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RELIGIOSITY AND STRESS: A CORRELATIONAL STUDY AMONG YOUTH DURING COVID-19 PANDEMIC

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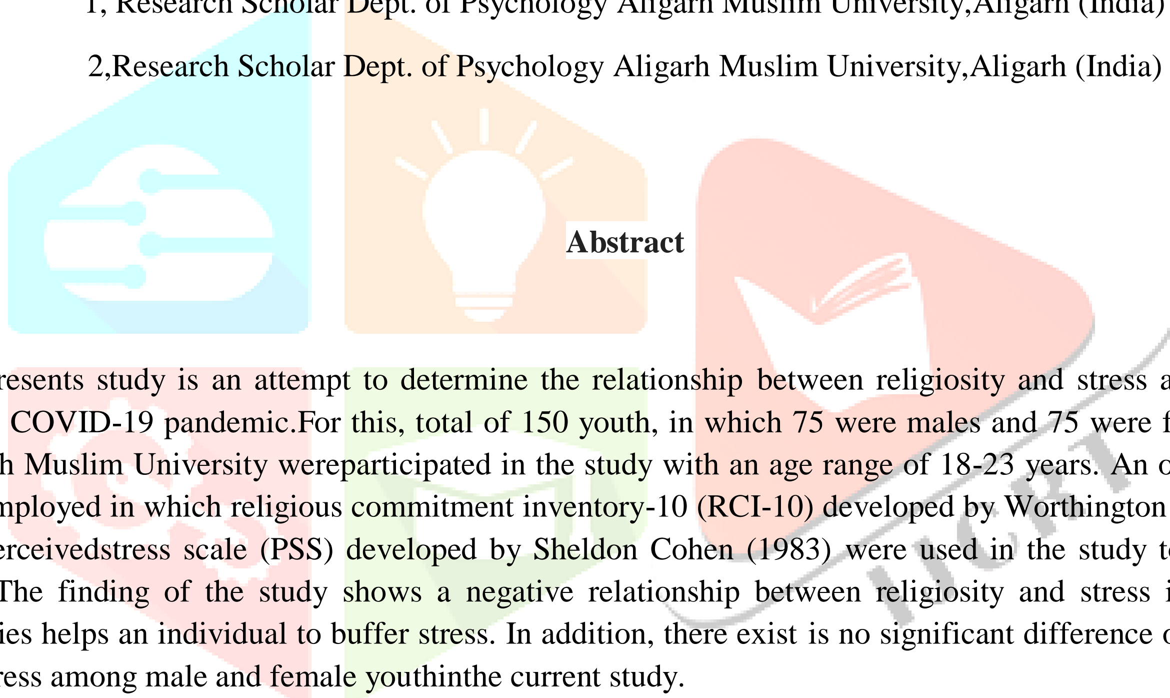

Abstract

The presents study is an attempt to determine the relationship between religiosity and stress among youth during COVID-19 pandemic.For this, total of 150 youth, in which 75 were males and 75 were females from Aligarh Muslim University wereparticipated in the study with an age range of 18-23 years. An online survey was employed in which religious commitment inventory-10 (RCI-10) developed by Worthington et al. (2003) and perceivedstress scale (PSS) developed by Sheldon Cohen (1983) were used in the study to collect the data. The finding of the study shows a negative relationship between religiosity and stress i.e. religious activities helps an individual to buffer stress. In addition, there exist is no significant difference on religiosity and stress among male and female youthinthe current study.

Keywords: COVID-19, Religion, Stress

Introduction

As its December 2019 occurrence, the novel coronavirus or covid-19 has spread promptly into a fatal world-wide pandemic or the new virus spread to nearly all countries over the world, in many nations COVID-19 poses considerable threats to publics wellbeing, survives, and economy (Ghebreyesus, 2020).According to Pan et al. (2020) a new coronavirus appeared and labelled as COVID-19 On January 6, 2020. It is stated as international concern of public health emergency on February 1, 2020 according to the World Health Organization (WHO) (Sohrabi et al. 2020). And hence the World Health Organization (WHO) announces as an international pandemic in March 2020 (Ghebreyesus, 2020).Thus,covid-19 as with any widespread among those persons who live especially in the infected areas may carry out numerous psychological risk causes for instance depression, stress, and anxiety (De Quervain et al. 2020; Qiu et al. 2020).During the SARS outbreak while shops and factories as well as universities institutes were shut down it is testified by people a rise in

destructive emotions and the level of psychiatric illness also enlarged (Van Bortelet al, 2016).Hence, To self-quarantine or to stay at home due to epidemic develops feelings of social separation as well as isolation which have an adverse influence on psychological well-being of the individuals (Ammerman et al. 2020). Majority of youth report a higher level of stress, whatever the source, it affects the major functioning of the body. So it is important to know the factors that can help to reduce the negative effects of stress. Various studies shows that people who are more religious are better to cope with stress, they heal faster from illness and they experienced increased benefits to their health and well being.

Concept, Meaning and Definition of Religion

Humans thought as Homo religiousas religion has been existed as long as there have been Homo sapiens (Tarakeshwar et al,2003).The two distinct types Religiosity is intrinsic religiosity that states to the persons affinity between personal beliefs/values as well as the religious ones, with having a strong bond with the embraced creed .(Allport, G.W.; Ross, J.M, 1967).. While extrinsic religiosity states to the practice of religion to resource personal basic needs (e.g., social relations or personal comfort) and keeping the emphasis on oneself (Masters, 2013).Thus, People interest in religion has increased and they put their faith to cope by means of religion is a key aspect of individuals identity during the covid-19 pandemic .A Pew Research report in March 2020 describes a change in peoples' religious habits during the pandemic (Pew Research Center, 2020). Over 50% of respondents stated that they had "prayed for an end to the spread of coronavirus", "attended religious services in person less frequently", and "watched religious services online or on TV instead of in person".

Religiosity comprises practices as well as behaviour's increases such as gratitude, prayer, study, and mindfulness that are associated to lower negative affect (Hackney and Sanders 2003).thus, It offers a basis of social support (Lim and Putnam 2010), acts to increase self-control of the individuals (McCullough and Willoughby 2009). And In the face of hardship individuals use religion is an essential coping mechanism (Arslan, 2020; Burke &Arslan, 2020; Henrich et al., 2019).The religious beliefs as well as practices are related with faster recovery from depression, greater well-being, hope, and optimism, more purpose and meaning in life, higher social support, greater marital satisfaction and stability, better immune function, better cardiac outcomes and better health behaviours (less cigarette smoking, more exercise, and better sleep). It is also associated with lower suicide rates, less anxiety, depression and substance abuse. (Koenig, 2004). Hence to cope through times of stress persons practice spirituality as well as religion. Religiosity significantly related by means of less stress as well as positively connected with peace (Peres et al. 2018). According to Jenkins and Pargament 1995 defines Religiosity can reframe negative events into less stressful frames and also provides a source of attitudes and cognitions.Individuals experience a number of health-connected benefits: less depression, higher self-esteem, less loneliness, greater relational maturity, and greater psychological capability when they connected to God. Hill PC (2005).Hence, those individuals who use religion as coping are thought to be well able to regulate and to overcome stressors of life (Koenig et al. 1988).For mental health of the individuals, religiosity may be a particularly influential source comprises a structure of meaning-making linked with decreased psychological distress as well as a value-based pursuit of psychological well-being (Koenig et al. 2012; Rosmarin and Koenig 2020). Positive religious coping ways linked with less perceived stress Arévalo et al. (2008). Thus, to deal with the stress related illness, religion acts as a stress buffer defines by Siegel et al., (2001).

Concept, Meaning and Definition of Stress

During times of pandemic the clinical Investigation and observations propose that many individuals shows fear and anxiety-related distress responses that include the following: Panic of becoming sick, terror of coming into contact with possibly unclean things or surfaces, distress of outsiders who might be carrying infection i.e., disease Taylor, 2019.The physics word of Stress is denotes to the amount of force used on an object and it shares in real life as to how certain matters that carry force applied to individuals' life. (Wheeler, 2007).Stress can be defined as ''a hypothetical state that is induced by an environmental force (e.g., stressors) and is manifested by reactions at various physiological, psychological, and social levels (Tolman and Rose, 1985, p. 151).'' The inner or outer demands of the individual considered as challenging or exceeding the resources is defined as Stress by Lazarus and Folkman (1984).An individual who classifies an inequity between demands addressed to him/her and the existing resources to meet these demands the condition of these subjective experiences termed as Perceived stress (Lazarus 1990).Various collective physiological effects of experience to stress are hypertension, changes in sleeping or in eating patterns, diseases in lungs as well as substance abuse (Harrell, 2000; Thompson, 2002; Utsey et al., 2002). Physiologically, "stress-related diseases in the form reproduction, cardiovascular, metabolism and gastrointestinal diseases are determined by great areas of genetic and developmental factors which are different from a person to a person but also symptoms of this disease may be similar sometimes among individuals" (Hellhammer&Hellhammer 2008).

The Psychological concerns can comprise hopelessness, worry, vulnerability, defeat, anxiety, and depression (Thompson, 2002; Utsey and Ponterotto, 1996; Utsey et al., 2002). Those individuals with increased stress levels may also suffer effects such as lowered self-esteem as well as life satisfaction (Thompson, 2002; Utsey et al., 2002).A series of mental health difficulties, such as post-traumatic stress disorder, dejection, generalized anxiety, panic, phobias and substance abuse have shown in an individual when they experience and to exposed to crises (Acierno et al., 2007; Mason et al., 2010).Facing sensitive distress due to panic of contracting the virus and of family or friends contracting the virus (Mertens et al., 2020), economic adversity and loss of job (Dorn et al., 2020), social quarantine (Galea et al., 2020) and unexpected disturbances to daily life, schooling and working (Giuntella et al., 2020), These stressors have directed to high levels of generalized anxiety, depressive symptoms, psychological distress, sleep disorders and post-traumatic stress disorder (PTSD) (Rajkumar, 2020; Wang et al., 2020).Thus, Due to the experience of pandemic stress as well as the social isolation appear to rises problems of mental health, making challenges for public health managers as well as mental healthcare professionals (Banerjee, 2020).

Review of Literature

Fayez AzezMahamid, DanaBdier (2021) examined The Association Between Positive Religious Coping, Perceived Stress, and Depressive Symptoms During the Spread of Coronavirus (COVID-19) Among a Sample of Adults in Palestine: Across Sectional Study. They conducted their study on 400 Participants in which172 males and 228 females, and the Results of the study shown negative association between positive religious coping and depressive symptoms as well as negative association between positive religious coping and perceived stress.

Yıldırım ,Arslan&Alkahtani (2021), conducted a study entitled Do fear of COVID-19 and religious coping predict depression, anxiety, and stress among the Arab population during health crisis. These researchers were conducted their study on 255 female respondents with age ranging between 18 and 72 years and the results from the study showed that covid-19 fear had significant as well as positive relations with symptoms of stress, anxiety, and depression . The positive religious coping was significant for stress and depressive symptoms and not for anxiety furthermore the negative religious coping revealed association with stress, anxiety, and depressive symptoms. Hence positive religious coping may reduce depression and stress while negative religious coping may be unfavourable to mental health.

Lorenz , Doherty and Casey(2019) examined The Role of Religion in Buffering the Impact of Stressful Life Events on Depressive Symptoms in Patients with Depressive Episodes or Adjustment Disorder. They conducted their study on 348 patients with either a depressive episode or adjustment disorder and n = 132 patients were followed up six months later and the findings of the study proved that different extents of religiousness buffered the impact of life events on outcome . Hence the study also concluded that the Women showed more intrinsic religiousness than men.

UdhayakumarandIlango (2012)studied Spirituality, Stress and Wellbeing among the Elderly practisingSpirituality. They conducted their study on 30 participants in which 15 male and 15 female with age group of 60- 75 years and the Outcomes of the study shown Spirituality has positive influences on physical and mental well-being. Thus high level of spiritual wellbeing and their level of life stress were also found to me normal amongelder's participants.

Kutcher and Bragger (2010) examinedThe Role of Religiosity in Stress, Job Attitudes, and Organizational Citizenship Behaviour. They conducted their study on 218 individuals In which (87) was male and (126) was female, and (5) respondents with other sex as ages ranged from 18 to 66.The results indicated that those individual who involve in more religious beliefs as well as practices, tend to be associated with job satisfaction and organizational commitment completely, they experiences less burnout as compare to others. Therefore religious characteristics were linked to a decline of stress in workplace among employees'.

Methods

Objective:

1. To examine the significant difference on religiosity and perceived stress among male and female youth.
2. To examine the relationship between religiosity and perceived stress among youth.

Hypotheses

1. There will be significant gender difference on religiosity and perceived stress among youth.
2. There will be a negative relationship betweenreligiosity and perceived stress among youth.

Participants-

A sample of 150 undergraduate students had taken for the study who is studying in Aligarh Muslim University, Aligarh, U.P., India. Out of these 150 participants 75 were girls and 75 were boys. An online survey was employed in which the questionnaire was distributed among the participants and their consent was taken before giving the questionnaire.

Tools-

Religious Commitment Inventory-10 (RCI-10) as developed by Worthington et al., (2003) is a brief 10-item screening assessment of the level of one's religious commitment using a 5-point Likert rating scale from 1 ('Not at all true of me') to 5 ('Totally true of me'). It is a measure of the extent to which an individual adheres to his or her religious beliefs, values, and practices and whether he/she utilizes them in everyday living.

Perceived Stress Scale (PSS) as developed by Sheldon Cohen (1983) were used to measure the perception of stress experienced by the participants over the past month. It consist of 10 items and it is a 5-point Likert scale that capture responses ranging from never (0) to very often.[4] Total mean scores of 0–13 are considered to be low stress, 14–26 indicate moderate stress, and 27–40 indicate high stress. The PSS is an easily and widely used tool with acceptable psychometric properties.

Statistical Analysis-

Statistical analysis was done by using SPSS 20.0 version. The mean, SD of both the scales were calculated, t-test was calculated for assessing the difference between male and female on both variable and Correlation was calculated to find out the relationship between religiosity and perceived stress.

Table-1: Showing mean, SD, & t-value of male and female youth on measures of religious commitment and perceived stress.

Variable	MALE Mean	SD	FEMALE Mean	SD	t(148)
RCI total	31.73	9.021	34.24	7.566	1.844
PSS total	22.08	6.621	23.05	5.016	1.015

Table 1- reveals that there is no significant difference among male and female youth on religious commitment and perceived stress.

Table 2- Showing Correlation between Religious Commitment and Perceived Stress among youth.

Variable	Perceived Stress	P
Religious Commitment	-.246	.001

Table-2 reveals that there is a negative correlation between religious commitment and perceived stress (r=-.246, p<o.o1) among youth which was significant at 0.01 level of significance.

ResultandDiscussion

The main objective of the study was to find out the relationship between religiosity and stress among youth. The findings support the earlier study ofFayez et al (2021)study The Association between Positive Religious Coping, Perceived Stress, and Depressive Symptoms during the Spread of Coronavirus (COVID-19) Among a Sample of Adults in Palestine: Across Sectional Study.Results of the study had shown negative association between positive religious coping and depressive symptoms as well as negative association between positive religious coping and perceived stress. Hence, the present study also reveal that there was a negative relationship between religiosity and stress among youth and Religion may promote happiness and reduce stress as it gives people a sense of purpose and serves as a resource for coping with negative life experiences and existential fears.

The other objective of the study was to investigate the gender difference on the variables i:e religiosity and perceived stress. The result of the study shows that both the groups i.e. male and female do not differ significantly on both the variable.

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