

Assessing the Relationship between Religious Coping and Gender Role Attitudes

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ABSTRACT

Religious coping and gender role attitudes influence many aspects of individual and community life, especially among South Asian communities. The purpose of the study is to assess the relationship between religious coping and gender role beliefs or attitudes among the Indian population. Online versions of the RCOPE and SRQ scales were administered to a sample of young Indian adults living in India and adhering to various religious faiths. Our findings indicate a lack of gender differences on the scales of religious coping and gender role attitudes- explained by the deeply imbibed cultural and religious attitudes prevalent in South Asian culture. Within religious denominations, Buddhists possessed the most egalitarian gender beliefs while reporting the least usage of religious coping. Muslims, Hindus, Sikhs, and Christians reported comparatively high levels of gender traditionalism and religious coping. Further studies on religious coping and gender role attitudes in South Asian communities are required.

Keywords: *Gender, Gender Attitudes, Gender Roles, Religion, Religious Coping*

From birth, men and women are allocated and expected to perform a set of societally approved duties and norms influencing the spheres of education, relationships, employment, and more. Historically, such gender roles have required men to be responsible for tasks related to decision-making, the physical well-being of the family, and financial prosperity. In today's world, such expectations still hold for most males across the globe. On the other hand, with its roots tied to historical practices, women are still relegated to the bulk of the household's domestic chores such as cooking, cleaning, child-rearing, etc. (Rao & Rao, 1985), with comparatively more limited or difficult access to independence, as compared to their male counterparts.

The origins of such unbalanced power dynamics, entrenched within systemic gender roles, can be traced to the powerful influence of ancient social institutions, such as culture, regional history, political edifices, and more importantly, religion and its prescribed practices (Klingorova & Havlíček, 2015). As one of the oldest existing institutions, religious rules and teachings have permeated into the social fabric of our society and continue to assert command over our lifestyle, culture, traditions, and morals. Religious coping, one of

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Received: September 11, 2021; Revision Received: October 22, 2021; Accepted: November 13, 2021

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the most important functions of religion, is known to influence many aspects of individual life, such as our ability to appraise situations, inculcate social behaviors, and moderate quality of life. It has shown particular importance in affirming healthcare practices, decisions, and outcomes. Religious coping practices, such as seeking comfort from and talking to God, praying, attending religious sermons, and engaging with members of the same religious congregation, are some of the most commonly adopted coping strategies of individuals, especially among those who possess high levels of religiousness (Aflakseir & Mahdiyar, 2016) (Hvidtjørn, 2014). Additionally, such practices are more frequently adopted by vulnerable communities like senior populations, minorities, and the frequently hospitalized (Eisenberg et al., 2011) (Rasic et al., 2011) (Pargament et al., 2000).

When it comes to gender differences, research postulates a far higher number of women engaging in religious coping as compared to their male counterparts (Hvidtjørn et al., 2014) (Maselko & Kubzansky, 2006) (Gallup & Lindsay, 1999). Such findings have always presented themselves as an anomaly within the field since most religious dispositions are imbued with misogynistic presumptions that serve to disenfranchise women as a class (McMurry, 1978) (Klingorova & Havlíček, 2015). At the same time, women have nearly always scored higher on scales of egalitarianism and conform less stringently to traditional gender roles with positive factors linked to higher education, less religiosity, and more secular political attitudes (Bryant, 2003).

Separate pieces of literature connect different facets of religiousness to gender roles and beliefs, showing a significant relationship between both. However, little to no focus has been placed on an individual's attitudes and beliefs about gender and their adoption of religious coping. Such a research gap, evidently present within the clinical and behavioral psychological fields, needs to be empirically addressed as the overlapping relationship between religious coping and gender is well-documented. The influence of religious coping in the domains of mental and physical health is monumental, especially within Asian communities (Chai and Krägeloh, 2012). In the past, several case studies and researches have analyzed religion-affiliated mental health disorders and treatments, such as religious OCD (Siev et al., 2011) and Religious Cognitive–Behavior Therapy (Almasi, et al., 2013). The presence of such data clearly necessitates the need for a deeper analysis of religious coping and its practices, especially through the lens of gender.

However, upon perusing research papers which specifically use South Asian samples, we see results reveal very stark differences in the fields of both religious coping and gender attitudes, between Asians and their Western counterparts. In a few transnational comparative studies, Indians scored the highest on domains of religiosity, spirituality, and religious coping, owing to the deeply embedded influence and practice of religion in Indian culture (Santoro, Suchday, et al., 2016) (Verma and Saraswathi, 2002). In an older yet relevant study, Rao (1985) highlighted the contrasting ideologies behind the delegation of gendered responsibilities in Western and Indian families; he noted that Indian societies tend to exhibit a highly pronounced and unequal division of labor between both sexes, the reasons linked to a fervid adherence to patriarchal religious scriptures and male leaders, coupled with a conservative culture (Klingorova and Havlíček, 2015). When we narrow down to the Indian female populace, a study conducted by Di (2020) revealed that gender egalitarianism and religious attendance saw a positive relationship among Indian women, unlike their global counterparts who faced a negative relationship between both variables.

METHODOLOGY

Objectives

Our study seeks to bridge the gap in contemporary empirical research by assessing an Indian sample of young adults spanning across various religious affiliations. We wish to measure the gender differences between men and women in the spheres of religious coping and gender role attitudes, along with comparing the overall scores among the various religious groups coexisting in India.

Sample

The sample comprised of 115 young Indian adults (36 men, 79 women), falling within the age range of 18 to 30 years ($M = 21.27$; $SD = 2.28$). Every individual matched the inclusion criteria, namely being of Indian ethnicity, adhering to any established religious faith, and falling under the aforementioned age range. The sample was collected from the Delhi NCR, Uttar Pradesh, and Kashmir.

Procedure

Between January 2021 and June 2021, an invitation to participate in an online survey was sent to approximately 400 Indian adults. The individuals who matched the inclusion criterion filled the online form. The participants were encouraged to contact the researcher and clear all queries and doubts. The online survey encompassed questions about gender identity, sexual orientation, religious affiliation, domicile, and current educational status. Two standardized questionnaires were used for the study and administered via the form; 13 questions about religious coping from the religious coping scale, RCOPE (Pargament et al. 2000), and 13 questions about gender role attitudes and adherence from the Social Roles Questionnaire (SRQ) (Baber and Tucker, 2006). Participants were provided the choice of requesting a copy of the completed questionnaires.

RESULTS

Researchers used an independent t-test analysis to assess the significance of the relationships. The positive religious coping and negative religious coping subscales were independently analyzed among a sample of males and females. Overall, the NRC strategies were used more frequently as compared to the PRC strategies (see Table 2). The findings showed no significant differences in negative religious coping scores ($t=-0.32$, $p>.05$) and positive religious coping scores between male and female participants ($t=-0.32$, $p>.05$). There was no significant difference in the social role attitude scores between males and females ($t=0.57$, $p>.05$).

Table 1: Mean and Standard Deviation of Religious Coping and Social Role Attitudes

	Mean Difference	T	Df	P
Social Role Attitudes	1.919	0.535	113	0.594
NRC	-0.409	-0.322	113	0.748
PRC	-0.161	-0.221	113	0.825

Table 2: Independent Samples Test

Descriptive Group Statistics					
Gender		N	Mean	Std. Deviation	Std. Error Mean
Social Role Attitudes	Male	36	23.08	15.712	2.619
	Female	79	21.16	18.733	2.108
NRC	Male	36	15.67	6.419	1.070
	Female	79	16.08	6.279	0.706
PRC	Male	36	10.61	3.959	0.660
	Female	79	10.77	3.460	0.389

A one-way analysis of variance (ANOVA) was performed to compare the means for each religious group on the two subscales (see Table 3). Out of the five religious groups in the study, the Buddhist sample emerged as one of the least gender-traditional populations ($M = 14.75$; $SD = 10.5$) while Muslims displayed the most traditional attitudes. Additionally, the Buddhist sample scored the lowest in both, positive religious coping ($M = 8.25$; $SD = 2.5$) and negative religious coping ($M = 10.25$; $SD = 3.2$). Muslims utilized negative religious coping strategies the most ($M = 22.6$; $SD = 4.8$) while Sikhs reported the highest usage of positive religious coping ($M = 12.1$; $SD = 1.3$).

Table 3: Oneway Analysis

		N	Mean	Std. Deviation	Std. Error
NRC	Christianity	15	11.20	5.281	1.363
	Hinduism	54	15.89	4.905	0.668
	Islam	25	22.92	4.830	0.966
	Sikhism	17	11.41	3.809	0.924
	Buddhism	4	10.25	3.202	1.601
	Total	115	15.95	6.298	0.587
PRC	Christianity	15	9.87	3.091	0.798
	Hinduism	54	10.61	3.558	0.484
	Islam	25	10.88	3.456	0.691
	Sikhism	17	12.18	4.334	1.051
	Buddhism	4	8.25	2.500	1.250
	Total	115	10.72	3.607	0.336
SRQ	Christianity	15	23.00	16.592	4.284
	Hinduism	54	19.91	18.453	2.511
	Islam	25	23.20	18.223	3.645
	Sikhism	17	26.12	17.892	4.339
	Buddhism	4	14.75	10.500	5.250
	Total	115	21.77	17.796	1.659

DISCUSSION

The present study aimed to evaluate the gender differences in religious coping and gender role attitudes among the Indian population. Additionally, a cross-religious comparative perspective was included to gain a broader understanding of the intersection of religion and gender roles.

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The non-significance in the RCOPE and SRQ scores can be best explained by examining the nuanced and diverse social context present in India. Throughout the culturally rich history of South Asia, religious practices and beliefs have always maintained hegemonic importance as a dictator of familial traditions, political preferences, dietary predispositions, and much more. A recently published, nationally representative survey conducted by the Pew Research Centre (Evans and Sahgal, 2021) reported more than 90% of the Indian populace hold strong beliefs in the existence of a God and prioritize maintaining religious norms in their social life.

In alignment with the secularization theory and recent research (Young adults around the world are less religious, 2021) (Ahmadi and Ahmadi, 2017), most countries, particularly those in the West, are espousing a contracting interest and dependence on religion. Additionally, several pieces of research have drawn a negative relationship between religiosity and gender role egalitarianism (Di, 2020) (Bryant, 2003). However, Indian populations show virtually no signs of any decline with most Indians upholding a nearly unanimous and unyielding adherence to religious practices- an observable trend uniformly present even among diverse social classes like those belonging to marginalized gender identities, varied educational backgrounds/levels, or even different degrees' of egalitarianism. Hence, such reports only conceptualize the importance of religion and religious coping in the average Indian household, with its subconscious influence running deep in most aspects of Indian culture.

Many findings have revealed and explicated the paramount importance religion holds in South Asian traditions; for example, most Indians tend to surround themselves with friends and family who belong to the same religious faith and caste. Indians are more likely to live and work alongside their own religious community, irrespective of whether they are themselves deeply religious or not. (Evans and Sahgal, 2021). Hence, it is safe to presume that each religion's prescribed norms and practices, like religious coping, are an unavoidable and deeply ingrained facet of an average Indian individual's subcultural identity. All genders need to participate in religious traditions, festivals, and norms to seamlessly accommodate within the collectivistic environment in India, irrespective of their levels of religiosity and gender role traditionalism.

When it comes to the intersection of religion and gendered identities, an interesting study by Di (2020) revealed findings that explain the lack of significance between gender role traditionalism and religious coping among Indian women. In Di's reports, religious women living in countries with high levels of gender inequality, such as India, tend to harbor a positive relationship with gender egalitarianism, unlike their female counterparts in most countries across the globe. A possible explanation provided was that Indian women tend to reify religiously prescribed gender norms as being separate from the established gender norms developed within a national or regional context. In countries like India which possess high indices of gender inequality, cultural or environmental attitudes towards gender roles are viewed separately from religiously prescribed gender norms. For example, the practice of dowry, patriarchal familial hierarchies, and an overemphasis on homemaking for women and girls, are products of traditional cultural beliefs that are known to disenfranchise women. With the rise of egalitarianism touching all borders, many Indian women have started to rise against patriarchal societal practices by advancing themselves in the fields of education and employment. Women in India are increasingly getting married at older ages and producing fewer children- acts that would have been considered a heresy only a few years ago. Hence, when we bring religion into the picture, Indian women tend to

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subjectively interpret their religious beliefs through a more egalitarian and far less dogmatic means. Such beliefs manifest in the form of Indian women acting as a promoter and a practitioner of both, gender egalitarianism and religious coping.

India is a state populated with a rich amalgamation of religious and spiritual groups but the main faith-based populations are Muslims, Hindus, Sikhs, Christians, and Buddhists. In the current study, we aimed to compare and evaluate the means of India's five primary religious groups on each of the scales. Data analysis showed that Buddhists emerged with the least traditional attitudes, followed by Hindus, Christians, and Muslims. The Sikh community emerged with the most traditional attitudes towards gender roles and ideologies. Such results moderately support previous research such as the study published by Klingorova, and Havlíček (2015) which revealed that Buddhist societies are the most secular religious groups in India and partake in lesser gender inequality, as compared to other religious denominations, such as Christianity, Islam, and Hinduism.

In the study findings, positive religious coping, which is linked to better health outcomes and quality of life, was most commonly adopted by Sikhs, Muslims, Hindus, Christians, and Buddhists, in that respective order. On the other hand, within the negative religious subscale, Muslims were the highest adopters followed by Hindus, Sikhs, Christians, and Buddhists. Overall, the Buddhist sample's low scores on both subscales of religious coping tie back to previous research propounding the low religious tendencies among Indian Buddhists (as compared to other religious denominations in India) (Evans and Sahgal, 2021) (Klingorova and Havlíček, 2015).

CONCLUSION

The findings of the study contribute towards the enrichment of research pertaining to the spheres of religious coping and gender roles, particularly within the South Asian population. When it comes to Indian samples and the RCOPE, there is a paucity of cross-comparative research. The future scope within the field is vast when we consider the diversity prevalent within the Indian population, with citizens belonging to different geographic locations, castes, sub-religious groups and more. Limitations of the study include a narrow age group inclusion and a small sample size from few geographic locations- limitations mostly stemming due to the difficult nature of the pandemic.

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Acknowledgement

The author would like to offer a special vote of thanks to Dr. Muhammad Imran for his guidance. A vote of appreciation is for all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Dedmari H M (2021). Assessing the Relationship Between Religious Coping and Gender Role Attitudes. *International Journal of Indian Psychology, 9*(4), 421-428. DIP:18.01.040.20210904, DOI:10.25215/0904.040