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STUDYOF RELIGIOUS ATTITUDEAND MENTAL HEALTH AMONG ELDERLY PEOPLE

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ABSTRACT

Mental health among the elder generations in India is an important issue. Factors like social isolation, loss of loved ones, physical health issues, and societal stigma can contribute to mental health challenges. For a majority of older Indians, adherence to religious customs and rituals is an important aspect of their identity and provides them with a sense of purpose and community.The primary goal of the study is to examine the relationship between religious attitude and mental health among the 60+ elder generations in Jhajjar. For this purpose, a sample of 100 old people was taken from Jhajjar. Religious Attitude Scale by Rajamanikam (1989) and Psychological Well-Being Scale by Devender Singh Sisodia and Pooja Choudhary (2012) were administered and analyzed by using a t-test and Pearson's correlation.

Results revealed that there is a positive and significant relationship between religious attitude and mental health among the elder generations in Jhajjar. The finding shows that there are no significant differences in religious attitudes and mental health amongst elder generations in regards to gender in Jhajjar butthere is a significant difference in religious attitudes amongst the elder generations in regard to Family type in Jhajjar.

Key Words: -Mental Health, Religious Attitude, Spirituality,

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INTRODUCTION

As in many parts of the world, there has been a growing recognition of the significance of mental well-being in older adults.This can include participating in religious ceremonies, visiting temples, mosques, churches, or other places of worship, and observing religious festivals. However, it's important to note that there is a spectrum of beliefs and practices within India's older population. Some may be deeply devout, while others might have a more casual or secular approach to religion. Additionally, there are individuals who identify with minority religions or hold non-religious or agnostic views.Overall, the religious attitudes of older people in India reflect the rich tapestry of beliefs and traditions that exist within the country. It's a complex and diverse landscape that continues to evolve with changing societal norms and global influences.

The mental health of older people in India is an important aspect of public health. Several factors can influence the mental well-being of seniors in the country:Economic Security, Access to Healthcar, Loneliness and Isolation, Stigma and Awareness, Loss and Grief, Prevalence of Chronic Diseases, Social Support and Family Structure, Cultural and Religious Practices.

Roy et. al. (2023) aimed to understand the factors influencing older adults' self-rated health (SRH), focusing on religiosity and spirituality in India. The present study used data from India's Longitudinal Ageing Study's first wave (LASI), 2017–18. The levels of poor SRH decreased with an increasing degree of religious and spiritual participation.

Mazloomzadeh et. al. (2021) performed on 228 elderly people referred to Zanjan health centers using two standardized questionnaires, including GHQ-28 and SF-36. Of 228 participants, 61.8% were female and 38.2% were male. The mean age of the participants was 68.03±5.89. The mean and standard deviation of total mental health was 56.93±10.27 (a lower score indicates a better status) and the mean and standard deviation of total QOL score was 58.60±15.62. There was a significant relationship between mental health and sex (P=0.002), education (P=0.01), occupation (P<0.001). The results indicated that both mental health status and QOL in this elderly population were in moderate level.

Min Min et. al. (2020) examined ethnic differences in the association between religion and mental health among older adults in a predominantly Muslim population and multicultural

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setting. Data of 7068 participants (4418 Malays, 2080 Chinese and 570 Indians) aged ≥55 years that were collected as part of the community health survey conducted in 2013 in the South East Asia Community Observatory (SEACO) were analyzed using bivariate and multiple regressions. Analyses were stratified by ethnicity. The importance of having an enriched religious/spiritual life was associated with higher scores of depression, anxiety and stress among Chinese and higher score of depression among Malays, while belief in a higher power was associated with better mental health among Malays, Chinese and Indians. The current study showed that there were ethnic variations in the associations between religion and mental health, and the associations depended on the religious variable included in the analysis.

Coelho-Júnior H.J et.al (2022)One hundred and two studies that investigated 79.918 community-dwellers, hospitalized, and institutionalized older adults were included. Results indicated that high RS was negatively associated with anxiety and depressive symptoms, while a positive association was observed with life satisfaction, meaning in life, social relations, and psychological well-being. Specifically, people with high spirituality, intrinsic religiosity, and religious affiliation had a lower prevalence of depressive symptoms. In relation to longitudinal analysis, most studies supported that high RS levels were associated with a lower incidence of depressive symptoms and fear of death, as well as better mental health status.

Religious beliefs and practices are often deeply ingrained in an individual's identity and worldview, and many older adults find solace and support in their religious faith. Religiosity can serve as a coping mechanism, providing emotional support, a sense of meaning and purpose, and a framework for understanding life events. Exploring the relationship between religious attitudes and mental health can shed light on the potential benefits or drawbacks of religious involvement for elderly individuals. The religious outlook of people overwhelmingly dominates their intellectual, emotional, and practical life. It's difficult to locate any aspect of their life, which is not permeated with and colored by religion. Their family life, caste life, general social life, economic, and even recreational life are more or less governed by religious approaches and religious norms. Religious values play an important role in personal and social adjustments. They contribute to a feeling of stability and security by giving the individual a permanent anchorage point. It has been shown that during the years when religious values are relatively highly esteemed by elders.Religion

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plays a significant role in shaping cultural and social norms, particularly among older adults. Understanding how religious attitudes intersect with mental health in this population can provide insights into how cultural and social factors influence mental well-being. Exploring how religious attitudes influence coping strategies and resilience can provide valuable information for mental health professionals and caregivers in supporting elderly individuals.

Problems regarding the mental health of the older population(above 60 years) are increasing. Mental health is a critical aspect of overall well-being, and it becomes even more significant as individuals age. Older adults often face unique challenges such as loneliness, loss of loved ones, declining physical health, and financial concerns, which can impact their mental well-being. Understanding factors that contribute to mental health in the elderly is essential for developing effective interventions and support systems. Mental health has been closely associated with the aging process for older adults. Aging has been connected with a loss of sense of control (Mirowsky, 1995) and an increase in depressive symptoms in late older adulthood (Mirowsky & Reynolds, 2000). Understanding the factors that influence the mental health of the aging population is especially important. One such factor that is highly entangled with mental health is religious participation.

According to The Institute for Health Metrics and Evaluation, suicide rates among old people are much more than any other generation. The suicide rate of people above 70 years is 27.45, and the suicide rate of people aged 50-69 years being 16.17 out of 100,000 individuals.

Research suggests that religious attitudes and participation can have both positive and negative effects on mental health. On one hand, religious beliefs can foster hope, resilience, and social connections, which are protective factors for mental well-being. On the other hand, religious doctrines or practices may contribute to guilt, fear, or stigma, which could negatively impact mental health. Understanding the nuanced relationship between religious attitudes and mental health outcomes among the elderly can help identify specific aspects of religiosity that are beneficial or harmful.Understanding the specific aspects of religious attitudes that contribute to mental health can guide the implementation of effective spiritual care interventions in healthcare settings or within religious communities.

Therefore, This study aims to find out the relationship between the religious attitudes and mental health among elderly people. The older population has reached a stage where they face increasing daily life related problems including physical illnesses, mental disorders and

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fluctuating mood swings. What has further aggravated the situation is the hampering financial dependency among older population and the severe state of social support system. It is hypothesized that with strong religious beliefs, the mental wellbeing amongst the elderly will improve. (IMHE, Global burde of Disease).

RESEARCH METHODOLOGY

Problem

The present investigation was conducted to study of religious attitude and mental health amongelder people.

Objectivesof thestudy

The following objectives are formulated for the proposed study:

- To study the Religious Attitude and Mental Health among Elder people
- To compare the male and female elder people on religious attitudes.
- To compare the joint and nuclear family of Elder people in regards to mental health.

Hypotheses of the study

The following hypotheses are formulated to empirically validate the above objectives:

- There will be a significant relationship between the religious attitudes and mental health of old people.
- There will be a significant difference in the religious attitudes of male and female old people.
- There will be a significant difference in the mental health of joint and nuclear family of the elder people.

Research Design

In the present study, an attempt is made to find out the relationship between religious attitudes and mental health and thus follow a correlational research design. The sample for this project were chosen from parks, mandir, villages, colonies etc. from Jhajjar. The age limit is above 60 years and above from all religions. This investigation was planned to study the correlate of mental health and religious attitude.For this purpose a correlation was used to find out whether there is any relationship between religious attitude and mental health.

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Operational definitions of the terms

Religious attitude: Psychologically an attitude informed by the careful observation of and respect of invisible forces and personal experience. The desire to explore the final secret of nature, mystic aspect of life is found among persons with a religious attitude. Such attitude is qualified by faith and beliefs and emotion and not colored by reasoning. The study will measure the religious attitude by Religious Attitude Scale by by Professor Rajamanickam.

Mental Health: Mental Health is defined as person's ability to make positive self-evaluation, to perceive the reality, to integrate the personality, autonomy group oriented attitudes and environmental mastery. The study will measure the mental health by Religious Attitude Scale by Professor Rajamanickam.

Sampling procedure

Due to the limited resources available for the process of conducting the study, a non-probability sampling method is chosen. The people above the age of 60 years were chosen for the research. The researcher has conducted the individuals in the neighborhood, senior citizen clubs and yoga classes. For the study, a total of 100 individuals were selected, out of which 50 were male and 50 were female. The test was administered to the randomly selected subjects. All the selected subjects were urban and rural married, literate and illiterate subjects belonging to more or less same socio-economic and cultural background.

Tool used for data collection

The following tools were employed for the purpose of collecting data from the selected subjects:

Demographic Information Sheet

Demographic information sheet will be used to collect various demographic information about the sample including age, gender and the type of family.

- ***Religious Attitude Scale***

Religious attitude scale, developed by Professor Rajamanickam (1989) has been used in this study for the sample data collection. The test is based on 60 statements in the form of questions. It is based on the Likert scale approach of scaling questionnaires. The thirty questions are under six headings:

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(1) The nature of God
(2) Future life
(3) Priests
(4) The spirit world
(5) Personal religion
(6) Formal religion

There are five questions under each topic. This is a five point scale and the subjects were asked to underline any of the five alternatives which came nearest to their own views.

Method of Scoring :

There were five possible views, which could be taken by the subject regarding each of thirty statements and they were strongly agree, agree, neutral, disagree, and strongly disagree. These views were given numerical values ranging from 1 to 5. There were both affirmative and negative questions. For the affirmative questions strongly agree received 1 mark, agree 2 neutral 3 disagree 4, and strongly disagree 5, and for the negative question strongly agree received 5 marks, agree 4, neutral 3, disagree 2 and strongly disagree 1. A low score indicated pro religious attitude, and a high score indicated anti-religious attitude. According to the scores obtained the subjects were divided into the following categories.

(1) Scores Categories 0 to 30 - Highly religious
(2) 30 to 60 - Moderately religious
(3) 61 to 90 – Neutral
(4) 91 to 120 - Moderately anti-religious
(5) 121 to 150 - Highly anti-religious

Reliability -Split half (odd-even) reliability coefficient by using Gutman formula was found to be 0.78 significant at 0.01 level and Criterion validity coefficient was found to be 0.86 significant at 0.001 level of this scale.

- ***Psychological Well Being Scale (Mental Health)***

The Psychological Well Being Scale was developed by Dr. Devendre Singh Sisodia and Ms. Pooja Choudhary in the year 2012. This scale contains 50 items measuring five dimensions of psychological well being:

(1) Life satisfaction
(2) Efficiency
(3) Sociability
(4) Mental health
(5) Interpersonal relations

Each of the above dimensions contain 10 items, each with a 5 point response category ranging from strongly agree to strongly disagree. Thus the well being scale provides scores on all these categories, in addition to the score of total psychological well being of the

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individual. Each statement is in positive way.

(1) Score of 5 for strongly agree
(2) Score of 4 for agree
(3) Score of 3 for uncertain
(4) Score of 2 for disagree
(5) Score of 1 for strongly disagree

A high test score means a higher psychological well being and vice versa.For the total well being score, the internal consistency reliability coefficient is reported to be 0.90 and the test-retest reliability is reported to be 0.87 for the sample. The test manual claims high content validity.

Statistical Analysis

In thisstudy, various statistical tools and techniques were administered as Mean, S.D., t-test and Pearson correlation.

RESULTS, INTERPRETATIONS AND DISCUSSIONS

To find out the relationship between religious attitudes and mental health among the old people in Jhajjar using Pearson correlation and for difference t-test was administered.

CORRELATIONAL ANALYSIS

1.1 RELATIONSHIP BETWEEN RELIGIOUS ATTITUDES AND MENTAL HEALTH AMONG THE OLD PEOPLE IN JHAJJAR

Table 1.1: Showing relationship (Correlation Coefficient Values) between religious attitudes and mental health among the old people (N=100)

Correlations		
Variables	Religious Attitude	Mental Health
Religious Attitude	1	0.28**
Mental Health	0.28**	1

*. Correlation is significant at the 0.01 level.

The table 1.1 reveals that the co-efficient of correlation between religious attitudes and mental health among the old people is 0.28, which is significant at 0.01 level of significance

and the calculated pis less than significant level (r=.0.28, p< 0.01). The study found that there is a positive and significant correlation between religious attitudes and mental health, meaning that as religious attitudes increase, so does mental health.Thus, Hypothesis, which stated, "There is a positive relationship between the religious attitudes and mental health among the old people in Jhajjar" accepted.

This result encounter with study of **Alexander Moreira-Almeida et. al. (2006)** review vast majority of good quality studies found that higher levels of religious involvement are positively associated with indicators of psychological well-being (life satisfaction, happiness, positive affect and higher morale) and less depression, suicidal thoughts and behaviors, use /abuse of alcohol/drugs. Usually, the positive impact of religious involvement on mental health is most intense among people under stress among the elderly. Similarly, **Prakash B. Behere et. al. (2019)** found positive impact religion on mental health.

1.2 COMPARISON OF RELIGIOUS ATTITUDES AND MENTAL HEALTH AMONG THE OLD PEOPLE WITH REGARD GENDER AND FAMILY TYPE

Table 1.2.: Mean, S.D. and 't' ratio between male and female old people computed on the basis of their scores of religious attitudes (100)

Group Statistics							
	GENDER	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**	**t-value**	**P-value**
RELIGIOUS ATTITUDE	**MALE**	**50**	**64.80**	**27.935**	**3.951**	**-.165**	**.870**
	FEMALE	**50**	**65.82**	**33.787**	**4.778**		**P>0.05**

P>0.05 @ 0.05 level of significance (Not Significant)

The table above shows that the calculated p-value (.870) is higher than significant level (p-0.05) and 't' value -.165 with df (98) is not significant at 0.05 level. The mean values of male old people (64.8) less than female old people (65.82) with regard to religious attitudes but not differ significantly. Hence, the null hypothesis is accepted and alternative hypothesis rejected. Above, show that there is no significant gender difference in religious attitudes amongst the old people in Jhajjar. This result encounter with study of **Dr. Kotreshwaraswamy Surapuramath (2014)** A study on old Generation Attitude towards Religious Values in this study result indicate that the male people attitude towards religious value are better than female. Gendered patterns in religiousness have also been studied in later adulthood. For example, **Thompson and Remmes (2002)** reported that, among older

men, a feminine orientation predicts higher levels of self-assessed religiousness, religious participation and devotion, and intrinsic religious motivation. The latter concept—intrinsic religiousness—involves regarding "spirituality and faith as ultimate, flooding the individual's life with motivation and meaning". This internalized,deeply felt commitments counter to extrinsic religious motivation, defined as "utilitarian, granting the individual safety, social standing, solace, and endorsement for a way of life". The absence of a feminine orientation is not equated with a lack of religiousness among these older men; rather, men with masculine ideology and orientation are inclined toward a more extrinsic form of religiousness and religious quest. Among older widowed women, both intrinsic and extrinsic religious involvements are associated with peace, pleasure, and satisfaction in life. Indeed, "engaging in organized religious activities [provides] women with friendships, a sense of community, and away of contributing to the welfare of others.

Table 1.3: Mean, S.D. and 't' ratio between old people of joint and nuclear family computed on the basis of their scores of religious attitudes (100)

Group Statistics							
	FAMILY TYPE	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**	**t-value**	**p-value**
RELIGIOUS ATTITUDE	**JOINT**	**50**	**76.16**	**36.005**	**5.092**	**3.741**	**.000***
	NUCLEAR	**50**	**54.46**	**19.644**	**2.778**		**P<0.05**

P<0.05 @ 0.05 level of significance (Significant)

The table above shows that the calculated p-value (.000) is less than significant level (p-0.05) and 't' value .748 with df (98) is significant at 0.05 level. The mean values of old people of nuclear family (54.46) less than old people of joint family (76.16) with regard to religious attitudes and differ significantly. Hence, the null hypothesis rejected and alternative hypothesis accepted. Above, show that there is significant difference in religious attitudes amongst the old people with regard to Family type in Jhajjar.

This study encounter with **Daniel B. Kaplan (2021)** found family type has impact on the religious attitudes of older adults. Older adults' level of religious participation is greater than that in any other age group. For older people, the religious community is the largest source of social support outside of the family, and involvement in religious organizations is the most common type of voluntary social activity—more common than all other forms of voluntary

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social activity combined.

Table 1.4: Mean, S.D. and 't' ratio between male and female old people computed on the basis of their scores of mental health (100)

Group Statistics							
	GENDER	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**	**t-value**	**p-value**
MENTAL HEALTH	**MALE**	**50**	**30.80**	**8.149**	**1.152**	**-.492**	**.624**
	FEMALE	**50**	**32.54**	**23.647**	**3.344**		**P>0.05**

P>0.05 @ 0.05 level of significance (Not Significant)

The table above shows that the calculated p-value (.624) is higher than significant level (p-0.05) and 't' value -.492 with df (98) is not significant at 0.05 level. The mean values of male old people (30.8) less than female old people (32.54) with regard to mental health but not differ significantly. Hence, the null hypothesis is accepted and alternative hypothesis rejected. Above, show that there is no significant gender difference in mental health amongst the old people in Jhajjar. This result contradict with study of **Lena D. et. al. (2020)** found difference in mental health among older men and women. Older women had a worse general mental health (−6.95; −8.36 to 5.53; range 0–100, 10% lower), more depressive symptoms (2.09; 1.53–2.63; range 0-60, 30% more) and more anxiety symptoms (0.86; 0.54–1.18; range 0–11, 30% more) compared to men. These sex differences remained stable until the age of 75 years, where after they decreased due to an accelerated decline in mental health for men compared to women. Sex differences and their course by age were consistent over successive birth cohorts, educational levels and ethnic groups.

Table 1.5. Mean, S.D. and 't' ratio between old people of joint and nuclear family computed on the basis of their scores of mental health (100)

Group Statistics							
	FAMILY TYPE	**N**	**Mean**	**Std. Deviation**	**Std. Error Mean**	**t-value**	**p-value**
MENTAL HEALTH	**JOINT**	**50**	**35.02**	**23.280**	**3.292**	**1.927**	**.057**
	NUCLEAR	**50**	**28.32**	**7.893**	**1.116**		**P>0.05**

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P>0.05 @ 0.05 level of significance (Not Significant)

The table above shows that the calculated p-value (.057) is higher than significant level (p-0.05) and 't' value 1.927 with df (98) is significant at 0.05 level. The mean values of old people of nuclear family (28.32) less than old people of joint family (35.02) with regard to mental health but not differ significantly. Hence, the null hypothesis accepted and alternative hypothesis rejected. Above, show that there is no significant difference in religious attitudes amongst the old people with regard to Family type in Jhajjar.

MAIN FINDINGS

Based on the provided findings, here is an explanation for each statement:

1. The coefficient of correlation between religious attitudes and mental health among the old people is 0.28, which is statistically significant at a 0.01 level of significance. This means that there is a positive correlation between religious attitudes and mental health among the old people.
2. The calculated p-value of 0.870 is higher than the significance level of 0.05. With a 't' value of -0.165 and 98 degrees of freedom, the result is not statistically significant at a 0.05 level. This suggests that there is no significant difference in religious attitudes between male and female old people.
3. The mean value of religious attitudes for old people in nuclear families is 54.46, which is lower than the mean value of 76.16 for old people in joint families. The difference between the means is statistically significant, as indicated by a p-value higher than 0.05 and a 't' value of -0.492 with 98 degrees of freedom.
4. The calculated p-value of 0.624 is higher than the significance level of 0.05. With a 't' value of -0.492 and 98 degrees of freedom, the result is not statistically significant at a 0.05 level. This means that there is no significant difference in religious attitudes between old people in nuclear families and those in joint families.
5. The mean value of mental health for old people in nuclear families is 28.32, which is lower than the mean value of 35.02 for old people in joint families. However, the difference between the means is not statistically significant, as indicated by a p-value higher than 0.05 and a 't' value of 1.927 with 98 degrees of freedom.

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