

The religiosity in the process of living getting old*

A RELIGIOSIDADE NO PROCESSO DE VIVER ENVELHECENDO

LA RELIGIOSIDAD EN EL PROCESO DE ENVEJECIMIENTO

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ABSTRACT

This study aimed to identify how religious and spiritual practices are experienced at different ages during the aging process. The study was cross-sectional and observational and conducted in the city of Chapecó, SC, from July 2008 to January 2009. The sample included 2,160 individuals with 720 individuals interviewed in each age group. The analysis was univariate and obtained the absolute and relative frequency of each variable. The final data obtained were statistically analyzed with SPSS 13.0 software. It was observed that 77.6% of the respondents were Catholic and that the older individuals were more religious. A total of 50.6% of the respondents prayed once a day, 38.3% of them to offer thanks and 30.4% in the supine position. We conclude that religiosity is a valuable resource in coping with the crises of everyday life and positively affects physical and mental health, particularly in the elderly.

DESCRIPTORS

Religion
Spirituality
Aged
Aging

RESUMO

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DESCRIPTORIOS

Religião
Espiritualidade
Idoso
Envelhecimento

RESUMEN

Se objetivó identificar cómo son experimentadas la religiosidad y las prácticas espirituales en las diferentes fajas etarias durante el proceso de envejecimiento. Estudio observacional, de tipo transversal, realizado en Chapecó-SC, de julio 2008 a enero 2009. Muestra de 2160 personas, con 720 individuos entrevistados en cada faja etaria. Se utilizó análisis descriptivo univariado, con obtención de frecuencias simples y relativas para cada variable. Los datos finales recibieron tratamiento estadístico por software SPSS 13.0. Se observó que: 77,6% de los entrevistados eran católicos, que a mayor edad correspondió mayor religiosidad, 50,6% de los entrevistados reza una vez al día, 38,3% de ellos reza para agradecer y 30,4% reza acostado. Se concluye en que la religiosidad es un recurso valioso para enfrentar las crisis cotidianas y un factor que interfiere positivamente en la salud física y mental, principalmente entre las personas ancianas.

DESCRIPTORIOS

Religión
Espiritualidad
Anciano
Envejecimiento

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INTRODUCTION

Aging is a natural and universal process. As a result of the decrease in death and fertility rates, the world population is becoming older. In Brazil, forecasts indicate that in 2025, the country will be sixth in the world in elderly population, which reflects scientific and technological advances in health care⁽¹⁾.

The process of living and aging involves biological, psychological and social aspects common to all individuals. However, these aspects differ from person to person as a result of variation in the material conditions of each individual's life. Factors related to the person and the spaces in which they live may meaningfully change this process. In this view, aging is a continuous process that promotes a progressive decline in the physiological functions, which decreases the organic capacity and can cause fatal diseases. Although these facts are true and common to all living beings, the way in which this stressful process occurs is not the same for all, and it is not equal in all contexts. This process depends on the individual characteristics of how each individual produces and reproduces his or her material and spiritual life while changing in accordance with the culture and values of each society⁽²⁾. Thus, aging successfully is not a privilege or luck but an objective to be achieved in life with respect to the manner in which each individual copes with the changes that accompany the aging process.

Therefore, despite the aspects that are shared by all, aging is a unique experience of individual construction. To learn the meaning of the aging process is to understand the life dance. Aging results in loss and sorrow. However, religiosity represents a protective factor that makes individuals more resistant to experiences such as loss and sorrow. The word *religion* derives from Latin *religio*, which means *rejoin*. Religion is an important part of the culture and history of the societies that practice rites and celebrations⁽³⁾. To *rejoin* may be understood as to make a connection between beings and with God or a similar source of strength compatible with each individual's beliefs.

Religion is a common system of beliefs and practices related to human beings and specific cultures, and the variety of the phenomena categorized as religion should be taken into consideration⁽⁴⁾. These belief systems may influence directly or indirectly the process of making decisions. Similarly, they affect perception and the understanding of situations and attitudes toward them⁽⁵⁾. Thus, religion is a debated but relevant issue in human existence and in life situations that involve disease and death. To profess a religion means more than to follow norms and rites. It means possessing faith, i.e., a strength that drives one to an encounter with God, or the sacred, in a personal relationship of reverence, respect and love⁽⁶⁾.

The literature emphasizes that the experience and practice of a religion is essential because religion strengthens individuals when illness and loss occur while maintaining or improving living and health conditions⁽⁷⁾. Praying, singing and reading religious texts cause positive emotions, such as love, self-esteem and forgiveness⁽⁸⁾, and as age advances, religiosity starts to represent an important source of emotional support with meaningful repercussions for mental and physical health. Considering the aspects described above, this paper aims to identify how religiosity and spiritual practices are experienced by different age groups during the aging process.

METHOD

This paper is based on a transversal observational study conducted in 39 districts of Chapecó city (SC). The investigated sample consisted of 2160 individuals distributed in a proportional sampling. The sample was divided into three age groups: 20 to 39 years, 40-59 years and over 60 years. In each group, 720 interviews were conducted. The residences of the participants were mapped and randomly numbered. The number of residents in each house and their respective ages were estimated. Three individuals from each family were interviewed according to the established age groups.

To define the sample dimension, the estimate obtained based on a question concerning the presence of spiritual elements in an individual's life (67.0% (n = 1444)) was used as a basis for calculation. Thus, assuming a significance level of 1% (n = 0,01) and a maximum relative error of 3.7%. The minimum sample size was set in 2160 individuals.

A questionnaire with semi-structured questions was used. The interviews were conducted by the surveyor and ten trained nursing students between July 2008 and January 2009, Monday to Friday, in the morning and the evening.

For the statistical analysis, the program SPSS 13.0 was used. The analysis was developed using a descriptive, mono-varied analysis in which simple frequencies relative to each investigated variable were obtained. For the comparative analysis (bivariate), the chi-square of the Pearson test was performed, and the contingency coefficient was determined. When the age groups were compared using a dichotomous variable of answers to yes/no questions, in the inference, the proof of the linear tendency of the chi-square (linear by linear) was considered. Considering the ordinal categorical variables, when compared with the age group, the coefficient of the Spearman correlation was implemented.

The entire survey process carefully followed the ethical precepts of Resolution nº 196/6 of the National

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Health Council, which regulates research on human beings. The survey was started after approval by the Ethics Committee for research of the Pontifical Catholic University of Rio Grande do Sul under the protocol and record of CEP nº 08/04149. All of the participants signed the Consent Term Free and Clarified form and had their identity preserved.

RESULTS

Of the 2160 surveyed individuals, 57.0% were female and 43% (n=937) were male. In the sample, females were predominant ($p < 0.001$). Regarding marital status, the following breakdown was observed: married (52%) (n=1.137), single (18.3%) (n=394) and widows or widowers (11.9%) (n=257).

Regarding marital status and age group, a statistically meaningful difference ($p > 0.001$) was detected. That is, the marital status single was meaningfully associated with

the 20-to-39-year group, separated individuals generally belonged to the 40-to-59-year group and widows or widowers belong to the 60 years or older group.

Regarding ethnic group, 48% (n=1.027) of the interviewed individuals declared themselves to be of Brazilian ethnicity, 32.2% (n=689) Italian, 11.5% (n=2470) German, 2.0% (n=42) indigenous and 1.7% (n=36) African.

Regarding the socio-economic condition, 84% (n=1.808) of the participants stated that they earned one to four times the minimum wage. Those that earned more than ten times de minimum wage represented 1.0% (n=22) of the interviewed.

Concerning religious belief, 77.6% (n=1.663) of those interviewed stated that they were Catholic, 9.9% (n=212) Protestant, 8.2% (n=175) Evangelical, 0.6% (n=13) Afro-Brazilian, 0.5% (n= 11) Kardec Spiritist and 1.95% (n=41) no religion. Of those interviewed, 82.3% (n=1.757) stated that they actively practiced their religion (Figure 1).

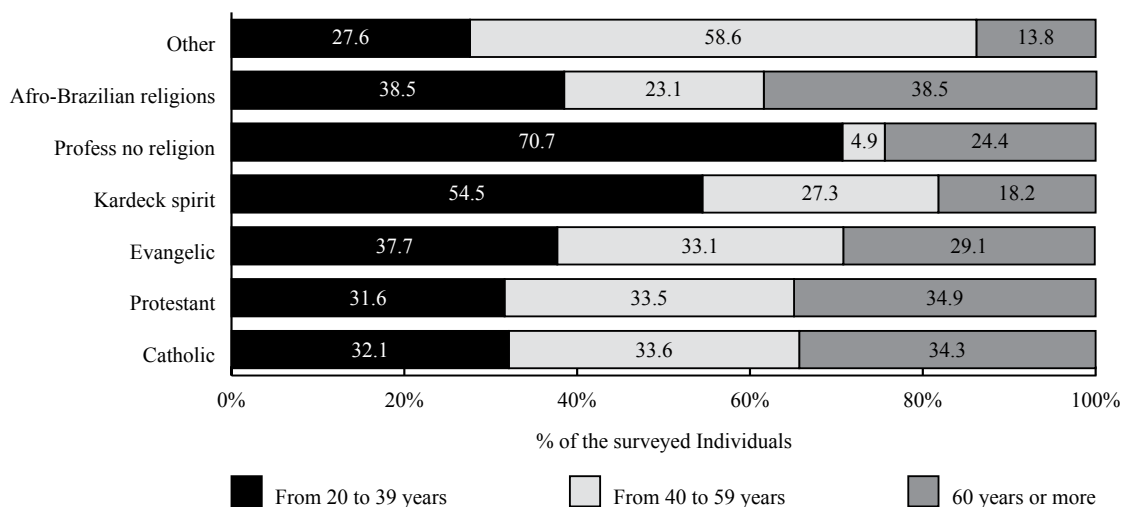


Figure 1 – Distribution of declared religion according to age group

In the comparison among age groups, the groups of those aged 60 years or more and 40 to 59 years exhibited a meaningful association with religion practice ($p < 0.001$). The 20-to-39-year group was different. Here, those who do not practice a religion predominated. Based on the linear-by-linear association result ($p < 0.001$), the data indicated that the older the age group is, the more frequent is religious practice (Figure 2).

When asked why they prayed, 38% (N=823) of the surveyed individuals replied that they pray to express thanks, 20.6% (n = 444) for personal strength and 20.7% (n= 445) to ask for blessing when problems occur (Figure 3). In the comparative analysis of the age groups, a chi-square test indicated a statistically meaningful association with prayer for the recovery of one’s health and for sins to be forgiven. The 40-to-59-year group exhibited an association with expressing thanks, whereas the 20-to-39 year group exhibited an association with different reasons concerning personal strength, asking for blessing and in the case of problems.

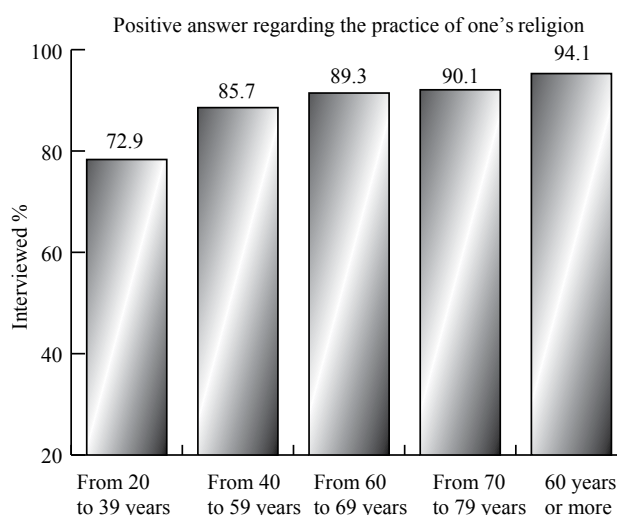


Figure 2 – Relative distribution of those interviewed who answered yes regarding their religion practice or doctrine obtained as a total basis for each age group.

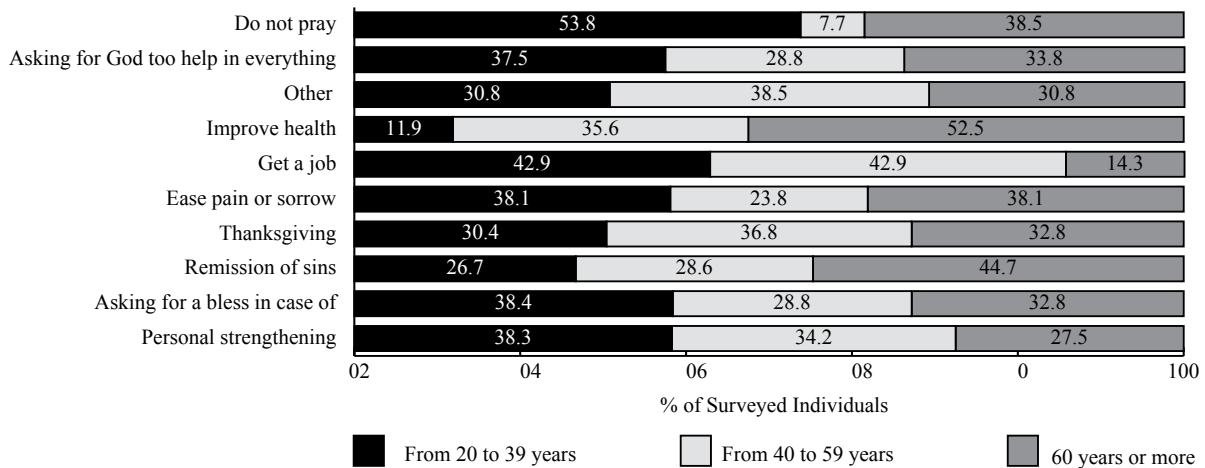


Figure 3 – Distribution of the reasons why one prays according to age group

Concerning prayer frequency, 50.6% (n= 1.073) of the surveyed individuals stated that they pray once daily. A total of 23.5% (n=499) stated that they pray several times daily. In the comparative analysis of the age groups, a statistically meaningful association was detected (p<0,001) between the group aged 60 years and praying several times daily. In the 40-to-59-year group, an association was

observed with the frequency of the *other* location and *in several places*, such as the car, while at one’s job, and while walking. Based on the interviews, in the 20-to-39-year group, an association was observed with the prayer frequency of approximately once a month. Additionally, an association with a once-daily prayer frequency was observed (Figure 4).

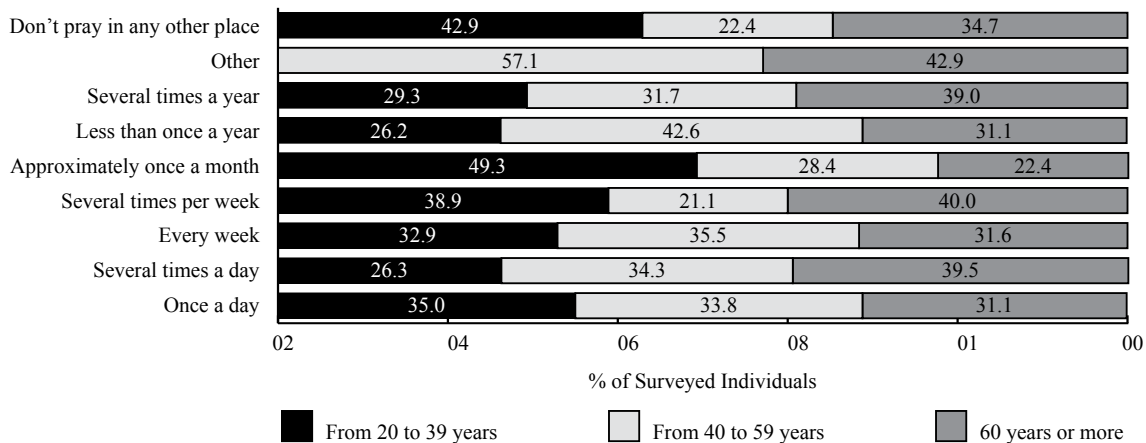


Figure 4 – Distribution of the frequency of prayer according to age group.

When asked about the way they pray, 30,4% (n=644) mentioned the lying position (before or after sleeping), 27,0% (n=571) reported praying in the sitting position and 14,3% (n=304) informed the kneeling position. Considering the comparative analysis, with the age group, the QUI-square test indicated statistically a meaningful asso-

ciation (p<0.001), informing that people of 60 years or more showed meaningfully associated to the prayer made in the sitting position with folded hands . In the age group of 40 to 59 years, the association occurred with the laying posture, as well as the tendency of association with the no prayer category (Figure 5).

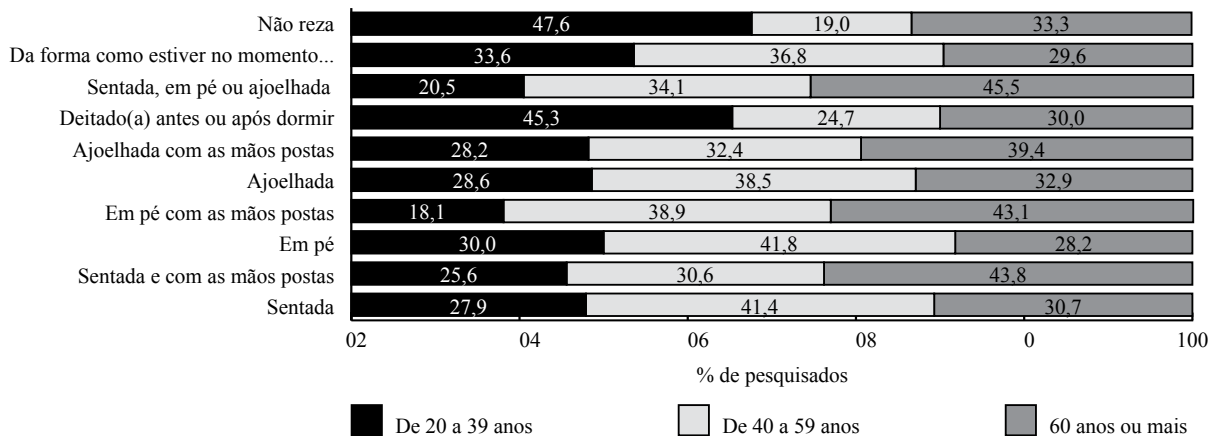


Figure 5 – Relative Distribution of the praying posture according the age group.

DISCUSSION

Among the 2160 individuals surveyed, females predominated (57.0) and most female participants were married (52.7%). Other studies⁽⁹⁻¹⁰⁾ have indicated that in Brazil as in other countries there are a larger number of women among the elderly. In São Paulo, an epidemic transversal study demonstrated that most of elderly were married or maintained a consensual union (51.1%). These data agree with this study's findings⁽¹¹⁾.

The most frequently stated ethnicity was Brazilian (48.0%), followed by Italian (32.2%) and German (11.5%). These data are in accordance with the ethnic origin of Santa Catarina, which is home to several groups that originated in several countries, particularly Europeans. German immigration in Brazil centered on the settlement and development of southern Brazil. Similarly, Western Catariense was settled by German immigrants and further developed by Italians, both considered the most significant ethnic groups in the region⁽¹²⁾.

Regarding the socio-economic condition of the surveyed individuals, 84.5% have an income between one and four times the minimum wage. A study conducted on 6116 gaúchos elderly, found that 63.6% have an income of one to less than three times the minimum wage. An important verified result was that the income of elderly individuals that was between one and four times the minimum wage presented a statistically significant association with educational level. This association suggested that the elderly individuals had not had an opportunity to study and thus were employed at home, in agriculture or in employment that did not require education. For these individuals, most of the current income comes from retirement benefits⁽¹³⁾. Thus, one can infer a relation between low education and the socio-economic condition⁽¹⁴⁾. In the 40-to-59 year group, the income was above 10 times the minimum wage, and in the 20-to-39-year group, the association was with five to nine times the minimum wage. It may be concluded that a higher education level opens

an array of job opportunities and the possibility of higher income.

It was confirmed that 77.6% of the surveyed individuals were Catholic. Additionally, several other religions were represented, such as: Guarani, Afro, Islamic, Buddhism, Judaism, and Christianity. Brazil is 73.77% Roman Catholic. A total of 7.28% of Brazilians profess no religion, and 35% practice other religions. In recent years, Catholicism has lost the most adherents among all of the states of the Federal Union. However, Catholicism continues to be the predominant religious group in Brazil⁽¹⁵⁾. In the 2000 demographic census, 1.3% of the population claimed to be spiritist⁽¹⁵⁾. Brazil is a country of faith. Over the last five decades, it has been increasingly possible to observe different religious denominations in the society as a result of substantial changes associated with urbanization and social modernization⁽¹⁶⁾. Currently, religion is a personal choice, and an individual's professed religion is not necessarily the religion in which the individual was raised but freely chosen⁽¹⁷⁾.

Concerning why one prays, 38.3% of those surveyed pray to offer thanks. During the aging process, the elderly experience different types of stressful circumstances caused by disease, pain, suffering, loss or death, and pray for health or for the remission of sins. Prayer may be beneficial in crises and when personal problems occur. Individuals pray for solutions to crises or personal problems, during financial difficulties, to compensate for loss or for restored health. Elderly participants in another study⁽¹⁸⁾ indicated that prayer was the most important practice of their daily life, particularly with respect to promoting reflection and motivating these individuals to continue along their course in life. The objectives listed for prayer were asking for forgiveness (80.3%), help (63.6%), protection (61.3%), the improvement of difficult circumstances and to offer thanks (39.3%). According to the authors, prayer represented an important mechanism to address

stress for 91.3% of the participants, whereas 86.7% considered prayer to be important for personal achievement. Praying to God reduced loneliness for 87.3%, and 68.2% considered faith to have a beneficial influence on their lives, whereas 95.3% prayed because they sought support from God during difficult circumstances. Those in the 40-to-59-year group prayed to offer thanks, whereas those aged 20-to-39 years prayed for personal strength and when problems occurred.

Prayer links humans with the highest spirituality, with God, and with the universe while contributing to strengthening individuals and providing opportunities for improved health, increased business success and cures for diseases⁽¹⁹⁾. A study on the quality of life of women living with HIV/AIDS performed in the São Paulo countryside using the World Health Organization Quality of Life (WHOQOL)-HIV brief verified that, among the six domains assessed by the instrument, spirituality had been the best performance with respect to issues such as forgiveness, guilt, and worries regarding the future and death. These results reinforced the belief that spirituality is a useful strategy to cope *HIV/AIDS and the biopsychic-social changes that the disease causes in the lives of the individuals who live with it*⁽²⁰⁾.

It was verified that the act of praying in other locations once daily was practiced by 50% of the surveyed individuals. Daily prayer is practiced by a larger number of individuals than weekly attendance at religious services. Prayer is the religious activity most practiced by the elderly and according to the authors was associated with anxiety and the fear of death⁽²¹⁾.

Regarding the manner of prayer, the supine position (30.4%) was predominant, followed by seated posture (27.0%), and 14.3% stated that they prayed while kneeling. The gospels of the sacred Bible provide indications regarding the importance of the prayer posture. Sitting provides comfort, facilitates listening to readings and the sacraments and favors meditation. It is the position of those who like what they are listening to. The position reflects an individual's attitude in face of the master and demonstrates attention and welcome. The standing posture displays attention and respect, whereas the bowed posture is a sign of respect. The kneeling posture was assumed in ancient times to pray at home or to pay penance and is currently used in the consecration of wine and bread in the Catholic rite. Religious individuals bow their heads to receive solemn blessings. The genuflection is a sign made when one enters or leaves a church or temple. Raised hands denote a request in the form of a supplication of those who pray and express a request for delivery from evil or distress. Folded hands indicate recollection, i.e., a moment of search and encounter with God that involves faith, supplication, trust and life surrender. This posture denotes deep piety and respect⁽²²⁾.

CONCLUSION

For the participants in this study, the act of prayer is a practice present in life but which varies in its frequency. The simple act of prayer relieves stress by providing the mind with another focus and diverting thoughts from problems and afflictions.

During the process of living and aging, religion is a powerful strategy with which to face existential crises, particularly for the elderly. Religious practice provides hope for life after death, and only religion can answer the question of life's purpose. Additionally, it was observed that young individuals participate in the same acts and religious rites compared with adults and the elderly.

Religious practice helps decrease anxiety, increase hope, and clarify the meaning of existence. Prayers may be offered in thanks, supplication, silence (or not), and with a glad or a sorry heart. Prayer is an enhancing experience because there is a need to thank God for all, including the possibility of learning from spiritual beings living on earth.

Regarding the manner and posture of prayer, it is essential to understand that there is no mandatory posture when addressing thoughts and requests to God. Instead, it is important to know that the prayer is the primary source of salvation, the means to achieve the immortality of the soul. Prayer is a special dialog between the human being and the Creator, a moment of encounter with one's God, and a means to comprehend the soul's immortality, life's meaning, and the purpose of suffering or loneliness. For the elderly, religious beliefs contribute decisively to well-being and have repercussions for physical and mental health.

In conclusion, religiosity is healthful primarily for adults and the elderly. It may be inferred that the act of prayer provides a range of health benefits, regardless of age group and professed religion. Prayer is a personal way to talk to God and to believe in something that strengthens and sustains.

It is recommended that spirituality be studied in different fields of human knowledge and primarily the health sciences because it represents an important factor in the disease process. This study will be an important means to increase the understanding of the phenomenon and present the theme in national scientific journal because in this study the primary limitation was the topic's scarce national publicity. Furthermore, spirituality should be studied with a focus on gender and from the perspective of health professionals.

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