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A Descriptive Study to Correlate Religiosity and Positive Mental Health Among Adult Population at Selected Geographical Area of Bhilai (C.G.)

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***Abstract*: *Background:* Religiosity and religious care are not new to nursing and health care system. Religious well being is an assertion of life in relationship with god, the self, others, the community and the environment that nurtures and celebrates wholeness. People who appreciate religiosity tend to feel alive, purposeful and satisfied. Research has proposed that religious belief, practices and commitments seem to be linked with positive result like psychological and physical well being, material satisfaction and stability, positive interpersonal functioning and improve quality of life. The relationship between religion and mental health has been debated for centuries. *Aim:* The aim of the study was to correlate religiosity and positive mental health among adult population in selected geographical area Bhilai (C.G.) *Setting and Design:* A descriptive co-relational research approach with non- experimental research design was adopted for this study. The study focused on 60 adult populations from selected geographical area of Bhilai (C.G.). *Material and Method:* Totally 60 adult age above 25 year were enumerated from the selected geographical area of Bhilai (C.G.) after obtaining informed consent. Data was collected by tool using centrally religiosity scale to assess religiosity (3 point rating scale) and warwick edinburg positive mental well being scale to assess positive mental health (3 point rating scale). *Results:* Religiosity and positive mental health in adult were analyzed using frequency and percentage. It is seen that out of 60 adults, distribution of subjects based on areas of religiosity 30 (50%) half of the subjects are highly religious. In terms of level of positive mental health, maximum n= 48(80%) adults possess high level of positive mental health The study revealed a correlation between religiosity (23.55+7.51) and positive mental health (22.28 ± 3.8) was computed and as r calculated is 0.3, a positive correlation between religiosity and positive mental health is proved.**

***Keywords*: religiosity, positive mental health, adults.**

1. Introduction

Religiosity are rooted in trying to understand the meaning of life and, in some cases, how a relationship with higher power may influence that meaning religiosity can have a positive impact on mental health. Religiosity help people to cope up with difficult life situations. Religiosity also incorporates healthy practices for mind and body, which positively influence mental health and emotional well being.

According to Cohen, Koeing religiosity appears to have a preventive and promotive role in mental health. Many studies showed that religiosity has a positive correlation with life satisfaction, happiness, and higher morale. Hill et.al identified that religiosity has a strong impact on cognitive phenomena, affect and emotion, and personality that is being shaped and developed within a specific environment. Cotton et. al found that quality of life was positively correlated with some indices of religiosity and was negatively correlated with helplessness and hopelessness.

Neelam H, Deshmukh NH, Raphael B, identified that there was moderate correlation (30%) between religious belief and mental well being.

A. Objectives

1. To assess the religiosity among adult population.
2. To assess the positive mental health among adult Population.
3. To find out correlation between religiosity and positive mental health among adult population.
4. To associate religiosity and selected demographic variables among adult population.
5. To associate positive mental health with selected socio demographic variables among adult population.

B. Hypotheses

H_1: There is significant association between religiosity and positive mental health among adult population at $p<0.05$ level of significance.

H_2: There is significant association between religiosity and selected socio-demographic variables at $p<0.05$ level of significance.

H_3: There is significant relationship between positive mental health and selected socio-demographic variables at $p<0.05$ level of significance.

C. Sampling Criteria

Inclusion criteria:

- The adults population between the age group of 25-60

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year

Exclusion Criteria:

- Adults who have diagnosed any psychiatric illness or psychiatric problem.
- Adults who are serving any religion as Priest/Clergy/Poojari.

2. Material and Method

The conceptual frame work adopted for the study is Modified Bertalanffy General System Model to correlate religiosity and positive mental health among adult population. In this non experimental (descriptive co- relational) research design was used for study. The tool includes socio demographic data and Centrally Religiosity Scale to assess religiosity and Warwick Edinburg Scale to assess positive mental health. The study was conducted on selected 60 adults who fulfill the inclusion criteria and residing in Hudco, Bhilai (C.G.).

3. Result and Discussion

Distribution of subjects according to the socio- demographic variables:

In present study, sociodemographic data elicit that among the study sample, maximum people 30 (49%) of adult belongs to 46-60 years of age and most of them are female 41 (68.33%). Majority 25 (41.66%) were graduates and follow Hindu religion 44 (73.33%) and 29 (40%) adults were in private or govt. employee and 24 (40%) of adults are reported to have Rs. 5000-10,000 monthly family income. Majority 42 (70%) of adults were married and 35 (58.33%) belongs to joint family and 42 (70%) had family support available.

Assessment of religiosity among adult population:

Religiosity in adult were analyzed using frequency and percentage. It is seen that out of 60 adults, 30 (50%) half of the subjects are highly religious, 24(40%) are moderate religious, and only 6(30%) are least religious. Overall score obtained was 23.55 ± 7.51 with a mean percentage score of 65,41. It indicate that with adulthood, religiosity increases in Indian culture. Even then it is noteworthy that 10% were least religious.

The findings of above study can be supported by a descriptive survey study conducted by Melchert PT (2011) at Tamilnadu among urban workers. A major proportion ie (60%) of adults urban workers considered religion as very important, (25%) as important and only (15%) adults reported religion as not important in their life.

Assessment of positive mental health among adult population:

Percentage analysis show that, maximum n= 48(80%) adults possess high level of positive mental health and remaining 12 (20%) had moderate level. However, none of the adults were in low category.

Above results are supported by the findings of a study by Srividhya V. at Banglore" among 233 adults using mental health inventory, problem checklist and general information schedule. Majority of adults (75%) had high positive mental health, while (25%) had moderate positive mental health and none in low category.

Correlation between religiosity and positive mental health among adult population:

The study revealed a correlation between religiosity (23.55+7.51) and positive mental health (22.28 ± 3.8) was computed and as r calculated is 0.3, a positive correlation between religiosity and positive mental health is proved and hence H3 is accepted.

The above finding were supported by the study done by Neelam H, Deshmukh NH, Raphael B, A sample of 100 adults from Amravathy city irrespective of professional and socio economic status between the age group 25-65 years where selected for the study. Correlation between the religiosity and mental health calculated using inferential analysis and found a positive moderate correlation (r=0.4).

Table 1

Area	Mean score	SD	CV	r	Inference
Religiosity	23.55	7.51	31.88	0.3	Lower degree of positive correlation
Positive mental health	22.28	3.8	17.5		

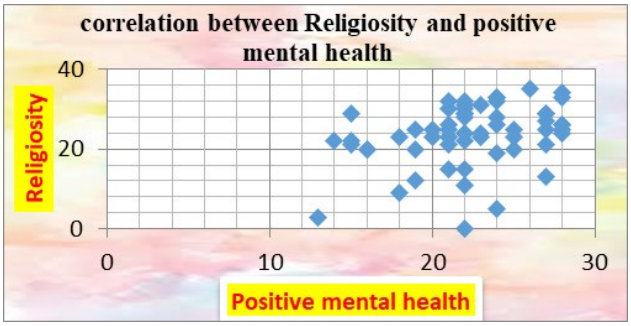

Fig. 1. Correlation between Religiosity and positive mental health

Association between positive mental health and selected socio demographic variables among adult population:

Association between religiosity and age (x^2_{cal} =24.04 < x^2_{tab}= 9.49), educational status (x^2_{cal} =14.96<x^2_{tab} = 9.49) occupational status (x^2_{cal} =84.46 < x^2_{tab} = 12.59) and marital status (x^2_{cal} =10.88 < x^2_{tab} = 5.99) are found to be statically significant. Hence H1 is accepted in regards to age, educational status, occupational status and marital status.

While no significant association was found in regard to gender (x^2_{ca} =2.13 >x^2_{tab} = 5.99), religion (x^2_{cal} =7.62 > x^2_{tab} = 12.59), family income (x^2_{cal} =7.31 > x^2_{tab} = 12.59), type of family (x^2_{cal} =3.4 > x^2_{tab} = 5.99) and type of support system (x^2_{cal} =1.05 > x^2_{tab} = 9.49). Hence H1 is rejected in regards to (gender, religion, family income, type of family, type of support system) and religiosity.

The above findings is supported by LA Talbot (2012) at Madras. Based on the subject age statistical analysis, show that the calculated value X^2 =45.6, based on marital status the calculated value X^2 =88, based on occupational status the calculated value X^2 =102.45 is statically significance ($p<0.05$) because it is greater than the table value of X^2 at 0.05 level of significance.

Association between positive mental health and selected socio demographic variables:

Association between positive mental health and selected

socio-demographic variables, such as gender (x^2_{cal} =8.56 < x^2_{tab} = 3.84), educational status (x^2_{cal} =18.94< x^2_{tab} = 7.82), and religion (x^2_{cal} =11.73 < x^2_{tab}= 7.82) are statically significant. Hence H2 is accepted in regards to gender, educational status and religion.

While no significant association was found in regard to age (x^2_{cal}=7.8 > x^2_{tab}= 5.86), occupational status (x^2_{cal} =0.86 > x^2_{tab} = 7.82) family income (x^2_{cal} =1.83 > x^2_{tab} = 7.82), marital status (x^2_{cal} =1.87 > x^2_{tab} = 3.84) type of family (x^2_{cal} =0 > x^2_{tab} = 3.84) and type of support system (x^2_{cal} =1.02 > x^2_{tab} = 5.99). Hence H2 that is association between socio demographic variable like (age, occupational status, family income, marital status, type of family, and type of support system) is rejected.

The above findings were supported by the study done by Oommen H, Wright M at Karnataka 2015 which proved an association between positive mental health and gender ($x^2_{calculated}$ =18.9 < $x^2_{tabulated}$= 5.99), and religion ($x^2_{calculated}$ =106.73 < $x^2_{tabulated}$= 7.82).

Implication:

Since the study reveals that there was a correlation between religiosity and positive mental among adult population. The findings of the present study have implication for nursing practice, nursing administration, nursing education and nursing research.

Nursing Practice:

- The present study brings to light that a psychiatric health nurse can play a vital role in improving mental health among adult population through awareness related to positive mental health.
- Orienting all the health professionals including medical, paramedical staff and key persons in spiritual health training.

Nursing Administration:

- Nursing administrator should begin a proactive approach to initiate religious (spiritual) health in the public health system at hospitals, and educational institution levels.
- Nursing administrator can help in formation of strategies for introducing religious (spiritual) health with general health and medical practice.
- Conduction of workshops and training programmes for the nurses so that they in turn can train the adult in the society.

Nursing Education:

- The findings of the study may have implication for the nursing curriculum in medical, surgical and psychiatric nursing.
- A specific religious nurse educator should be trained to impart knowledge about the religious techniques for improving psychological wellbeing in college students.

Nursing Research:

- The result of the study can be used as information for future research
- Nursing profession focuses on improving the quality of its practice and also to gain professional standard through continuous development of its body of knowledge. More knowledge about the religious aspects of the adult will help to plan better for the promotion of psychological wellbeing.
- Nurse should involve in research related to evidence-based practice about impact of religiosity on positive mental health.

Delimitation:

There were following limitation in the conducted study, discussed as follows:

- Study will be limited to geographical area hudco, Bhilai (C.G.)
- Study was limited to only adult population (above 25 years)
- The study was limited to the adults population who were present in the time frame of the study.
- The study was limited to 60 samples which may future limit the ability to generalize the findings.

Recommendations:

- A large study sample could have been taken in the study for better generalizations.
- The same study can be conducted in different settings.
- A similar comparative study can be conducted among students of different courses.

4. Conclusion

The study result shows that there was a correlation between religiosity and positive mental health among adult population; it may be used as a measure to create awareness among adult for developing better psychological status.

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