

IMPACT OF RELIGIOUS BELIEFS AND PRACTICES ON PSYCHOLOGICAL AND SOCIAL WELL BEING AMONG AGEING ADULTS

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ABSTRACT

Introduction: Religious beliefs and practices are of a great influence on well being of ageing adults.

Objectives: The study was designed with the aim to explore the relationship and effect of religious beliefs and practices on psychological and social well-being of male and female ageing adults.

Methodology: The total 75 males and 75 females were taken from Jaipur city. The researcher developed the measure used to assess religious beliefs and practices. (Religious beliefs and practices inventory [RBP]). For the Psychological well-being, PWB inventory used was developed by Sisodia and Choudhary and for Social well-being, SWB inventory by Carey Lee M. Keyes were used. The data was computed with the help of Percentage, Mean, Standard Deviation and t-Test.

Results: The data reveals that religious beliefs and practices were average in majority of the male and female participants. A higher percentage of the participants were found to be in the moderate category of psychological well-being and same level was observed among male and female ageing adults. A higher percentage of the participants were found to be average on social well-being. No significant gender difference was found, on social well-being. All three attributes (Religious beliefs and practices, psychological well-being and social well-being) were correlated with each other.

Conclusion: It was concluded that Religious beliefs and practices remained statistically significant to social well-being which includes social coherence, social integration, social

contribution, social actualization and social acceptance. Religious beliefs and practices are associated with improved psychological well-being which includes satisfaction, efficiency, sociability, mental health and interpersonal adjustments.

INTRODUCTION

The rapidly growing ageing population in the world and specifically in India is a Challenge. In India the myriad dimensionality of ageing, can sociologically be viewed to be a series of transition/ transits from one set of social roles to another which are structured by the social system (Mishra, 1999). “Age and ageing are equally related to role-taking, value orientations and modes of behavior of a person the expectation of which varies at different age-stages of members of a society” (Bhatia, 2002).

The dissolution of joint family, urbanization, rapid industrialization and changing social values, all together has created serious problems for elderly in India. They are treated like an unavoidable burden if they become unproductive members. Ageing adults may face economic, physical, physiological, psycho-social and environmental problems which include further problems like income deficiency, loss of employment, failing health, nutritional deficiencies, feeling of neglect, loneliness, feeling of inadequacy.

Religiosity is a multi-layered /multi-dimensional concept involving emotional, motivational, and behavioural aspects (Hackney and Sanders,2003). In periods of crises religion serves multiple purposes in day to day life (Pargament, 2000).A religious belief of a group explains where the people fit in the universe and how should they behave on earth. It is a crucial part of that larger concept and distinct from religious practice. It serves as a social function in human groups which provides a shared identity of where people came from and where they will likely to go after death (Copyright 2003-2014, Educational Portal).

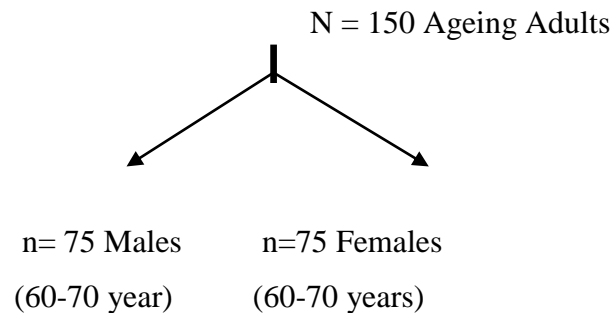
All these problems have high degree of interrelationship with each other. Religious beliefs and practices play important role in the life of ageing adults for their well-being. Keeping in mind the present viewpoint it was perceived by the investigator that the impact of religious beliefs and practices on psychological and sociological well- being among ageing adults will be interesting to study and its relationship with each other provides a wide spectrum of knowledge to understand their lives.

Objectives of study

1. To study religious beliefs and practices among ageing adults.
2. To study psychological and social well-being of ageing adults.
3. To study the impact of religious beliefs and practices on psychological and social well-being of ageing adults.

METHODOLOGY

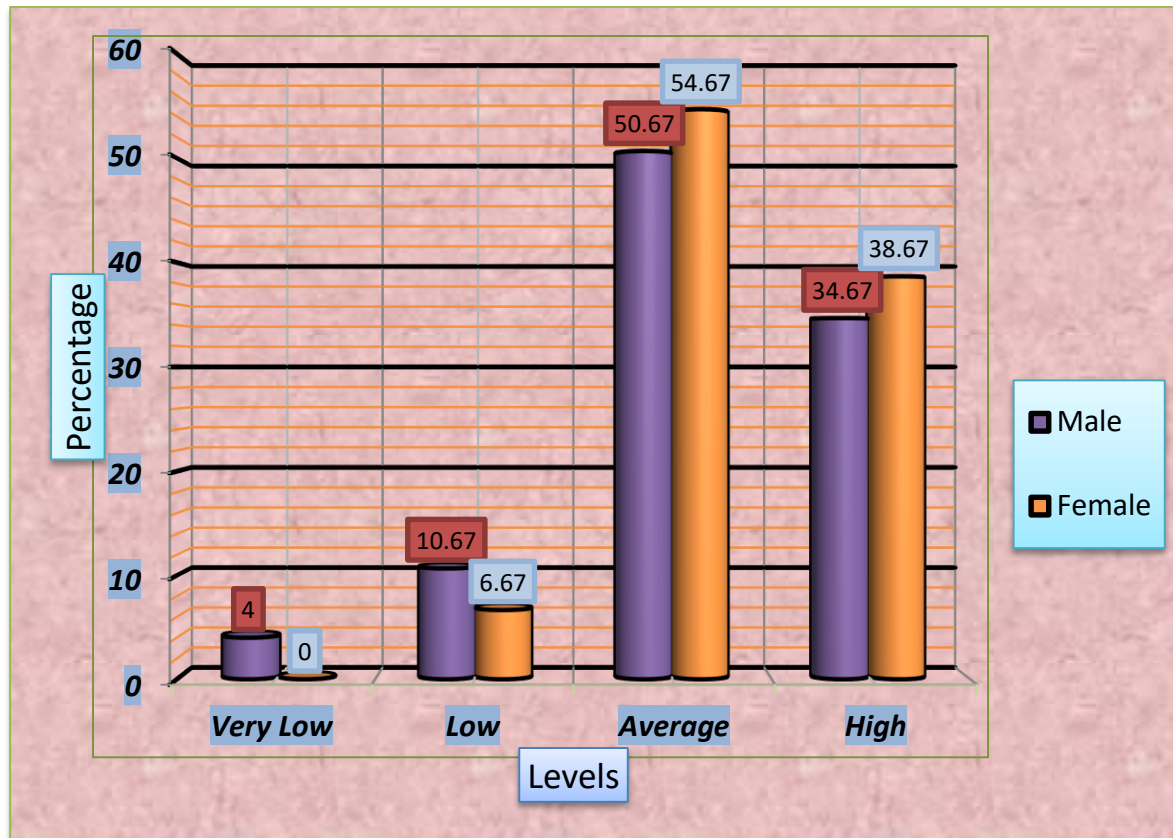
The locale of the study was Jaipur city and the sample comprise of total 150 ageing adults (75 males and 75 females) belonging to 60 to 70 years of age. The purposive sampling through snowball technique was used for the study. Participants were contacted in parks, religious places and neighborhoods areas. The researcher developed the measure used to assess religious beliefs and practices(Religious beliefs and practices inventory [RBP]). For Psychological well-being, PWB inventory was used developed by Sisodia and Choudhary and for Social well-being, SWB inventory by Carey Lee M. Keyes was used. Percentage, Mean, Standard Deviation and t-Test were applied to analyzed the data.



RESULTS

The figure below depicts the Percentage values of religious beliefs and practices, psychological well-being and social well-being of ageing adults.

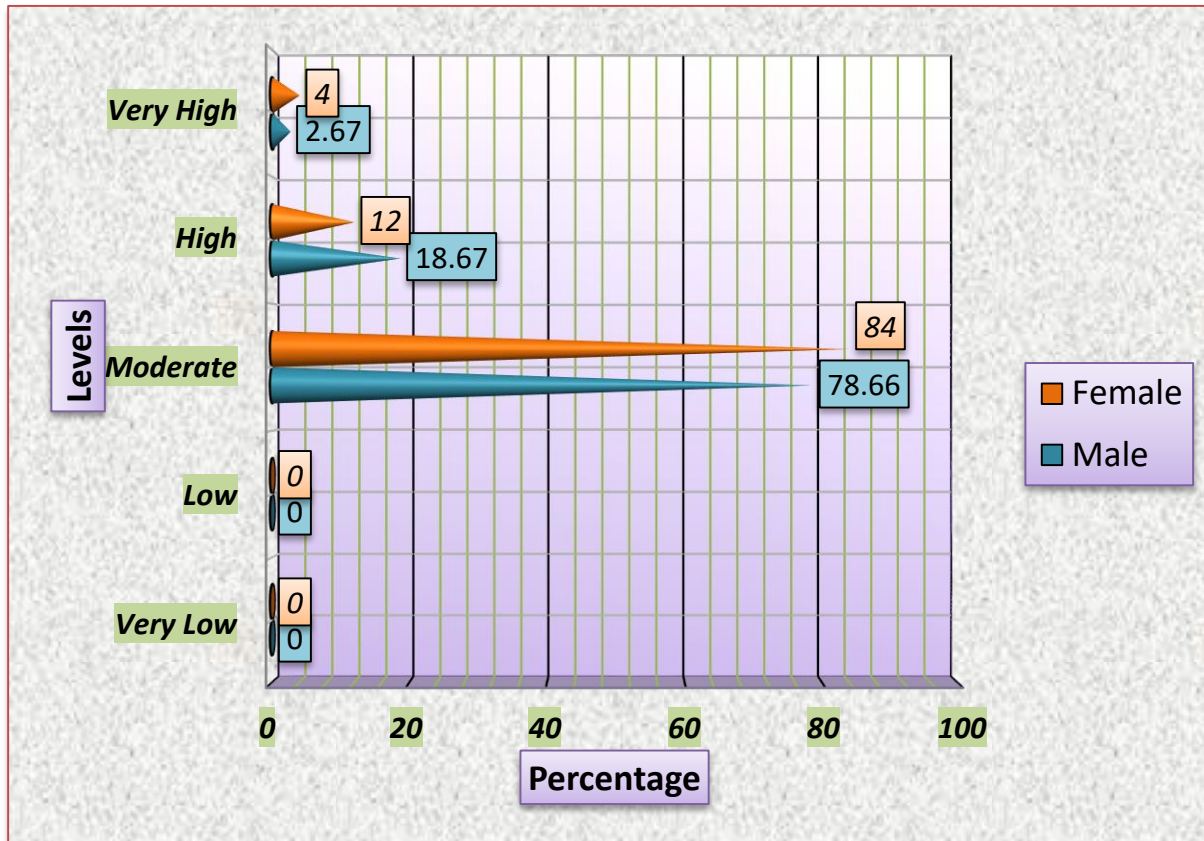
Figure 1.1:- Religious Beliefs and Practices (RBP) of Male and Female Ageing Adults



The figure 1.1 shows the percentage figuration of male and female ageing adults on their religious beliefs and practices. The figure shows that 54.67 percent female and 50.67 percent male ageing adults were falling in the average categories of RBP whereas, 38.67 percent female and 34.67 percent male ageing adults were falling in the high categories of RBP. Therefore, it can be described that a higher percent of female ageing adults practiced religiosity.

Mookherjee (1994) and Francies & Kaldor (2002) stated that devotional intensity, belief in god, frequency of attending church, Prayer, reading bible were positively associated with perceived well-being. Studies of religious activity have found both gender and ethnic minority differences.

Figure 1.2: -Psychological Well-Being (PWB) of Male and Female Ageing Adults



The figure 1.2 indicates the percentage profile of male and female ageing adults on their psychological well-being. The figure describes that 84 percent females and 78.66 percent male of the selected sample were falling in the moderate level of psychological well-being whereas, 18.67 percent male and 12 percent female ageing adults had a high level of psychological well-being. Therefore, it can be understood that female and male ageing adults have a better level psychological well-being in form of mental-health, sociability, satisfaction compared to ageing adults.

A positive association amid religiosity and diverse facets of psychological well-being and a negative association between loneliness and anxiety among Muslim man and woman in Pakistan was reported by **Adam B. et. al, (2003)**. Enhanced psychological well-being, physical health and quality of life has been associated with high religiosity (**Bowling et. Al. 2011**), (**Barua et. al, 2005**)

Figure 1.3: -Social Well-Being of Male and Female Ageing Adults

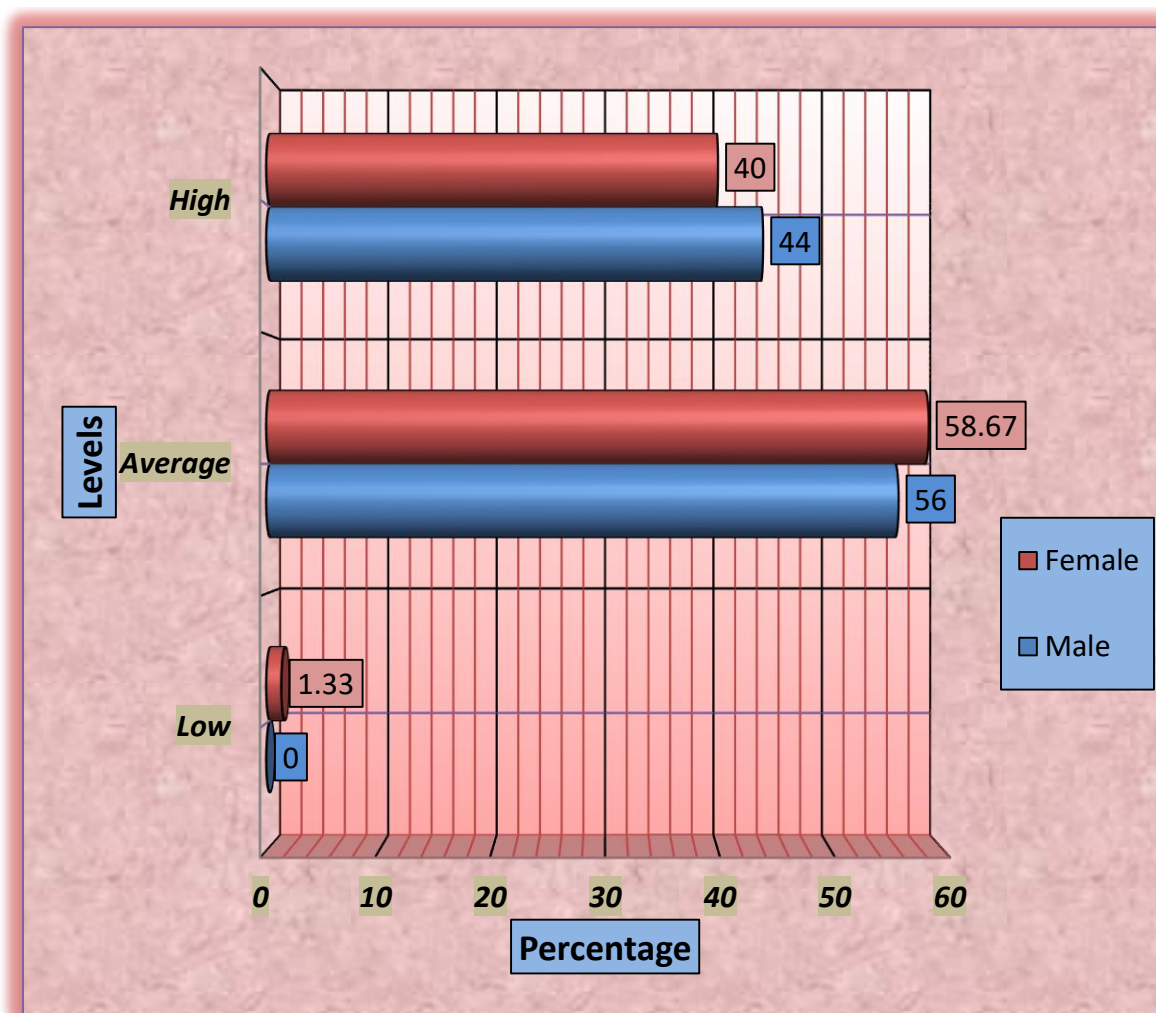


Figure 1.3 indicates the percentage values of social well-being among male and female ageing adults. The figure describes that 58.67 percent female and 56 percent male ageing adults were in the average category of social well-being whereas, 44 percent male and 40 female ageing adults were in the high category of social well-being.

Therefore, it can be understood that a higher percent of male and female ageing adults had a moderate level of social well-being in form of social acceptance, coherence, contribution etc. Saroj et. Al.'s (2007) findings suggested that ageing adults were generally more satisfied with their lives as compared to other age groups.

Table 1.4: Correlation among Religious Beliefs and practices, Psychological Well-Being and Social Well-Being of Ageing Adults

S.NO.	VARIABLES	RELIGIOUS BELIEFS AND PRACTICES	PSYCHOLOGICAL WELL-BEING	SOCIAL WELL-BEING
1.	RELIGIOUS BELIEFS AND PRACTICES	1		
2.	PSYCHOLOGICAL WELL-BEING	0.308915*	1	
3.	SOCIAL WELL-BEING	0.32331*	0.233267*	1

All correlation significant at $p < 0.005^*$

Table 1.4 explained the Correlation among Religious beliefs and practices, psychological well-being and Social well-being of ageing adults. Above table shows that all three attributes (Religious Beliefs and Practices, Psychological Well-Being and Social Well-Being) were found to be significantly correlated with each-other. Therefore, it is concluded that as religious beliefs and practices increases, Psychological and Social well-being also increases among ageing adults. Several studies indicated a positive correlation with strong inner religious beliefs experiencing lower levels of death anxiety (Wen, 2010).

The inverse relationship between religious attendance and mental health remained statistically significant to social support. Improved mental-health was resultant from religious attendance (Krause & Eilision et al., 2001; Krause, 2002)

Religious attendance was more consistently associated with mental health than prayer on the intensity of religious beliefs (Bartz & Grifflin, 2004).

CONCLUSION

It can be concluded that Religious beliefs and practices remained statistically significant to social well-being which includes social coherence, social integration, social contribution, social actualization and social acceptance. Religious beliefs and practices were associated with improved psychological well-being which includes satisfaction, efficiency, sociability, mental health and interpersonal adjustments.

SUGGESTION FOR FURTHER STUDY

(i) The present study can be replicated on a large sample. (ii) The differences among ageing adults belonging to joint and nuclear family on religious beliefs and practices can be seen. (iii) Psychological well-being and social well-being can be assessed. (iv) Differences among ageing adults from different communities like Hindu, Muslim, Jains, Christians etc. may be studied. Impact of religious beliefs and practices on all types of well-being among ageing adults may also be evaluated.

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