

## **Religiosity and Mental Health of Adolescent Girls**

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### **I. INTRODUCTION**

Mental health is a positive concept related to the individual's social, emotional, and psychological well being. Mental health is defined as a state of well being in which people realize their own potentialities, can cope with every day's normal stresses and work productively as well as fruitfully and are able to make contributions to their community. The concept of mental health is culturally defined, but generally relates to the enjoyment of life, ability to cope with sorrows and sadness, the fulfillment of goals and potentials and a sense of connection to others. Therefore mental health is an important aspect in individual's well being and health in general.

Adolescents face many psychological problems such as physical stress, anxiety, aggression, fears, undesirable complexes and sometimes even frustration and depression. It may be due to the lack of self care, challenges related to interpersonal relationship, career, academics or other issues. These issues provide a major reason for conducting researches on the mental health of adolescents. During the past few years mental health disorders among children and adolescents have received significant attention from sociologists, psychologists and policy makers. However very few researches are conducted in India which highlights the aspects of mental health and mental disorders among adolescents.

A broad review of the related literature shows that majority of studies on mental health, are done with a physiological or psychological perspective. Before puberty, major depression occurs at approximately the same rate in both sexes (Birmacher, Brent & Benson, 1996; Lewinsohn, Clarke, Seeley & Rhodes, 1994). Once children reach adolescence, however, the rate of depression in female's doubles (Weissman, Bland, Canino et al., 1996). Although adolescent males also experience a significant increase in depression at puberty, the rate of depression in females at this age far surpasses that of males. As a result, the female-to-male ratio of depression becomes 2:1 (Lewinsohn, Clarke, Seeley & Rhodes, 1994; Weissman et al, 1996). Mental health issues like depression in women and girls are often attributed to physiological changes which of course may be one among the various causal factors. Girls who fail to accept and adjust with their hormonal and physical changes are at a higher degree of vulnerability.

But there are numerous socio-cultural factors contributing to the vulnerability of girls to frustration and depression. In India, a land noted for its son preference, girls may not be given the due importance or the kind of expectations from them are very different compared to boys. So girls grow up with a sense that they are second grade citizens in the family. And also the roles given to them are different from that of boys in majority of families. Girls are also more vulnerable to mental health issues because of violence and fear of violence. The chances of actual sexual abuse and attempts of harassment are much more among young girls compared to young boys. And if a girl tries to disclose or she is not given the kind of protection she needs; or if she tells someone and she is not believed - that again creates a trauma, which is a second vulnerability. Girls and women who are witnesses of such vulnerabilities are in turn likely to become vulnerable to frustration and depression. \

Retrospective studies of depressed adults suggest that females more often experience negative life events, such as childhood sexual abuse, or negative social factors, such as poverty, poor education, and reduced employment opportunities. Early exposure to these may lead to increased depression in adolescent females (Hankin & Abramson 1999), Nolen-Hoeksema, Larson and Grayson, 1999). Cyranowski et al., 2000 report that over 70% of depressed females experienced a negative life event prior to the depressive episode, compared with only 14% of males. Girls are expected to be docile, silent and confined both in the private space of home and public spaces like transport system, educational institutions and workplaces. Religious factors such as menstrual related practices, untouchability etc are also reported to create mental stress, among the Hindu adolescent girls (Garg & Anand, 2015; Kirk & Sommer, 2006; NIPCCD, 2014). The religious instructions on dressing style affect Muslim adolescent girls more than their counterparts. Such restrictions on self expression and mobility are further aggravated by religious dictums.

The state of Kerala has high status with regard to women development indicators. But the Indian Psychological Association reports low mental health profiles for women in Kerala with the highest suicidal rates and largest consumption of antidepressants in the country. Keralite adolescents face much more restrictions than their counterparts in rest of the country at the strong clutches of patriarchy. Despite the high literacy and educational standards, religions hold an upper hand in controlling the gender identities and dynamics of women's lives (Kuruvilla, 2013; Kuruvilla & Nisha, 2015; Seema & Kuruvilla, 2015).

Religiosity is a major factor having positive relationship with mental health (Khalek & Naceur, 2007; Edwards et al., 2002). As a pillar of patriarchy religion ascribes differential roles for women and men and view women as inferior and men as superior. Religious teachings and practices put lot much of restrictions on women during adolescent stage. Religious instructions are found to influence the dressing styles, behaviour patterns, property rights, choice of partner, marriage age, family planning and gender roles of women which generate tensions, fear, discomfort and other mental stress among women. Studies have shown the occurrence of mental health problems among extremely religious people (Dein.S 2010). According to Agarwal (1989) many outmoded rituals and belief systems might inhibit positive growth and may lead to mental ill-health. Violation of religious rituals, whether willingly or unwillingly can generate considerable anxiety among the religious groups. If religion has to fulfil the need for which it was generated it has to keep pace with modern times and technology. Cohen & Koenig, (2004) point out that religious beliefs or activities may sometimes be associated with worse mental health or neurotic behavior. The present study mainly focuses on the influence of religiosity, as to whether it is having a positive or negative implication on the mental health of college going adolescent girls.

### **Objectives of the Study**

The objectives of the present study were:

- To compare the religiosity of adolescent girls belonging to different religious communities.
- To compare the mental health of adolescent girls belonging to different religions.
- To understand the relationship between religiosity and mental health of adolescent girls for the total sample and the sub samples formed on the basis of religious affiliation.

## **II. METHODS**

Descriptive research with analytical approach was used for the present investigation.

### **Sample**

The study was conducted on a sample of 300 adolescent girls belonging to the districts of Malappuram and Kozhikode in Kerala. 100 adolescent girls each, belonging to Hindu, Christian and Muslim communities, studying in the first degree programme of six colleges were selected. Stratified sampling was used to identify the colleges with due care to include colleges belonging to Christian, Hindu and Muslim Managements and that too from the urban and rural locales. Purposive sampling was used to select the sample from the colleges as only those girls who were ready to open up and cooperate with the study were included as sample.

### **Tools Used**

Triangulation involving both quantitative and qualitative methods were employed in the present study. For assessing the extent of religiosity of the sample, a three point Religiosity scale developed by the researcher was used. It was prepared based on the model of FICA Spiritual Assessment tool (Puchalski, 1996). The statements of the scale were related to three dimensions such as religious beliefs, membership in religious organisations and attendance at religious services.

The Mental Health Scale developed by the researcher was used to assess the mental health of adolescent girls. The three point Mental Health Scale was prepared on the basis of the model used in the ICMR-WHO project (2005). The present scale consists of 28 statements belonging to the five dimensions of mental health - positive affect, anxiety, autonomy, relation with others and self acceptance.

### **Major Findings**

The detailed analysis of the data was attempted using Test of Significance of Mean Difference and Pearson's correlation coefficient. The major findings of the study are given below:

#### **1. Comparison of Religiosity of Adolescent Girls Belonging to Different Religious Communities.**

The results of t test showed significant difference in the religiosity of adolescent girls belonging to the different religious groups with Hindu girls having lowest and Muslim girls having highest religiosity. Muslim girls were found to be more religious than Hindu adolescent girls. Similarly the results of t test for the scores of religiosity of Christian and Hindu adolescent girls showed that Christian girls are significantly more religious

than Hindu girls. But when the scores of religiosity of Christian and Muslim girls were compared, no significant difference was found.

**Table 1**Data and Results of Comparison of Religiosity of Adolescent Girls Belonging to the Three Major Religious Communities

Sample	Sample Size	Mean	S. D	t-Value
Hindu	100	14.7200	8.09299	-6.650**
Muslim	100	22.5900	7.67403	
Christian	100	21.5200	8.25659	-.959
Muslim	100	22.5900	7.67403	
Christian	100	21.5200	8.25659	5.622**
Hindu	100	14.7200	8.09299	

\*\*Significant difference at 0.01.level

### 2. Comparison of Mental Health of Adolescent Girls Belonging to Different Religions

The study reveals a statistically significant difference in the mental health between Hindu and Christian adolescent girls in favour of Hindu girls, and between Muslim and Christian adolescent girls with Christian girls having lower mental health than Muslim girls. But no significant difference was found between Hindu and Muslim adolescent girls. Muslim girls were found to have the highest and Christian girls the lowest mental health.

**Table 2**Data and Results of Comparison of Mental Health of Adolescent Girls belonging to the Three major Religious Communities

Sample	Sample Size	Mean	S. D	t Value
Hindu	100	33.9100	11.46809	1.228
Muslim	100	35.8700	11.21386	
Christian	100	30.5100	9.42648	3.293**
Muslim	100	35.8700	11.21386	
Christian	100	30.5100	9.42648	2.133*
Hindu	100	33.9100	11.46809	

\*Significant difference at 0.05 level

\*\*Significant difference at 0.01level

### 3. Assessing the Relationship between Religiosity and Mental Health of Adolescent Girls

The present study finds a positive correlation between religiosity and mental health for the total sample and the sub samples belonging to Hindu, Muslim and Christian religious communities. Thus when religiosity increases mental health also shows a corresponding improvement.

### 4. Conclusion from Case Studies

The seven case studies reveal some striking results. Cases were selected from the high religious, moderate religious and low religious categories of adolescent girls. The girls with extreme religiosity in all religions were found to have some mental health problems compared to the less and moderately religious groups. The girls in the highly religious group shared sleep problems and the fear of nightmares if they fail to pray due to some reason or the other. They fear to do anything that is against religious beliefs. In Muslim community, as the religion doesn't permit taking fast at the time of monthly periods, the two extremely religious adolescent girls were found to take pills to postpone menstruation and take continuous fasting to please the god. With their extreme beliefs they blindly follow religious instructions and teachings. They can't come out of those beliefs which have ended up in sleep problems, nightmares, tensions, stress and fears.

## III. DISCUSSION

The present study reveals a significant positive correlation between religiosity and mental health. Similar results were found in the study of Khalek and Naceur (2007) wherein religiosity was significantly and positively correlated with physical health, mental health, happiness, satisfaction with life, and optimism of women. Paul et al. (2007) found that adolescent personality appears to shape late-life religiousness and spiritual seeking, independent of early religious socialization. In a study by Edwards et al. (2002), they found a positive relationship between religious faith and a tendency to forgive in their sample of college students. Specifically, the strength of religious faith was significantly correlated with forgiveness of others, but not with forgiveness of self and situation.

It is to be assumed from the findings of the study that majority of adolescent girls in the present sample seem to have no issues with accepting the patriarchal restrictions implemented through the agency of religion, as norms and are ready to follow all the do's and don'ts imposed upon them in the name of religious teachings. Sethi and Seligman (1993) demonstrated that people who hold fundamentalist religious beliefs are typically more optimistic, hopeful and religiously involved than those who hold moderately religious beliefs while moderately religious people are more optimistic, hopeful and religiously involved than those who hold liberal religious beliefs. The findings of the present study are to a certain extent in agreement with that of Koenig and Larson (2001) who examined the association between religious practices and behaviors and indicators of psychological wellbeing such as life satisfaction, happiness, positive affect and higher morale and concluded that generally a positive relationship exists between religiosity and mental health.

Despite their higher scores in religiosity Christian adolescents were found to have lower scores for mental health than Hindu adolescents which is a matter that requires further study and deeper analysis. It may be argued that Christian girls in the sample might be more aware of the discriminating and restrictive approaches in their religion which in turn has resulted in lower mental health despite their higher religiosity scores. The various issues related to sexual harassment happening in Christian communities, especially in the Kerala context in recent years (India Today; The New Indian Express, 2016; The Indian Express; The Independent, 2017, 2018 @businessline, 2018) might also have created emotional conflicts and disturbances among the Christian adolescents. All these might have led to frustration among Christian adolescent girls in the Kerala context that account for their lowest mental health vis a vis the higher religiosity.

#### **IV. CONCLUSION**

The findings of the study support the popular notion that religious ideology has a great influence on psychological and social wellbeing of individuals. This study rooted in the subjective, using objective epistemology has revealed the positive links between religiosity and mental health of adolescent girls. It also revealed that highly religious girls have better mental health than their counterparts while moderately religious girls in turn have better mental health than less religious girls. The statistical findings support earlier research in demonstrating that religiosity is positively correlated with mental health. The exception with Christian adolescent girls is a matter of serious concern which needs larger studies in the area before making valid generalisations.

The case studies also do not support the uniform results in this area. As could be inferred from the case studies, the possibilities of negative impact that extreme religiosity can have on mental health of adolescent girls cannot be ignored. At the same time a valid generalisation in this regard cannot be arrived at from the fewer number of case studies. Hence more focussed studies are called forth to find out the relationship between mental health and extreme religiosity.

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