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A study of religiosity and anxiety among undergraduate students (Kargil)

RESEARCH PAPER

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ABSTRACT

The study was undertaken to assess the relationship between religiosity and anxiety among Muslim students. The total sample of the study were 120 was taken from the B.A., B.Sc. and B.Com. III year's students of Govt. Degree College, Kargil. Psychological Measure of Islamic religiousness constructed by Hisham Abu Raiya (2005, 2008) and The State-Trait Anxiety Inventory by Spielberger *et al.* (1983) were used. The results showed significant negative correlation between religiosity and anxiety among Muslim students.

Key Words: Religiosity, Anxiety, Gender, Education

INTRODUCTION

Religion has existed in every society and it has enormous effect on those people who practice it. Religion has an important role in social behaviour of individual and group to shaping and directing. Religion is a universal institution and it has profound effects the thought and behaviour of individuals living in a multi-religious country like India (Joshi and Kumari, 2011). Religion refers to belief, practice and rituals related to a specific established religious tradition. Religion has always played a very important role in human life which may be protecting an individual from psychological distress and some individual may find comfort when bowed down to their God, other may find feeling relax when recites religious book (Ismail and Desmukh, 2012). Religion is a belief system, a set of principles, practice, doctrine and it is related with a supernatural power that is showed through rituals at both individual and group levels (Knox et al., 1988). Anxiety is one of the basic human emotions that occurring in response to stressor and it is considered to unpleasant worry, uneasiness and feeling of lack of control related to future of things that are uncertain, which may lead to negative results. Islamic point of view anxiety is a spiritual disease which develops from unhealthy spiritual beliefs deep-rooted in the human heart (Zdavkonic, 1980; Abdullah et al., 2012). Religious belief and practice were related to decreased levels of pessimism, depression, anxiety, suicidal tendencies, substance abuse and faster recovery from it as well and it also

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increased the overall well being, hope, optimism, meaning in life, happiness and more life satisfaction in life (Koeing, 2001; Flannelly *et al.*, 2004).

Mohammadi (2007). Examined the association between religious variables (*i.e.* Religious belief, religious emotion and religious behaviour) and anxiety among Muslim medical students of Tehran University. The results indicated that there was negative correlation between religious variables and anxiety. Kalkhoran and Karimollani (2007). Designed a correlation study to assess the relationship between religious beliefs and preoperative anxiety of patients undergoing abdominal, orthopaedic and gynaecologic surgery in educational hospitals and In yet another study by Ismail and Desmukh (2012). Carried out a study in Pakistan Muslim society and concluded that there was a strong negative relationship between religiosity and anxiety. Likewise, a study by Roshani (2012) was carried out on elderly people from an Indian city. The results indicated a negative correlation between religious beliefs and death anxiety which reveals that as the level of belief in religion increased the death anxiety significantly decreased.

Objectives:

- To assess the religious belief, practice and anxiety in male and female students.
- To assess the correlation between religious belief and anxiety.
- To assess the correlation between religious practice and anxiety.

METHODOLOGY

Hypotheses:

- There will be a significant deference of religious belief, practice and anxiety in male and female students.
 - There will be a significant correlation between religious belief and anxiety.
 - There will be a significant correlation between religious practice and anxiety.

Sample:

The study was undertaken to assess the relationship between religiosity (belief, practice) on anxiety among Muslim students. So the present study was designed to explore the relationship between religiosity (belief, practice) on anxiety among Muslim students. Sample for the present work research consisted of 120 students drawn from the B.A., B.Sc. and B.Com. III year's students of Govt. Degree College, Kargil city. A stratified random sampling technique was used. The respondents were between 19 to 23 years of age.

Tools:

The Psychological Measure of Islamic religiousness constructed by Hisham Abu Raiya (2005, 2008). The scale contains total 77 items and the scale has eight sub-scales. The subscale of Islamic dimension have further five subscales, *i.e.*, (1) belief (2) practice (3) ethical conduct-do (4) ethical conduct-don't (5) Islamic universality dimension and only the score of belief and practice subscale has been used in the present research work. The Belief dimension consisted of five items. The participants were asked to respond to each item on a 3-point scale ranging from 0 ("no") to 2 ("yes"); the higher the score, the stronger the belief.

In the pilot test, this subscale demonstrated very high internal consistency (Cronbach's alpha = .97). Six items were included in the Practices Dimension subscale. One of these items (wearing hijab) was gender-specific (for women only). The participants were asked to respond to each item in this subscale on a 6-point scale ranging from 0 to 5; the higher the score, the more the practice of religious duties. The pilot study showed that this subscale demonstrated high internal consistency (Cronbach's alpha = .87). The State-Trait Anxiety Inventory developed by Spielberger et al. (1983) was used to measure State-Trait anxiety. The inventory contains 40 items and there are two subscales namely State-Trait. The state anxiety scale evaluates the current state of anxiety. On the other hand trait anxiety evaluates present as well as long time anxiety experience. Participants respond to each item of state-trait anxiety inventory on a 4-point Likert scale ranging from 1 (almost never), 2 (sometimes), 3 (often) and 4 (almost always) and only the score on trait anxiety inventory sub-scale has been used in the present research work. The Internal consistency co-efficient for the scale is .86 to .95. Test-retest reliability co-efficient have ranged from .65 to .70 over a two month interval (Spielberger et al., 1983). Higher scores indicate greater anxiety and lower scores indicate lower level of anxiety. Higher scores indicate greater anxiety and lower scores indicate lower level of anxiety.

Procedure:

The main aim of the research work was to study the relationship between religiosity and anxiety among Muslim students. 120 students were selected from govt degree college Kargil. Principal of the selected college was personally contacted and the permission for data collection was taken. All the subjects were explained about the nature and aim of the study and their role in the study. After the completion of data, responses were assigned scores according to the manual of psychological measure of Islamic religiousness and the state-trait anxiety inventory. The data was analysed by using SPSS.

RESULTS AND DISCUSSION

The study was conducted to assess the relationship between religiosity and anxiety among Muslim students. After data collection and scoring, the data were put to statistical analysis in order to test the formulated hypotheses; mean, standard deviation, 't-test and Pearson's product moment correlation method was applied to find out the correlation between religiosity (belief, practice) and anxiety.

Table 1 clearly indicates that the girls have significantly scored higher on religious belief, practice and anxiety. Thus, girls in the present study are more religious and anxiety than boys.

It is clear from Table 2, that the religious belief has a significant negative correlation with the anxiety, similarly, that the religious practice also has a significant negative correlation with anxiety. It indicates that higher the religious belief and practice lower the level of anxiety among student.

As our first hypotheses was there will be a significant difference of religious belief, practice and anxiety in male and female students. There would be significant difference of religious belief, practice and anxiety in male and female students. As per Table 1 significant

Table 1 : Showing the mean, standard deviation and t-ratio on the Variables of religiosity (Belief, practice), anxiety among male and female Muslim students					
Variable	Gender	N	Mean	Sd.	t-ratio
Religious belief	Male	62	7.54	1.705	2.35*
	Female	58	8.25	1.595	
Religious practice	Male	62	25.72	2.187	2.50*
	Female	58	27.13	3.358	
Anxiety	Male	62	24.85	3.602	4.81**
	Female	58	27.55	2.355	

Table 2 : Showing inter-correlatio students	n of religiosity (Belief, prac	ctice) with anxiety among Muslim	
	Religiosity		
	Belief	Practice	
Anxiety	547**	566**	

differences were found in male and female students. Results clearly demonstrate that significant difference emerged between male and female on religious belief, practice and anxiety. Female's score higher on religious belief, practice and anxiety which indicate that female possess more religious than men and more anxious as compared to boys. The present study results are supported by previous research findings that females being more religious than men and high anxious than men. (Smith et al., 2002; Walter and Davie, 1998; Suhail and Akram, 2002). Likewise, our second and third hypotheses were there will be a significant negative correlation between religious belief, practice and anxiety. There will be a significant negative correlation between religious belief, practice and anxiety. As per Table 2 above negative correlation were found between religious belief, practice and anxiety. The present study results are supported by previous research findings that religious belief plays an important role in the prevention or decrease of anxiety (Jarajuria et al., 2003; Baroun, 2006; Safara and Bhatia, 2008). From the above findings it is evident that the person who has stronger belief in religion experience lowers level of anxiety. Gibbs and Achterberg-Lawlis (1978) found that cancer patients with higher level of religious beliefs had significantly lower death anxiety levels. They found a strong negative association between fear of death and selfrating of strength of religious beliefs, which indicates less fear among strong believers. Vasegh and Mohammadi (2007) documented that religiosity has negative association with level of anxiety. Their findings claim that religion can be protective factor against anxiety. In yet another study also revealed that religiosity is negatively associated with anxiety and the anxiety or fear is a strong motivator of religious activity. People pray more when they are scared or nervous and feel out of control of their lives and circumstances (Wen, 2010).

This finding of the study confirmed that religion has an important bearing in the day-to-day activities of the people of Kargil. They follow it with a proper discipline. They are involved in religious activities through social gathering which is a source of their never ending belief/faith in God and their religion. This never ending belief and faith seems to be a positive source inside them to overcome their distress and anxiety in daily routine. Religious activities are an important part of the life of people in Kargil. There are social gatherings everyday

and people share their experiences and problems with each other which decreases the level of stress and distress inside them. They get involved in religious activities like religious speech, reading Quran, teaching of religion. The religious activities and gatherings create a feeling of being together and brotherhood even in the time of distress, which is ultimately a source for optimism, hope, happiness etc. All these religious activities overcome their feeling of fear and anxiousness. Therefore, the hypothesis that there will be a significant negative correlation between religious belief, practice and anxiety was proved in the present investigation.

Conclusion:

From the above discussed findings it can be concluded that significant impact of religiosity (belief and practice) on anxiety. The findings clearly indicate that religious belief and religious practice decreased the anxiety level of among Muslim students.

REFERENCES

- Abdullah, C.H., Ismail, H.N., Ahmad, N. S. H., and Hissan, W.S.M. (2012). Generalized Anxiety Disorder (GAD) from Islamic and Western perspectives. *World J. Islamic History & Civilization*, **2** (1): 44-52.
- Baroun, K.A. (2006). Relations among religiosity, health, happiness and anxiety for Kuwaiti adolescents. *Psychological Reports*, **99**: 717-722.
- Flannely, K.J., Christopher, G. and Adriennel (2004). Methodologic issue in research on religion and health. *Southern Med. J.*, **97**: 1231-1241.
- Gibbs, H.W. and Achterberg-Lawlis (1978). Spiritual values and death anxiety: implications for counseling with terminal cancer patients. *J. Counseling Psychol.*, **25** (6): 563-569.
- Ismail, Z. and Desmukh, S. (2012). Religiosity and psychological well-being. *Internat. J. Business & Soc. Sci.*, **3**(11).
- Jorajuria, A.M., Forsyth, C.J. and Evan, R.D. (2003). Death anxiety and religious belief: A Research Note. *Free Inquiry In Creative Sociol.*, **31** (1): 73-77.
- Joshi, S. and Kumari, S. (2011). Religious beliefs and mental health: An empirical review. *Delhi Psychiatry J.*, **14**(1).
- Kalkhoran, M.A. and Karimollahi, M. (2007). Religiousness and preoperative anxiety: a correlational study: *Ann. General Psychiatry*, 6-17.
- Koenig, H.G. (2001). Religion and medicine II: religion, physical health and clinical implication. *Internat. J. Psychiatry Med.*, **31**: 97-109.
- Knox, D., Langehough, S.O., Walters, C. and Rowley, M. (1998). Religiosity and spirituality among college students. *College Students J.*, **32**: 430-432.
- Mohammmadi, M.R. (2007). Religiosity, anxiety and depression among a sample of Iranian medical students. *J. Psychiatry Medicine*, **37**(2): 213-227.
- Roshani, K. (2012). Relationship between religious belief and life satisfaction with death anxiety in the elderly. *Ann. Biolog. Res.*, **3** (9): 4400-4405.

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- Smith, C., Denton, M.L., Faris, R., and Regnerus, M. (2002). Mapping American adolescent religious participation. *J. Scientific Study Religion*, **41**: 597–612.
- Suhail, K. and Akram, S. (2002). Correlates of death anxiety in Pakistan. Death Studies, 26: 39-50.
- Safara, M. and Bhatia, M.S. (2008). Relationship of religious beliefs with anxiety and depression. *Delhi Psychiatry J.*, **11**(2).
- Vasegh, S. and Mohammadi, M.R. (2007). Religiosity, anxiety, depression among a sample of Iranian medical students. *Internat. J. Psychiatry Med.*, **37**(2): 213-272.
- Walter, T. and Davie, G. (1998). The religiosity of women in the modern west. *British J. Sociol.*, **49**: 640–60.
- Wen, Ya-hui (2010). Religiosity and death anxiety: J. Human Resour. & Adult Learning, 6 (2).
