

Religiosity as a Correlate of Anxiety among Housewives

Dr. Vinay Kumar Singh^{1*}

ABSTRACT

The present study was an endeavor to explore the correlation between anxiety and religiosity among housewives. The sample comprised 50 housewives aged between 22 to 50 years belonging from urban and rural areas of Rae-Bareilly district in India. Two scales (1) Sinha Anxiety Scale by Sinha (1991) and (2) Religiosity Scale by Bhushan (2009) were used to measure the anxiety and religiosity level of the housewives, respectively. Descriptive statistics (Mean & SD), Pearson's product moment correlation coefficient and t-test were computed to analyze the data. Findings of this study reveal that (1) religiosity increases with age, and (2) it plays a crucial role in reducing anxiety levels among housewives.

Keywords: *Anxiety, Religiosity, Age, Housewives*

Anxiety is a prevalent psychological condition that affects individuals across various demographics including housewives who often juggle multiple responsibilities within the household. Factors such as social expectations, financial stress and family dynamics contribute to their emotional well-being. Anxiety is a sense of uneasiness and worry, often generalized and unfocused arising as an exaggerated response to a perceived threat (Bouras & Holt, 2007).

Anxiety disorders are a group of mental health conditions marked by intense anxiety and fear. It includes generalized anxiety disorder, specific phobias, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder and selective mutism. Each type is triggered by different factors and individuals may experience multiple anxiety disorders simultaneously (APA, 2013).

Religion is a powerful institution that significantly influences social behavior and provides psychological and therapeutic benefits (Bhushan, 2009). The Oxford English Dictionary defines religiosity as the quality of being religious, encompassing religious beliefs and feelings. It can also refer to an intense or exaggerated expression of religious devotion (Wikipedia, 2025). Bhushan (2009) describes religiosity as having three aspects: theoretical, practical and emotional. The theoretical aspect involves faith in God. It includes communication, partnership and identification with the divine. The practical aspect focuses on following ethical duties and religious rituals. The emotional aspect reflects devotion, dedication and the joy experienced in religious practices.

¹Assistant Professor, Department of Psychology, Feroze Gandhi College, Rae-Bareilly (U.P.), India

*Corresponding Author

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Religiosity support mental health by easing stress and anxiety through prayer, meditation and community support as well as reducing loneliness and distress. Moreira-Almeida, Neto and Koenig (2006) reviewed 850 studies and noted that higher religious involvement enhances psychological well-being, lowers depression and reduces substance abuse, particularly in stressful situations. Forouhari et al. (2019) also screened 7,235 documents and included 13 studies with 5,620 participants in their meta-analysis and reported that higher religious orientation was associated with reduced anxiety and depression.

Aksoy, Bann, Fluharty and Nandi (2022) observed that religious service attendance is linked to better mental well-being across both majority and minority religions in UK. However, belonging to a minority ethno-religious group is negatively associated with mental well-being. Thus, religious services or secular alternatives could help enhance overall mental health. Harris, Schoneman and Carrera (2002) conducted a principal components analysis on college students and found that religious commitment, prayer and social involvement in a religious community were strongly associated with lower trait anxiety. These findings indicate that maintaining a dedicated and engaged religious practice may contribute to reduced general anxiety levels. In contrast, Peterman, LaBelle and Steinberg (2014) reported that adolescents who attended religious services more frequently showed higher levels of anxiety in mid-adolescence.

Khalaf, Hebborn, Dal and Naza (2015) analyzed ten studies to explore the relationship between various domains of religiosity and different types of anxiety disorders in adults and identified three key findings. Certain aspects of religiosity and specific religious interventions had a protective effect on generalized anxiety disorder in 40% of the studies. In contrast, 30% found no link between religiosity and post-traumatic stress disorder while results for panic and phobic disorders were mixed. Shreve-Neiger and Edelstein (2004) reviewed 17 studies related to the link between religiosity and anxiety. The finding mixed results as some showed a decrease, some an increase and others no effect of religiosity on anxiety.

Abdel-Khalek, Nuno, Gomez-Benito and Lester (2019) conducted a meta-analysis of 10 Arabic studies on religiosity and anxiety among Arab Muslim participants. The study found no significant impact of age and gender but indicated that religiosity helps reduce anxiety through support and coping mechanisms. But Barrett and Toothman (2016) noted that women aged 35–39 experienced lower positive affect than those aged 50–54 while those aged 25–49 reported higher negative effect. These differences are partly linked to younger women's concerns about aging and older women's stronger sense of youthful identity. Stearns, Nadorff, Lantz and Mckay (2018) observed that religiosity increases with age and is linked to lower depressive symptoms. Age influences the relationship between religiosity and depression. The higher religiosity associated with reduced depression in both middle-aged and younger adults.

Bergan and McConatha (2001) explored the links between religiosity, life satisfaction, age and gender. They found that religious affiliation had a stronger impact on life satisfaction than private devotion. Religiosity increased with age and women reported higher levels than men. Cox and Hammonds (1989) also noted that belief in God is common across all ages but increases with age. Older individuals are more likely to view religion as important and believe in immortality. Church attendance is also linked to greater life satisfaction and better adjustment.

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Objectives:

- The present research was focused on the following objectives:
- To examine the relationship among age, religiosity and anxiety among housewives.
- To analyze the differences in anxiety and religiosity levels among housewives with varying age.

Hypotheses:

The hypotheses for the present study were as follows:

- There will be significant correlation between age and religiosity among housewives.
- There will be significant correlation between age and anxiety among housewives.
- There will be significant correlation between anxiety and religiosity among housewives.
- There will be significant difference in religiosity among housewives based on varying age.
- There will be significant difference in anxiety among housewives based on varying age.

METHODOLOGY

Sample:

The sample for the present study consisted of 50 housewives. They were selected randomly from urban and rural area of the Rae-Bareilly district in India. The age of the selected participants ranged between 22 to 50 years.

Measures:

Following two scales were used to measure the level of anxiety and religiosity of the participants:

1. **Sinha Anxiety Scale:** To assess the anxiety level of the housewives Sinha Anxiety Scale was used. This scale was constructed and standardized by Sinha in 1991. The scale is comprised of 100 items and all items have to be answered in either positive or negative, i.e. "Yes" or "No". The test had high reliability both the split-half and test-retest methods with the calculated reliability coefficients .86 and .73, respectively. The higher scores reflect a greater level of anxiety.
2. **Religiosity Scale (R S):** To assess the level of religiosity of the housewives Religiosity Scale was used. This scale was constructed and standardized by Bhushan in 2009. It is a five-point Likert type scale with the alternative responses, i.e., Totally Agree, Agree, Can't Say, Disagree and Totally Disagree. The scale is comprised of 36 items and against each item five numbers are given in order so that 5 indicates the response "Totally Agree" and similarly 1 represents "Totally Disagree". The scale possesses fairly high reliability. The reliability coefficient of the scale by split-half and test-retest method was found .69 and .78, respectively. The higher scores indicate greater degree of religiosity.

Procedure:

The tests were administered individually to randomly selected participants in a convenient location. Before administering the tests, a good rapport was established and participants were informed that the study is purely academic, with assurances of confidentiality regarding their responses. They were requested to carefully read the guidelines on the cover page of each scale before responding and to query if needed. Additionally, they were asked to complete all required details on the front page of both tests. They were also instructed to

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record their responses strictly in the designated format for each scale. After completing the both tests, responses were reviewed to ensure no questions were left unanswered. Scoring was conducted in accordance with the procedures outlined in the test manual.

RESULTS

The data were processed and analyzed using SPSS version 25. Descriptive statistics (Mean & SD), Pearsons' product moment correlation coefficient and t- test were carried out. The results are as follows:

Table 1: Mean, SD & Intervariable Correlations (N=50)

Sl. No.	Variables	Mean	SD	1	2	3
1.	Age	1.44	.50	-		
2.	Religiosity	122.52	14.12	.32*	-	
3.	Anxiety	59.28	19.91	-.15	-.47**	-

* P<0.05 ** P<0.01

Table-1 presents the means, standard deviations and intervariable correlations for the variables age, religiosity and anxiety among a sample of 50 participants. Age shows a significant positive correlation with religiosity ($r = .32$; $P < 0.05$). It indicates that as individuals grow older their level of religiosity tends to increase. But it has no significant correlation with anxiety. Thus, the hypothesis no.1 is accepted while hypothesis no.2 is rejected. It was initially proposed that age will be significantly correlated with religiosity and anxiety among housewives.

Religiosity has a strong negative correlation with anxiety ($r = -.47$; $P < 0.01$). It suggests that individuals with higher religiosity tend to experience lower anxiety. Hence, the finding of this study supports the proposed hypothesis no.3 which state that there will be significant correlation between anxiety and religiosity among housewives. Thus, results of the present study highlight the potential psychological benefits of religious beliefs and practices in managing stress and anxiety.

Table 2: Age differences in Religiosity and Anxiety among Housewives

Sl. No.	Variables	Age	N	Mean	SD	SEM	SED	t-value
1.	Religiosity	35& below	28	118.61	11.84	2.24	3.86	- 2.31*
		Above 35	22	127.50	15.45	3.29		
2.	Anxiety	35& below	28	61.96	16.66	3.15	5.66	1.08
		Above 35	22	55.86	23.37	4.98		

* P<0.05

Table-2 reveals the age differences in religiosity and anxiety among housewives. The results indicate a significant difference in religiosity based on age. Housewives aged above 35 years show significantly higher religiosity ($M = 127.50$) compared to those aged 35 and below ($M = 118.61$). The t-value -2.31 is statistically significant at 0.05 levels. It means that older housewives tend to be more religious than their younger counterparts. Hence, the finding of this study support the hypothesis no.4 which state that there will be significant difference in religiosity among housewives based on varying age.

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But no significant age difference is observed in anxiety levels. The housewives aged 35 and below have a slightly higher mean anxiety score ($M = 61.96$) compared to those above 35 years ($M = 55.86$). But the t -value 1.08 is not statistically significant. This suggests that anxiety level do not differ considerably between younger and older housewives. Hence, the findings of this study do not support the proposed hypothesis no.5 which state that there will be significant difference in anxiety among housewives based on varying age. Thus, it can be concluded that the religiosity tends to increase with age among housewives while anxiety levels remain relatively similar across age groups.

DISCUSSION

This study investigates whether religiosity serves as a protective factor or a potential source of stress among housewives. The study observed a strong negative correlation between religiosity and anxiety. It indicates that housewives with higher religiosity tend to experience lower anxiety levels. The finding is consistent with Moreira-Almeida, Neto and Koenig (2006) and Forouhari et al. (2019) who reported that religious involvement contributes to psychological well-being by reducing stress, anxiety and depression. Additionally, Harris, Schoneman and Carrera (2002) noted that religious commitment and social involvement in religious communities were linked to lower anxiety levels. Thus, it reinforced the notion that religiosity provides coping mechanisms against stress.

The present study also found a significant positive correlation between age and religiosity. It indicates that older housewives tend to be more religious than their younger counterparts. This supports the findings of Cox and Hammonds (1989), and Bergan and McConatha (2001) who reported that religiosity tends to increase with age. Similarly, Stearns, Nadorff, Lantz and McKay (2018) observed that older individuals exhibit higher religiosity and often linked to better mental well-being.

On the other hand, the lack of a significant correlation between age and anxiety suggests that anxiety levels remain relatively stable across different age groups. These contrasts with finding of Barrett and Toothman (2016) who noted that younger women reported higher negative affect due to concerns about aging while older women experienced greater emotional stability. Nonetheless, the finding of the present study aligns with Khalaf, Hebborn, Dal and Naza (2015) who reported mixed findings on the relationship between religiosity and various anxiety disorders. Thus, we can say that the connection between age and anxiety may not always be straightforward.

The significant difference in religiosity between younger and older housewives ($t = -2.31$; $P < 0.05$) further supports the trend observed in prior studies that religiosity increases with age (Bergan & McConatha, 2001; Cox & Hammonds, 1989). But the non-significant difference in anxiety levels across age groups indicates that while religiosity increases with age it does not necessarily translate into substantial changes in anxiety levels.

CONCLUSION

Overall, the present study supports the notion that religiosity plays a significant role in reducing anxiety among housewives, especially as they age. However, the stable anxiety levels across age groups underscore the need to consider additional psychological, social and environmental factors. Future research with larger and more diverse samples could provide deeper insights into the nuanced relationship between religiosity, anxiety and age. This will provide a broader discourse on mental health and coping strategies in domestic setting.

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Conflict of Interest

The author(s) declared no conflict of interest.

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