

Religiosity of Older People in Rural Bangladesh

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To cite this article:

Mohammad Abbas Uddin. Religiosity of Older people in Rural Bangladesh. *Rehabilitation Science*. Vol. 2, No. 4, 2017, pp. 82-84.

doi: 10.11648/j.rs.20170204.12

Received: September 7, 2017; **Accepted:** September 21, 2017; **Published:** November 5, 2017

Abstract: Older people are vulnerable because of age-related changes they experience which can cause a variety of physical, psychological and social problems. Older people may use their religiosity to counter these issues and improve their quality of life. The purpose of this study was to investigate older people's religiosity and the association between religiosity and demographic variables in two southern districts of Bangladesh. Data were collected from 280 older people using Strength of Religious Faith Scale. Descriptive statistics were used to analyze demographic and religiosity data. One way classification of analysis of variance (ANOVA) was used to evaluate different groups of older people with different demographic variables. In this study, older people reported a high level of religiosity ($M = 52.51$, $SD = 3.49$). It was also found that gender, employment status, living arrangements, and income were significant variables related to older people's religiosity. Further study of other potential variables is recommended.

Keywords: Bangladesh, Older People, Religiosity

1. Introduction

Ageing is the natural process of becoming old. Today, older people are living longer than in previous times. This is an effect of improved medical science and changing life styles. Worldwide, the proportion of older people is increasing, and about two thirds of the world's older people live in developing countries [1]. Bangladesh is a developing country in which older people made up 6.9% of the population in 2011 [2]. Most of these live in rural areas [3]. How medical professionals and policy-makers manage the effects of an aging population is an increasingly important issue in Bangladesh today.

Older people are often affected by health problems caused by decreased physical and psychological functions [4]. Most Bangladeshi older people are also unable to read and write, suffer financial hardship, and have insufficient access to health care facilities [5]. Historically, care for older people has been provided by family, but this is becoming less prevalent, and the frequency and quality of older people's social interactions are also declining [6]. These factors may cause both physical and mental problems for older persons. In an attempt to ameliorate the issues associated with age-related changes, many older people adopt religiosity.

Religiosity is defined as older people's perceptions of

religious beliefs, worship, and prayer [7]. Religiosity can provide a positive and hopeful attitude about life and illness, as well as a sense of meaning and purpose. Religiosity provide reassurance and contribute to mental strength [8]. As a result, religiosity may affect health behaviors and social and family relationships and is linked to a greater capacity to cope with illness [9]. Studies have shown that many older people use religiosity [10], that religiosity increases with age, and that women report a higher level of religiosity than men [11]. In Bangladesh, the majority of older people are Muslim. Their religiosity may be different from other religions and may have an impact on their lives. In addition, Bengali is the native language, but their religious book, the Koran, is written in Arabic. Most older people are unable to read the Koran due to illiteracy and poor education. As a result, they rely on informal sources of information from religious people, and the information they receive may not be accurate or comprehensive.

There is little research available about religiosity among Bangladeshi older people, so it will be useful to investigate their religiosity and its relationship with various demographic variables. It is hoped that this study's results will lead to greater understanding of religiosity and the role it plays in older people's lives, and will inform improved development and management of initiatives for older people religiosity.

2. Data and Methods

A descriptive study was conducted in two southern districts of Bangladesh between September 2015 and January 2016. Data were collected from 280 older persons who were free from cognitive impairment and severe chronic diseases. A demographic data form was used, and the Strength of Religious Faith Scale (SRFS) was used to measure religiosity [7]. This scale includes three domains: religious belief, worship, and prayer. These were assessed with an eleven-item scale. First, participants were asked to rate their level of agreement with eight reasons that religion might be important to them. The items were: (1) “It helps me to cope with life events.”, (2) “It answers many questions about the meaning of my life.”, (3) “It teaches me how to deal with life.”, (4) “It provides practice for dealing with life’s challenges and events.”, (5) “It helps others.”, (6) “It helps me deal with bad things.”, (7) “It gives me guidance and peace of mind.”, and (8) “It helps me make serious decisions.”. Secondly, participants were asked to rate their level of agreement with three possible purposes of prayer: (1) satisfaction, (2) happiness and (3) reducing stress. Each item was assessed on a five-point Likert, ranging from 1 (strongly disagree) to 5 (strongly agree). The item scores were totaled, with potential total scores being between 11 and 55. Total scores were categorized into three levels (low, moderate and high) using the formula: (highest score - lowest score) ÷ 3. In this study, the reliability of the SRFS was determined by Cronbach’s Alpha Coefficient, and the value found was .97, which was considered satisfactory.

This secondary data were analyzed using a statistical program (SPSS 13.0). Descriptive statistics, including frequency, percentage, mean and standard deviation, were used to analyze the older people’s demographic and religiosity data. The comparison between the two groups was carried out using one-way classification of analysis of

variance (ANOVA).

3. Results

Table 1. Demographic Characteristics of Older People (n = 280).

Characteristics	Categories	Frequency (%)
Age (Mean = 65.81)	60 - 70 years	239 (85.4)
	71 - 75 years	41 (14.6)
Gender	Male	141 (50.4)
	Female	139 (49.6)
Marital status	Married	224 (80.0)
	Widow	56 (20.0)
Education level	Illiteracy	154 (55.0)
	Literate	126 (45.0)
Employment status	Employed	232 (82.9)
	Unemployed	48 (17.1)
Diseases	No	4 (1.40)
	Yes	276 (98.60)
Type of family	Nuclear	149 (53.2)
	Extended	131 (46.8)
Family monthly income [1 USD = 80 Taka]	300 – 6,000 Taka	201 (71.8)
	6,001 – 20,000 Taka	79 (28.2)

The majority (85.4%) of older people were between 60 and 70 years old. 50.4% were male and 49.60% were female. The majority (80.0%) were married, and 55.0% were illiterate. Most (82.9%) were employed. All most all (98.60%) had diseases. 53.2% of the older people lived in a nuclear type of family, and most (71.8%) older people reported their family’s monthly income as between 300 and 6,000 Taka.

Table 2. Religiosity of Older People (n=280).

Variable	Mean (M)	Standard Deviation (SD)	Level
Religiosity	52.51	3.49	High

All participants reported a high level of religiosity (M = 52.51, SD= 3.49).

Table 3. Distribution of Subjects and Religiosity Scores with Various-Demographic Variables (n=280).

Characteristics	Categories	Depression score		Sources of variation	Degree of freedom	Mean square	F-value	Sig
		Mean	Standard Deviation					
Age	60-70 years	52.45	3.55	within	1	6.36	.52	.471
	71-75 years	52.88	3.12	between	278	12.21		
Gender	Male	52.98	2.99	within	1	61.27	5.10	.025
	Female	52.05	3.89	between	278	12.01		
Marital status	Married	52.37	3.52	within	1	24.61	2.03	.156
	Widowed	53.11	3.35	between	278	12.14		
Education level	Illiterate	52.24	3.82	within	1	25.70	2.12	.147
	Literate	52.85	3.02	between	278	12.14		
Employment status	Employed	52.14	3.56	within	1	187.32	16.21	.000
	Unemployed	54.31	2.44	between	278	11.56		
Diseases	No	50.50	3.70	within	1	16.47	1.35	.246
	Yes	52.54	3.49	between	278	12.17		
Family	Nuclear	54.00	2.72	within	1	702.98	72.46	.000
	Extended	50.82	3.51	between	278	9.71		
Income (Taka)	3,00-6,000	53.22	3.30	within	1	358.71	32.79	.000
	6,001-20,000	50.71	3.33	between	278	10.94		

Age (f =.52, p =.471), marital status (f = 2.03, p =.156), education level (f = 2.12, p =.147) and diseases (f = 1.35, p =.246) were found to be non-significant variables related to older people religiosity scores. Gender (f = 5.10, p =.025), employment status (f = 16.21, p =.000), family type (f = 72.46, p =.000), and income (f = 32.79, p =.000) were found to be significant variables related to older people religiosity scores.

4. Discussion

The present study found that all participants reported a high level of religiosity. This result is consistent with other study results [9]. It may be that this is because all participants were Muslims with appropriate facilities and opportunity to study and practice their religion. A further explanation is that people love and respect religiosity. However, it is important to be aware that participants may have responded inaccurately due to a lack of understanding of religiosity and social desirability. Religion including religiosity might be a cause of social harmony in the society [12].

The non-significant variables related to religiosity were age, marital status, education level, and disease status. Another study [11] found that religiosity increased with age, but this is inconsistent with the present study's results. This variation could be due to differences in the study participants' ages and religion. There are differences exists between Islam and other religions [13]. In the present study, most participants were married and had (non-severe) diseases, and 55% of them were educated (meaning they were able to read and sign their name). However, there was no evidence that these factors significantly contributed to religiosity.

The significant variables that were positively related to religiosity were being male, being unemployed, living in nuclear family, and a low family income. Another study [11] found that women reported higher level of religiosity, but this is inconsistent with the present study's results. This variation may be explained by the different proportions of men and women, and of stated religion, in the two studies. Regarding employment status, it is likely that unemployed older people have more free time and therefore greater opportunity to engage in religious practice. Regarding living arrangements, it may be that older people living in a nuclear family experience loneliness. Thus, they may use religiosity to address this situation. Finally, regarding income, it may be that older people with low family income lack daily needs, such as food, cloth, and medicine. In the absence of these basic requirements of living, they may turn to religiosity.

5. Conclusion

Older people in this study reported a high level of religiosity. The significant variables that were positively related to religiosity were being male, unemployment, living in a nuclear family, and low family income. These findings may be useful for clinicians who care for older people. They may wish to help or encourage older people to practice religiosity.

List of Abbreviations

M = Mean
 SD = Standard Deviation
 ANOVA = Analysis of variance.
 SRFS = Strength of Religious Faith Scale
 Taka = The Bangladeshi currency (80 Taka = 1 USD).

Ethical Considerations

Permission was obtained from district level health authority and the study participants. Permission was obtained via email to use the Strength of Religious Faith Scale.

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