott, 1997; Fehring, Miller & Shaw, 1997).

This finding of the study confirmed that religion has an important bearing in the day-today activities of the people of Kargil. They follow it with a proper discipline. They are involved in religious activities through social gathering which is a source of their never ending belief/faith in God and their religion. This never ending belief and faith seems to be a positive source inside them to overcome their distress and depression in daily routine. Religious activities are an important part of the life of people in Kargil. There are social gatherings everyday and people share their experiences and problems with each other which decreases the level of depression and distress inside them. They get involved in religious activities like religious speech, reading Quran, teaching of religion. The religious activities and gatherings create feeling of being together and brotherhood even in the time of depression, which is ultimately a source for optimism, hope, happiness etc. All these religious activities overcome their feeling of fear and depression. Therefore, the hypothesis that there will be a significant negative correlation between religious belief, practice and depression was proved in the present investigation.

Conclusion

From the above discussed findings it can be concluded that significant impact of religiosity (belief and practice) on depression. The findings clearly indicate that religious belief and religious practice decreased the level of depression among undergraduate students.

References

- Alagna, S.W., & Morokoff, P.J. (1986). *Beginning medical school: Determinants of male and female emotional reactions. Journal of Applied Social Psychology, 4*, 348-360.
- Dein, Simon. (2006). *Religion, spirituality and depression: implications for research and treatment. Primary care and community psychiatry, 11*(2), 67-72.
- Dohrenwend, B.S., & Dohrenwend, B.P. (1974). *Stress life-events: Their nature and effects. New York: Wiley, 45-72.*
- Fehring, R., Miller, J., & Shaw, C. (1997). *Spiritual well-being, religiosity, hope, depression, and other mood states in elderly people coping*

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- with cancer. *Oncology Nursing Forum*, 24(4), 663-671.
- Fieldman, L.A. (1993). Distinguishing depression and anxiety in self report: evidence from confirmatory factor analysis on non clinical sample. *Journal of Consulting and Clinical Psychology*, 61(4), 631-638.
- Ismail, Z., & Desmukh, S. (2012). Religiosity and Psychological Well-Being: *International Journal of Business and Social Science*, 3(11).
- Jackson, S.W. (1995). A history of melancholia and depression, 1. New Haven, London: Yale University Press.
- Kendler, K., Gardner, C., & Prescott, C. (1997). Religion, psychopathology, and substance use and abuse. A multimeasure genetic-epidemiological study. *American Journal of Psychiatry*, 154, 32-329.
- Knox, D., Langehough, S.O., Walters, C., & Rowley, M. (1998). Religiosity and spirituality among college students. *College Student Journal*, 32, 430-432.
- Muhammad, A, Buzdar., Akhtar, Ali., Masood, N., & Muhammad, N .(2015). Relationship between religiosity and psychological symptoms in students. *Journal of Religion and Health*, 54, 2155-2163.
- Pearce, M.J., Little, T.D., & Perez, J.E. (2003). Religiousness and Depressive Symptoms among Adolescents. *Journal of Clinical Child and Adolescent Psychology*, 32, (2), 267-276.
- Sabwah & Abdel-Khalek. (2006). Religiosity & death anxiety and depression in arabic Colloge students. *Death studies*, 30(4), 365-375.
- Safara, M., & Bhatia, M.S. (2008). Relationship of religious beliefs with anxiety and depression. *Delhi Psychiatry Journal*, 11(2), 177-179.
- Segrin, C., & Flora, J. (2000). Poor social skills are a vulnerability factor in the development of psychosocial problems. *Human Communication Research*, 26(3), 489-514.
- Shekhar, C., & Hussain, Z. (2017). A study of religiosity and anxiety among undergraduate students (Kargil). *International Journal of Applied Social Science*, 4(11&12), 447-452.
- Smith, C., Denton, M.L., Faris, R., & Regnerus, M. (2002). Mapping american adolescent religious participation. *Journal for the Scientific Study of Religion*, 41, 597-612.
- Tessman, I., & Tessman, J. (2000). Efficacy of prayer: A critical examination of claims. *Skeptical Inquirer*, 24(2), 31-33.
- Urip, P., and Doran, C. French. (2016). Depression and its relation to loneliness and religiosity in Indonesian Muslim adolescents. *Mental Health , Religion & Culture*, 19 (3), 218-228.
- Walter, T., & Davie, G. (1998). The Religiosity of women in the modern west. *British Journal of Sociology*, 49, 640-60.
- Zahra, T, K., Mohammad, A., Reza, O, K., Mostafa, A., Vahid, V., & Hesam, M. (2015). The Relationship between Religious-Spiritual Well-Being and Stress, Anxiety, and Depression in University Students. *Health, Spirituality and Medical Ethics*, 3(1), 30-35.

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