



A study to compare health status of two groups of individuals between 40-60 yrs of age – one practicing any spiritual activity for at least 10 years and other not practicing any such activity

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Abstract

Spirituality is a belief in a higher power, the awareness of life and its meaning, with the purpose in life, reflects the individuality of a person's relationship with one's self and relationships with the world with high relationships. Spirituality means to live with ethical standards.

All these factors can affect how patients and health care professionals experience health and disease and how they interact with each other. Most studies are being conducted either, either the sick patients or the health care person. The general public has not been studied so that they can be analyzed by the influence of spiritual activities practiced on their health in their divine life.

The purpose of this study is to assess the similarity of spirituality and health in spite of their sexual relation, religion, business etc. among the randomly selected common people of the Gwalior region and contribute to the vast pool of similar research done across the world.

If these behaviors are used to prevent diseases of chronic lifestyle in high-risk patients, then better results than any other medical intervention, because "better treatment than prevention" is.

Aims: The Study was mainly dealing with middle aged individuals who tend to inculcate one or other spiritual practices in their daily life and also tend to have various health problems. So study was conducted within the age group of 40-60 years.

Methods and Material: It was a cross sectional comparative study conducted on 100 individuals between the age group of 40-60yrs of age divided into two groups of 50 subjects each one practicing any spiritual activity for at least 10 years and other not practicing any such spiritual activity.

Result: The data was analyzed and various tables and graphs have been made: Table No. 1 shows Sex wise distribution of people participated in the study. It shows that females practice spirituality more than males'. Table No. 2 shows Education status of participants in the study. Among the people doing spiritual practice, 6% are illiterate, 20% have had education less than 10th standard and 74% are educated 10th or more.

Conclusion: In the study, it was found that: Females inculcate spiritual practices in their day-to-day life more in comparison to males. People doing spiritual practice for at least 10 years belong to good or moderate health status group more than those not doing any such practice.

Keywords: health status, male, female, sex wise

Introduction

Spirituality refers to a belief in a higher power, an awareness of life and its meaning, the centering of a person with purpose in life. It involves relationships with a higher being, with self and with the world around the individual... Spirituality implies living with moral standards [1].

"The spirit of a human is his essence, that part of him or her that is not visible. The part, that does not die but is immortal. Webster defines spirit as "a life giving force" and as the "active presence of God in human life." [1]

Spirituality is recognized as a factor that contributes to health in many persons. The concept of spirituality is found in all cultures and societies. It is expressed in an individual's search for ultimate meaning through participation in religion and / or belief in God, family, naturalism, rationalism, humanism and the arts. All these factors can influence how patients and health care professionals perceive health and illness and how

they interact with one another [2].

According to an American study on women with various stages of gynecologic cancers, 76% indicated that religion had a serious place in their lives, with 49% becoming more religious since their cancer diagnosis, whereas no one became less religious; 93% believed that the religious commitment helped sustain their hopes [3].

With a large number of researches going on across the world to assess the relation between spirituality and health, an interesting phase of history is expected to come where spirituality may be considered as the 4th dimension of health along with physical, mental and social dimensions. Religion and spirituality, intertwined with medicine since millennia, became segregated for a few centuries and they are again coming close to embrace each other.

Most of the studies being conducted are on either terminally ill patients or healthcare personals. Studies have not been

conducted on common people to analyses the effect of spiritual activities been practiced by them in their day to day life on their health. The purpose of this study is to assess the same relationship of spirituality and health among randomly selected common people of Gwalior region irrespective of their sex, religion, occupation, etc. and to contribute in the vast pool of similar researches being conducted worldwide.

India is a country of many religions and sects. Every religion has its own faiths, beliefs and practices which are inculcated in our inner self since childhood. Spiritual practices if found to prevent diseases, can be a boon for the community as a form of primordial or primary prevention. These practices if done with the intension to prevent chronic life style diseases in high risk patients, can give better results than any other medical intervention as "Prevention is better than cure".

Methodology

It was a cross sectional comparative study conducted on 100 individuals between the age group of 40-60yrs of age divided into two groups of 50 subjects each one practicing any spiritual activity for at least 10 years and other not practicing any such spiritual activity. The health status, addictions and various other components were compared between both the groups.

Scope of the Study

The Study was mainly dealing with middle aged individuals who tend to inculcate one or other spiritual practices in their daily life and also tend to have various health problems. So study was conducted within the age group of 40-60 years.

Study Design

The present study was of cross sectional descriptive type with qualitative and quantitative components. A study Performa was pretested before the actual study was undertaken.

Sampling Plan

Sample Size

Sample size for the research was fixed. It counted to 100, of which the subjects were divided into two groups of 50 individuals each.

Study Area

The study was carried out on individuals in the age group 40-60 years residing in Gwalior region.

Sampling

The sample for study was selected by random sampling method from the people of Gwalior region. Subjects were selected after obtaining written consent.

Criterion for division of groups

The subjects were divided into two groups of 50 individuals each - one practicing any spiritual activity for at least 10 years were grouped into 'Group 1' and others not practicing any such activity were grouped into 'Group 2'. The assessment of practicing of spiritual activity was done using pre-tested questionnaire.

Exclusion Criterion

Individuals less than 40 years and more than 60 years were excluded.

Consent

After taking into consideration the exclusion criteria, subjects were asked to give their written consent after informing them the purpose, duration and other relevant details of the study. They were assured that confidentiality will be strictly maintained regarding their personal information. The participants were given the choice to withdraw at any time from the study.

Data Collection

The data was collected from respective subjects through a pre-designed, pre-tested, systematically prepared and validated questionnaire in Hindi. Any queries regarding the Performa were solved accordingly.

Data Analysis

After collection, the data was analyzed by using various required statistical methods like percentage, proportions, graphs and tables by using suitable statistical soft ware's to assess the association of various variables included in the study.

Definition Used

Good Health Status - Neither having any chronic illness nor admitted to hospital within last 10 year. Moderate Health Status - Either having any chronic illness or admitted to hospital within last 10 years. Poor Health Status - Having any chronic illness and admitted to hospital within last 10 years.

Results

The data was analyzed and various tables and graphs have been made: Table No. 1 shows Sex wise distribution of people participated in the study. It shows that females practice spirituality more than males'. Table No. 2 shows Education status of participants in the study. Among the people doing spiritual practice, 6% are illiterate, 20% have had education less than 10th standard and 74% are educated 10th or more. Table No. 3 shows Socioeconomic status (Kuppuswamy scale) of participants in the study People doing spiritual activity, 16% are from upper status, 58% from upper middle, 24 from lower middle, 2% from upper lower and none from lower. Table No. 4 shows Table No. 4 Health status of participants in the study. Among the people practicing spirituality 38% have good health status, 50% have moderate and 12% have poor health status. It show that people doing any spiritual practice have better health status those not doing any such activity. Table No. 5 shows Addiction status of participants in the study. people doing spiritual activity, have less addiction as compared to people not doing any spiritual activity Table No. 6 shows No. of participants having guilt for addiction. People doing spiritual activity, have less guilt as compared to people not doing any spiritual activity. Table No. 7 shows No. of participants tried to get rid of addictions people doing spiritual activity, more tried to get rid of addictions as compared to people not doing any spiritual activity.

Table 1: Sex wise distribution of people participated in the study

	Male	Female	Total
Group 1 (practicing spirituality)	27 (54%)	23 (46%)	50
Group 1 (practicing spirituality)	31 (62%)	19 (38%)	50
	58	42	100

Table 2: Education status of participants in the study

	Group 1 (practicing spirituality)	Group 1 (practicing spirituality)
Illiterate	3 (6%)	1 (2%)
Less than 10th	10 (20%)	18 (36%)
10th	37 (74%)	31 (62%)
Total	50 (100%)	50 (100%)

Table 3: Socio-economic status (Kuppuswamy scale) of participants in the study

	Group 1 (practicing spirituality)	Group 1 (practicing spirituality)
Upper (I)	8 (16%)	9 (18%)
Upper (II)	29 (58%)	17 (34%)
Upper (III)	12 (24%)	19 (38%)
Upper (IV)	1 (2%)	5 (10%)
Lower (V)	0 (0%)	0 (0%)
Total	50 (100%)	50 (100%)

Table 4: Health status of participants in the study

	Good	Moderate	Poor
Group 1 (practicing spirituality)	19 (38%)	25 (50%)	6 (12%)
Group 1 (Not practicing)	15 (30%)	27 (54%)	8 (16%)
	34	52	14

Table 5: Addiction status of participants in the study

	Yes	No	Total
Group 1 (practicing spirituality)	15 (30%)	35 (70%)	50
Group 1 (Not practicing)	18 (36%)	32 (64%)	50
	33	67	100

Table 6: of participants having guilt for addiction

	Yes	No	Total
Group 1 (practicing spirituality)	4 (26.6%)	11 (73.3%)	15
Group 1 (Not practicing)	13 (72.2%)	05 (27.1%)	18
	17	16	33

Table 7: No. of participants tried to get rid of addictions

	Yes	No	Total
Group 1 (practicing spirituality)	10 (66.6%)	5 (33.3%)	15
Group 1 (Not practicing)	2 (11.1%)	16 (88.8%)	18
	12	4	33

Discussion

In the study, it was found that: Females inculcate spiritual practices in their day-to-day life more in comparison to males. People doing spiritual practice for at least 10 years belong to good or moderate health status group more than those not doing any such practice. Group of people doing spiritual practice were found to have less addictions than those not doing any spiritual practice. Group of people doing spiritual practice were found to experience less guilt for having addictions than those not doing any spiritual practice. These

observations clearly show that people doing any spiritual practice regularly in their day-to-day life for at least 10 years, have Better health status as they remain happy, calm, contented and satisfied in their lives which directly or indirectly affects their physical health. Less addiction as they are aware of what is good and what is bad for their health and have ability to control their unnecessary urges. Satisfaction of what they are doing in their life. Therefore, in spite of having addictions, they do not feel guilt for it. in comparison to those not doing any spiritual activity. Also, according to a cross-sectional study conducted among doctors of North India, 65.65% had a strong or very strong belief in the spiritual dimension of health; 55.22% believed in the preventive role of spirituality; 80% believed in the curative role of spirituality and a similar proportion held the view that spirituality has an important role in day-to-day patient care; and 92.5% wanted to know more about the scientific work being done in the field of spirituality [4]. Another similar study conducted among health personnel in the north Indian city of Chandigarh, showed that 62% agreed to the existence of a spiritual dimension to health, 20% attached primacy to spiritual health, placing it above medical wellness, 59% of respondents felt that the spiritually healthy coped better with their illness and 86.05%, felt that a spiritual caregiver can provide better patient care; 60.47% also believed that it was important for caregivers to have a spiritual orientations [5]. This discussion shows that spirituality is a very major factor which directly or indirectly affects our mental health, decisions, thinking and our attitude towards life. All this in turn affects our health as a whole. Thus, spirituality might be considered as a fourth dimension of health in the coming scenario.

Limitations of the study

Spirituality itself is a very vast field. Most of the factors and variables used for analyzing it vary from person to person.

- Most of the questions asked in the questionnaire were open-ended which caused some problem while analyzing and interpreting the data.
- Any practice giving mental peace and satisfaction to one person may not be applicable to another.
- Duration for which a person is doing any spiritual activity cannot be commented as it varies from person to person even for the same activity to attain mental peace.

Suggestions

The 37th World Health Assembly adopted the historic resolution that the spiritual dimension should be added to the scope of health [6]. During the 58th World Health Assembly at the United Nations in Geneva in May 2005, the growing realization necessitated a special panel discussion and several reviews on "Spirituality, Religion, and Health" [7]. The last few decades are witnessing resurgence in interest in spirituality in almost all the fields of human Endeavour including health. It has now been identified globally as an important aspect for providing answers to many questions related to health and happiness. India is a country of many religions and sects. Every religion has its own faiths, beliefs and practices which are inculcated in our inner self since childhood. These spiritual practices help to keep us healthy. These practices if done with the intension to prevent chronic

life style diseases in high risk patients, can give better results than any other medical intervention as "Prevention is better than cure". With the present scenario of busy, tension some and hectic schedule of most of the people, these practices are being neglected in young age. India being a developing country, can decrease its disease burden by promoting awareness about various spiritual practices which a person can easily inculcate in his daily routine at a comparatively younger age to prevent various diseases which they might have later in their life. More studies need to be done on the preventive aspect of spiritual practices. People who are already suffering from any disease, can follow one or the other spiritual practice for early betterment of their health. Health care personals can also use spirituality as an adjuvant to medical treatment for cure or palliation of chronic, life threatening ailments like cancers, AIDS, etc. They should be equipped with the requisite skills to cater to spiritual needs of the patients and should be aware about the need for care of spiritual needs for healing.

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