

Religious Behaviour Among Rural and Urban Habitants of Cancer Patients

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ABSTRACT

Present research is to find out the religious behaviour between area and family types of cancer patients. So, investigator selected two groups one is area second is family types. All groups have 200 cancer patients. Data were collected from central Gujarat. Scale was use for data collection is personal datasheet and religious behaviour scale developed by Rajmanikam, 2x2 factorial design was used and data were analysis by 'F' test. Results show that there is significant difference between rural and urban cancer patient on religious behaviour. There is significant difference between joint and nuclear family of rural and urban areas cancer patients. There is significant interaction effect of religious behaviour on area and family types of the cancer patients.

Keywords: Religious behaviour, Rural, Urban, Join, Nuclear Family

Cancer is a most important health problem in every nation in the world in terms of morbidity and mortality rates. Cancer is both a physical illness and a disorder that has biggest psychosocial effects, contains uncertainties and threatens life leading to severe psychological problems in an individual.

"Religious behavior is interested by religious beliefs. Religious actions are also called rituals and religious neglect is also called taboo or religious restrictions. "Religion is a structure of inner self and believed that is shared by a group and gives its members the purpose of devotion. This same religious practice sometimes strengthens individuals in major diseases such as cancer, TB. Even when it sometimes turns from faith to unbelief, it has bad consequences.

How much religious behavior is found in a person with cancer and whether this behavior helps him or not is important? Religious behavior helps us to avoid anxiety, frustration and pain. A cancer patient who experiences a great deal of pain is annoyed by the medication. His life has no hope. So, there is a saying in Gujarati that cancer means cancel. Because of all these problems there is only one way for him which is the religious way which increases his self-satisfaction and psychological well-being. That is the only way to get him out of the disease which helps him to recover.

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Received: December 20, 2023; Revision Received: December 27, 2023; Accepted: December 31, 2023

REVIEW OF LITERATURE

J. Levin., Linda M.C., (FEB 2005) This study finds out the Research and writing on the connections between religion and health. Study information of religion-health relations oftentimes draw incorrect conclusions that stand-in impractical prospects about the role of belief and religiousness in health and healing. Finally, suggestions are talk over for clinical practice, medical education and public health.

Torgeir. S., (2012) Epidemiological research of religious behaviours and health in the Nord-Trondelag Health Study. the variable “I seek God’s help when I need strength and solace” and its relation to the time since a cancer diagnosis among patients was examined, in adding to its relationship with life satisfaction for all cancer types, and illness specific quality of life for patients with breast, prostate and colorectal cancer. There were no significant relations either among “seeking God’s help for strength and solace” and life satisfaction among all cancer patients or between “seeking God’s help” and disease-specific quality of life among breast, prostate or colorectal cancer patients.

Lewis and Day (2007) used the cognitive-behavioural framework to help clarify the association between different parts of prayer and subjective well-being. This study found that meditative prayer, frequency of prayer and prayer experience all accounted for unique change in predicting improved subjective well-being, and these results can be implicit within a cognitive-behavioural framework.

Objective of the Research

- To examine religious behaviour among rural and urban cancer patients.
- To examine religious behaviour among joint and nuclear family of cancer patients.

Hypothesis of the Research

- There will be no significant difference between religious behaviour of rural and urban cancer patients.
- There will be no significant difference between religious behaviour of joint and nuclear family of the cancer patients.
- There will be no significant interaction effect of religious behaviour on area and family types of the cancer patients.

MATERIALS AND METHODS

Selection of Sample

The sample consist of 200 cancer patient’s including 100rural area patient’s and 100 urban area patients, out of this 50 joint family and 50 nuclear family cancer patients. The random sample method was used. All respondents were selected from different hospital of cancer care centre Gujarat in India.

Tools used:

The following tools were used in the present study:

- **Personal Data sheet:** Help of this personal data sheet researcher have collect the information about cancer patients. Like. Types of area and types of family.
- **Religious behavior scale:** Religious behaviour questionnaire developed by Rajmanikam [1992] was used to measure Religious behaviour. The religious behaviour scale was designed by Campbell P.Senthamilan an unpublished Ph.D.

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Thesis submitted at annamalai university annamalai nagar (1992) "A Psychological study of Religious behaviour among university students"

Statistical Analysis

In this research work, the 'F' test was used to find out **religious behavior with reference to area and family types of cancer patients.**

RESULT AND DISCUSSION

The questionnaires were completed by the subjects. Then they obtained data was analysed by statistical methods. The results are presented here in order of the study hypothesis F-ANOVA for independent groups were used.

Table no. 1, Means and SDs of Religious behavior with reference to area and family (N=200)

Independent variable		Joint	Nuclear
Rural	Mean (M)	32.02	32.86
	SD	9.07	9.97
	N	50	50
Urban	Mean (M)	34.34	24.48
	SD	9.69	8.31
	N	50	50

Table no. 2, 2x2 ANOVA Analysis summary of Religious behaviour with various independent variables (N=200)

Source of variance	Sum of Square	Df	MSS	F
Area (A)	459.045	1	459.045	5.32 (0.05)
Family types (B)	1017.005	1	1017.005	11.79 (0.01)
(A)×(B)	1431.125	1	1431.125	16.59 (0.01)
SSW(Error)	16904.700	196	86.248	
SST	19811.875	199		

Table no. 3, Various important Differences between mean scores among cancer patients (N=200)

Independent variable	N	Mean(M)	Difference between mean
Rural	100	34.44	6.03
Urban	100	28.41	
Joint	100	36.18	7.51
Nuclear	100	28.67	

Main effect:

Religious behavior with reference to area of cancer patients

It can be observed that the table no. 2 that "F" value with reference to religious behaviour of rural and urban cancer patients was 5.32 this "F" value is significant at 0.05 level. So, null hypothesis 1 is rejected and the result shows significant difference between rural and urban cancer patients. It can be seen the table no. 3 that the mean of scores of rural and urban cancer patients were 34.44 and 28.41 respectively. The difference between mean of religious

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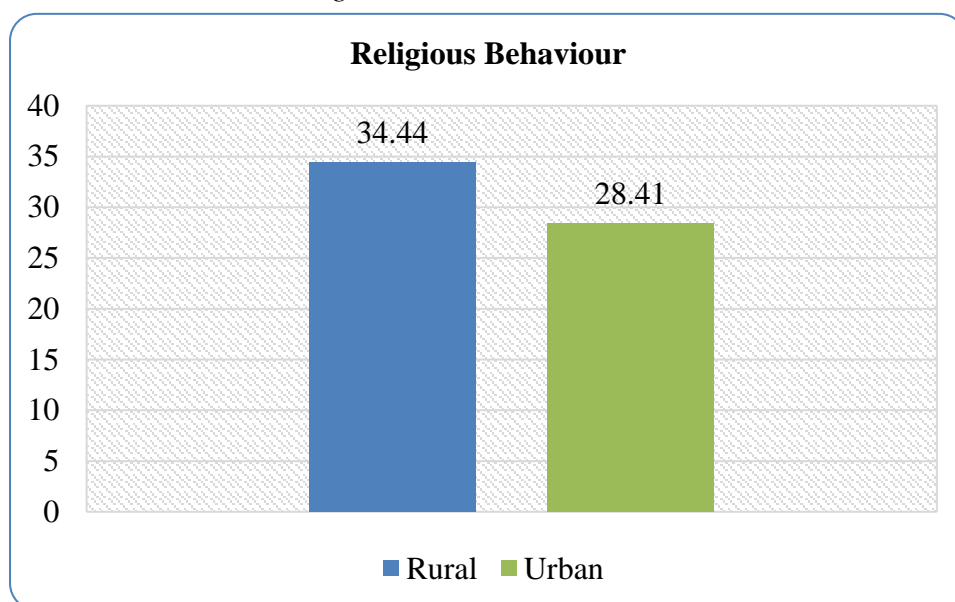
behavior of rural and urban cancer patients is 6.03. So it can be said that there is wide difference between religious behavior of rural and urban cancer patients.

In India, it is still habitual for villagers to pray before medicine. There is still a high level of Indian culture and faith in the villages which is due to the fact that they have faced hardships of life with limited resources and also the person of the villages is subjected to nature due to which religious behavior is still widespread among the villagers.

Graph 1 Mean score of religious behavior with reference to rural and urban cancer patients.

$X = \text{Area (Rural \& Urban)}$

$Y = 1 \text{ cm} = 5 \text{ average score}$



Religious behavior with reference to family types of the cancer patients

It can be seen the table no. 2 that "F" value with reference to religious behavior of joint and nuclear family was 11.79 this "F" value is significant at 0.01 levels. So, null hypothesis 2 is excluded. The outcome shows significant difference. And it can be seen the table no. 3 that the mean scores of religious behavior of joint and nuclear family were 36.18 and 28.67 respectively. The difference between mean of religious behaviour of joint and nuclear family is 7.51. So, it can be said that there is wide difference between mean of joint and nuclear family on their religious behavior.

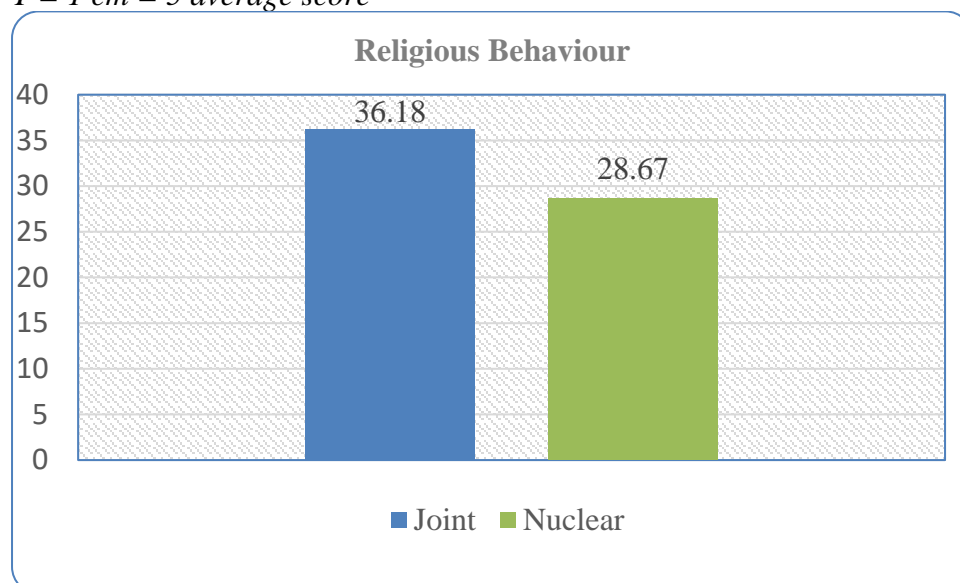
In our country, Western culture is being given more importance due to which the rural person has run towards the city and the joint family has now been replaced by the nuclear family which has changed our behaviour. For these reasons, the members of the household are not given enough attention and the blind pursuit of money spread in the culture of our society. So ultimately faith is now turning into superstition which is why religious behavior is less prevalent among cancer patients living in the city and in separated families.

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Graph 2 Mean score of Religious behavior with reference to joint and nuclear family of cancer patients.

$X =$ Family types (Joint & Nuclear)

$Y =$ 1 cm = 5 average score



Interactional effect:

Religious behavior with reference to interaction between area and family types of the cancer patients

“F” value obtained while examining hypothesis to get information regarding effect of interaction with reference to religious behavior of area and family types of the cancer patients. It can be seen the table no. 2 the “F” value is 16.59 this “F” value is significant at 0.01 levels. So above null hypothesis is excluded. So outcome show that the significant effect of religious behavior on area and family types of the cancer patients.

CONCLUSION

Religion is a characteristic requirement of people religion in a specific aspect, answers the ultimate questions of humankind. These studies indicate the religious behaviour related to area and family types.

For this research rural area religious behaviour batter than urban and also study identify the Joint family religious behaviour batter than nuclear. India is one of the difference religious country so many religious in there, India is identify in world there unique culture. But cultures which are in changeover, some conditions happen and as an effect, these conditions reason a social morality kind of a chaos way.

So reason of the ethical beliefs of life does not correspond with money-oriented present life and the collective spirit is not able in modulating human being. In addition, individualism is one more point which simultaneously can grow creativity and point of view but too much stress on it may form specific standards that inspire the progress of individual unlimited needs. In other words, these individualities happen more in modern and urban societies.

Religious behavior may help individual to cognitively reframe or rebuild the importance of negative experience. Religious behaviour supports with getting to know of one mind people, being able to improve relations, casual emotional support.

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Acknowledgment

The author(s) appreciates 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: Patel, R. (2023). Religious Behaviour Among Rural and Urban Habitants of Cancer Patients. *International Journal of Indian Psychology*, 11(4), 3182-3187. DIP:18.01.305.20231104, DOI:10.25215/1104.305