

OLDER PEOPLE LEVEL OF RELIGIOUS ATTITUDE AND AFFECTING FACTORS: A CROSS SECTIONAL STUDY FROM IRAN

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Abstract: Background & Aim: Spiritual aspect of health in older people is very important issue. Although religious attitude have a positive effect in person's life, however study about religious attitude among elderly have been largely unexamined. In present study we examined level of religious attitude among Iranian older people.

Methods: This cross sectional descriptive study conducted between Aprils to July 2015 in Shahrekord, South west of Iran. Using random sampling, 308 people older than 60 year that admitted in Shahrekord hospitals were invited to participate in the study. The data were collected, using a questionnaire with items relating to demographic data and Religious Attitude Scale Questionnaire. The Religious Attitude Scale Questionnaire is a 40-item inventory where each item is scored using a five-point Likert scale. Religious attitude score was calculated between 40 and 200. Those who gained 40 to 84 had low religious attitude and a score of 166 to 200 indicated a high religious attitude.

Results: All participants were Muslim. The mean ages of participant were 72.49 ± 8.81 . The mean score of religious attitude were 140.68 ± 30.14 . Of 308 people who participate in present study, 212 (68.8%) showed high religious attitude and the rest showed low religious attitude. Participants age, marital status and living type affect their level of religious attitude significantly ($P < 0.05$).

Conclusion: According to finding of present study, most Iranian older people have high level of religious attitude. Further study in this regards recommended specially among older people with different culture and religious belief.

Keywords: Spirituality, older people, religious attitude, affecting factors, Iran.

1. INTRODUCTION

According to World Health Organization (WHO) definition health is a state of complete physical, mental and social well-being and not only the absence of disease or infirmity [1]. Health has five dimensions that include physical, intellectual, emotional, social, and spiritual health [1]. Over the next decades, the elderly population is projected to grow much more quickly than the total population globally [2, 3, 4, 5, 6, 7, 8]. According to united nation report, one in eight people

worldwide was aged 60 or over in 2015 and is projected to account for one in six people globally in 2030 [9]. Rapid and extensive demographic changes have placed our country Iran, among the countries facing an ageing population. According to report of UNFPA in Iran, people over 60 make up 8.1% of the total population in 2015 [10]. It is expected that the elderly population of Iran will grow to approximately reach to 10 percent of the total Iranian population before 2030 [11]. Ageing has profound consequences on a broad range of economic, political, social processes, health and well-being [9, 12]. With increasing the number of the older people, their health issues will be more challenging [3]. A spiritual aspect of health is very important issue that gained extensive attention in recent years [13]. There are several definitions for spirituality and spiritual health. According to Cook definition for spirituality "spirituality is a distinctive, potentially creative and universal dimension of human experience arising both within the inner subjective awareness of individuals and within communities, social groups and traditions. It may be experienced as a relationship which is intimately inner, immanent and personal, within the self and others, and/or as relationship with that which is wholly other, transcendent and beyond the self. It is experienced as being of fundamental or ultimate importance and is thus concerned with matters of meaning and purpose in life, truth and values" [14]. The spiritual dimension that involves factors such as morals and principles, ethics and values, one's connection to others or relationships with them, and a sense of belonging is described and is interpreted as the need for: meaning, purpose and fulfillment in life; hope will to live; belief and faith [15, 16]. Spirituality is a unified quality of mind, heart, and soul and is one of the most important sources of strength and direction in all people's lives [15]. Results of one study entitled beliefs and attitudes of hospital inpatients about faith healing and prayer by King & Bushwick revealed that 98% of hospital inpatients believed in God, 77% indicated that physicians should consider their patients' spiritual needs; and 48% said that they would like their physicians to pray with them [16]. In another study in this regards in 2013, Rahimi et al., examined the concept of spirituality from the perspectives of 21 healthy elderly people from both male and female genders. Rahimi et al., revealed four categories from their data analysis that includes: (1) Spiritual health (in this category four sub categories determined that includes: a) saying prayer as a calming factor; b) beneficence as a way to God; c) loss of psychological and spiritual support; d) faith as a way to happiness) (2) spiritual beliefs (in this category three sub categories determined that includes: a) seeking help from God in difficulties; b) God's power over life and death; c) doing good deeds is the God's will; and (3) religious practice (in this category three sub categories determined that includes: a) saying prayer; b) reading Quran; and c) going to mosque, religious ceremonies and pilgrimage [17].

Although religious attitude have a positive effect in person's life, however study about religious attitude among elderly have been largely unexamined. In present study we examined level of religious attitude among Iranian elderly.

2. METHODS

This study employed a descriptive design and was conducted in Shahrekord, South of Iran. Iran is a Middle Eastern country with approximately 80 million residents. Most religions are represented in Iran but the major faith tradition in the country is Islam.

Using random sampling, 308 people older than 60 year that admitted in Shahrekord hospitals were invited to participate in the study. Consent was implicit by respondent's decision to return the completed questionnaire. Participants were assured that all data would remain anonymous, kept confidential and be stored safely. Ethical approval was obtained from Shahrekord University of Medical Sciences and the heads of Shahrekord hospitals prior to the collection of any data. Data were collected from March to June 2015. Questionnaire packages containing a covering letter describing the aims of the study, a demographic variables questionnaire, and the Religious Attitude Scale Questionnaire. The Religious Attitude Scale Questionnaire was made by Khodayarifard in Tehran University based on a review of Islamic literatures [18]. The Religious Attitude Scale Questionnaire have been categorized into six domains a)praying (4 items), b) values and ethics (7 items), c)the effects of religion on an individual's life and behaviors (5 items), e) social issues (9 items), f) world view and beliefs (8 items), and g)science and religion (4 items).The Religious Attitude Scale Questionnaire is a 40-item inventory where each item is scored using a five-point Likert scale with 0=strongly disagree, 1=disagree, 2=unsure, 3=agree and 4=strongly agree. Religious attitude score was calculated between 40 and 200. Those who gained 40 to 84 had low religious attitude and a score of 166 to 200 indicated a high religious attitude. The content of questionnaire evaluated ethics, values, the effect of religion on personal and social life style and behavior, ideology and religion beliefs.

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The reliability of this questionnaire was assessed by open test method which was 83% indicating a high credibility of test [18].

Descriptive statistics, Pearson correlation coefficient, independent sample T-test and one and one way ANOVA were used for data analysis. All statistical analyses were performed using SPSS software (v18.0) and a variable was considered to be statistically significant if $P < 0.05$.

3. RESULTS

All participants were Muslim. Among 308 people who answered the questionnaire 51.3% were female and the rest were male. The mean ages of participant were 72.49 ± 8.81 . In total of 308 participants, 148, 107, 43 and 10 were aged between 60 to 70, 71 to 80, 81 to 90 and more than 90 years respectively. Most of the respondents were married (89.3%) and live with family (74%). In total, 94, 136, 53, 22 and 3 person showed low, moderate to low, moderate, moderate to high and high level of social class. The mean score of religious attitude were 140.68 ± 30.14 . Of 308 people who participate in present study, 212 (68.8%) showed high religious attitude and the rest showed low religious attitude. Results of one way ANOVA test showed significant difference between participants religious attitude mean score and their age group ($P=0.04$). The mean score of religious attitude score were higher in married participant in compared to single. According to results of independent t test this difference between groups were statistically significant ($P=0.001$). Results of this test also showed that mean score of religious attitude score were higher in participant who live with family at their home significantly ($P=0.04$). Relationship between participant's religious attitude and their sex, social class, children number and race were not statistically significant ($p > 0.05$).

4. DISCUSSION

Spirituality is recognized as a personally important matter to the elderly, and there are evidences of its impact on their health well-being and quality of life [13, 16, 17]. The aim of present study was to examine the level of religious attitude among Iranian elderly. According to finding of present study two third of person who participate in our study showed high level of religious attitude and one third showed low level.

The aging of the world's population might be the biggest change of the 21st century [19]. As one person gets older, the role of spirituality becomes more prominent [15]. Previous studies about spirituality especially religious attitude among elderly persons are limited to few studies. In one study in this regards, Chandler Emily & Meisenhelder examined the relationship of attitudinal and behavioral measures of spirituality includes frequency of prayer, importance of faith, and reliance on religion coping to physical and mental health outcomes in a sample of elderly community residents in United states. Results of Chandler Emily & Meisenhelder showed that all three measures, prayer, faith and religious coping, correlated strongly with elderly positive mental health [20]. In other study in this regards, Aliakbari Dehkordi et al., with using a random cluster sampling examined the effect of different levels of religious attitude on the sense of meaning, loneliness and happiness in the life of 221 elderly persons under cover of social welfare organization in Iran. Similar to our study, Aliakbari Dehkordi et al., used Khodayari's religious attitude questionnaire for measuring level of religious attitude. Results of Aliakbari Dehkordi et al., study revealed that higher levels of religious attitudes in elderly are associated with higher level of happiness and better meaning of life. They also reported that feel of lonely is lower in elderly who have higher level of religious attitudes in compared to elderlies who have lower level of religious attitudes [21]. In another study in this regards, Reid et al., examined the level of religious beliefs, attitudes, and practice of 501 people aged 65 years and over in the West of Scotland. Similar to finding of present study, result of Reid et al., study revealed that religious beliefs and attitudes is an important part of elderly life [22]. In another study RezaieShahsavarloo et al., examined the relationship between spiritual well-being and religious attitudes with life satisfaction in elderly who have cancer. Results of RezaieShahsavarloo et al., study showed that the spiritual well-being and religious attitude have an importance effect on patient's life satisfaction [23]. In one study in 2014, Mefford et al., examined the effect of religiousness and anger management in community-dwelling older persons. Results of Mefford et al., showed that higher scores on forgiveness, daily spiritual experiences, religiousness/spirituality as coping, and self-ranking of religiousness/spirituality were associated with healthier anger management in this group of elderly.

5. CONCLUSION

Spirituality has positive impact on elderly health and ignoring the patients' spiritual aspects may result in undesirable consequences for person and their family. Present study revealed that most Iranian older people have high level of religious attitude, which should therefore be of concern to all those involved in the care of the elderly. Also, authorities improved religious beliefs of elderly peoples with proper planning and providing their participation in religious activities. With regards that study about religious attitude among elderly is limited, further study in this regards recommended. Also interventional study recommended for examining effect of different interventional methods for improving elderly level of religious attitude.

6. LIMITATION

One of the limitations of this study is that data collection was based on self-reported questionnaires which are prone to recall bias. Also all participants were Muslim, which should consider it in time of use of results of present study.

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