

Religious coping in hepatitis C in Punjab, Pakistan

Malik Muhammad Sohail, Ghulam Yasin

Department of Sociology, University of Sargodha, Pakistan

Objective: To explore the potential role of religiosity in coping with this chronic illness.

Methodology: This hospital based cross-sectional study was conducted in five DHQ hospitals of Punjab, Pakistan and included 500 hepatitis C patients selected through multistage sampling. Patients were interviewed data collected included socio-economic and demographic characteristics and the level of religiosity in coping with illness.

Results: Out of 500 patients, 59% were female and 41% male. 36.0% belonged to age group of 25-40 years. 43.3% were illiterate and 22.8% had primary level education. 57% had less than fifteen thousand monthly income, while a little

less than one fourth respondents had 16-30 thousand income. 58.4% belonged to rural areas while 40.6% respondents belonged to urban areas. 56% respondents belonged to the nuclear family while 36.8% respondents belonged to joint family system. 81.2% were married. 89.2% respondents believed God answers their prayers and 81.2% thought religious beliefs would save them on judgment day.

Conclusion: Religious coping is extensively used by patients. Significant positive relationship between religious practices/activities and the coping strategies were found. (Rawal Med J 201;43:14-17).

Key words: Religiosity, beliefs, hepatitis, CLD, coping.

INTRODUCTION

Many studies have examined associations between religious involvement and physical health outcomes.¹ Religiosity has acted as a significant component of psychiatric treatments and research.² Religion and spirituality form a meaningful dimension of individual and community life.³ Religiosity is multidimensional sociological term covering different aspects such as involvement in religious activities, intrinsic faith, belief, religious attitudes and practices.⁴ There has been growing interest in study of religious coping and health.⁵ After years of marginality, research on religion and health is entering the academic mainstream.⁶ Religious and spiritual coping have been important in coping with diagnosis, treatment, and survivorship challenges.⁷ Patients incorporate spirituality into their self-management routines, with positive impact on their health and wellbeing, and highlight the role of spiritual practices in supporting people with chronic conditions mentally, physically and socially, so encouraging personal responsibility for one's health and wellbeing.⁸ Religiosity and spirituality (R/S) are resources patients frequently use to cope with chronic diseases.⁹ The increased participation in religious activities was associated with decreased mortality in large cohorts of general adult

population.¹⁰ There is mediational role of positive affect of religious involvement and emotional functioning.¹¹ The aim of this study was to explore the potential role of religiosity in coping with this chronic illness.

METHODOLOGY

This cross-sectional study was conducted in five district head quarters hospitals (DHQ) of Punjab, Pakistan and included 500 hepatitis-C patients selected through multistage sampling. After informed written consent, patients were interviewed. The data collection tool was comprised of different scales that helped to gauge socio-economic and demographic characteristics of patients. Additionally, the scales were added to examine the level of religiosity and coping with illness. Reliability and validity of tool was assured through appropriate methods. Frequency and percentages were used for descriptive analysis while bivariate linear regression was employed to conduct bivariate analysis.

RESULTS

Socioeconomic and Demographic Characteristics: More than half of the respondents were females. Other socioeconomic and demographic characteristics are shown in Table 1.

Religious Practices/Activities of the Respondents: We found that 92.8% respondents described that they attended religious services and 81.6% respondents gave zakat from their gross annual income. Rest of the data is shown in Table 2.

Religious Involvement of the Respondents; More than half of participants agreed to great extent that they think Allah was happy with them while 38.4% respondents feel it to some extent (Table 3).

Coping of the Respondents: 91.0% of participants said they can fight with stress easily. A greater percentage, 85.6% of the respondents said that when they feel pain, they pray to Allah to great extent (Table 4).

Table 1. Socioeconomic and demographic characteristics of the respondents.

Characteristics	Frequency	Percentage
Gender		
Male	205	41.0
Female	295	59.0
Age		
Below 19	5	1.0
20 to 25	19	3.8
25 to 40	180	36.0
40 to 60	248	49.6
above 60	48	9.6
Education		
Illiterate	217	43.4
Primary	114	22.8
Matric	90	18.0
Graduation	44	8.8
Masters	29	5.8
Above masters	6	1.2
Household monthly income (thousand rupees)		
Below 15	285	57.0
16 to 30	112	22.4
31 to 45	50	10.0
46 to 60	31	6.2
Above 60	22	4.4
Locality		
Rural	292	58.4
Urban	208	41.6
Family living pattern		
Nuclear	280	56.0
Joint	184	36.8
Extended	36	7.2
Marital status		
Married	406	81.2
Single	41	8.2
Divorced	15	3.0
Widowed	38	7.6
Occupation		
Government servant	49	9.8
Private job	50	10.0
Business	50	10.0
Labor	170	34.0
Agriculture	52	10.4
Unemployed	11	2.2
Housewife	118	23.6
Total	500	100.0

Table 2. Religious Practices/Activities.

Practices/Activities	To greater extent	To some extent	Not at all	Mean	Std. Deviation
How often do you attend religious services	43.8	49.0	7.2	2.3660	.61384
Do you give Zakaat from your gross annual income	49.4	32.6	18.0	2.3140	.75931
On average, how much time each day do you spend listening or watching religious TV?	29.4	43.4	27.2	2.0220	.75276
On average, how much time each day do you spend reading Quran, Islamic books, or other religious literature?	38.2	41.8	20.0	2.1820	.74160
On average, how much time each day do you spend in private prayer or meditation?	56.0	37.2	6.8	2.4920	.62186
Do you give money in charity to poor other than zakat	64.0	21.0	15.0	2.4900	.74230

Table 3. Religious Involvement.

Religious Involvement	To greater extent	To some extent	Not at all	Mean	Std. Deviation
Do you think Allah is happy with you	58.2	38.4	3.4	2.5480	.56243
In disease, religion becomes more important	84.4	14.8	0.8	2.8360	.39168
Do you believe you will be rewarded for this disease?	82.6	15.0	2.4	2.8020	.45520
Do you think religious beliefs will save you on judgment day	81.2	17.6	1.2	2.8000	.42938
You seek Allah's help to recover from disease	91.8	8.2	0.0	2.9178	.27489
Hajj/umraah is a way to remove all sins	86.0	11.6	2.4	2.8960	1.41605

Table 4. Coping.

Coping	To greater extent	To some extent	Not at all	Mean	Std. Deviation
Religious beliefs help to fight with stress easily?	45.4	45.6	9.0	2.3640	.64213
When you feel pain, you pray to Allah	85.6	12.6	1.8	2.8380	.41485
Do you take interest in family matters?	71.2	23.2	5.6	2.6560	.58167
Are you taking good sleep	34.2	47.8	18.0	2.1620	.70480
You want to leave bed for some time daily?	68.2	25.4	6.4	2.6180	.60399
Do you participate in normal daily activities?	66.4	29.0	4.6	2.6180	.57335
You can resist to this disease	59.8	36.6	3.6	2.5620	.56462

Table 5. Variables

Variables	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Religious practices/activities	.339	.062	.244	5.442	.000
Religious beliefs	.488	.073	.300	6.655	.000
Religious involvement	.235	.091	.121	2.584	.010

a. Dependent Variable: Coping strategies

Regression Analysis: In the current regression, 'religious practices/activities', 'religious beliefs' and 'religious involvement' were the independent variables and 'coping strategies' was the dependent variable. The overall model proved significant in that $R = 0.244$, $F = 29.619$, $p=0.000$ and the hypothesis "there will be a relationship between Religious practices/activities and the coping strategies" was accepted. In the next regression, the overall model proved significant in that $R = 0.300$, $F = 44.283$, $p=0.000$ and the hypothesis "there will be a relationship between Religious beliefs and the coping strategies" was accepted. In the last regression, overall model proved significant in that $R = 0.121$, $F = 6.678$, $p=0.010$ and the hypothesis "there will be a relationship between Religious involvement and the coping strategies" was accepted (Table 5).

DISCUSSION

The current study has described the association between Religious practices/activities and the coping strategies. Daaleman et al¹³ conducted focus

groups about spiritual practices and found that patients used prayer, meditation, or journaling as spirituality-based tools. Levin and Taylor⁶ reported that prayer is the most frequently used religious activity. Many Americans, regardless of their health status, rely on their religious and spiritual beliefs to cope with stressful life events.

Religious involvement may facilitate development of meaning of the illness, which helps one to cope.¹⁴ In a study of 340 patients with advanced disease, Fisch et al¹⁵ found that most patients reflected spiritual issues important. Additionally, it found association between religious beliefs and the coping strategies. Chronic cancer patients use their religious and spiritual beliefs to cope with their illness.¹²

This study explored the association between religious involvement and the coping strategies. These findings are aligned with findings from a previous study that religiosity and spirituality (R/S) are resources patients frequently use to cope with chronic diseases.⁹ Research findings also revealed evidence for a mediational role of positive affect in the role of religious involvement and emotional functioning in a sample.¹¹ Levin and Taylor⁶ reported that prayer is the most frequently used religious activity. Fisch et al.¹⁵ found that most patients reflected spiritual issues important. Religious involvement may facilitate development of meaning of the illness, which helps one to cope.¹⁴

CONCLUSION

Findings of this study provide empirical support for religious coping of patients suffering from hepatitis. Findings showed that majority of respondents always attended religious services. Charity giving behavior was shown from gross annual income. Majority of respondents spent time each day in reading a reading Quran or other religious literature and respondents decided to confirm their life to the teachings of their religious faith. Significant positive relationship between religious practices/activities and the coping strategies was found. Multifaceted concept of religious coping should be investigated on more diverse sample.

Author contributions:

Conception and design: Malik Muhammad Sohail
 Collection and assembly of data: Malik Muhammad Sohail
 Analysis and interpretation of the data: Dr. Miyan Ghulam Yasin
 Drafting of the article: Malik Muhammad Sohail
 Critical revision of the article for important intellectual content: Dr. Miyan Ghulam Yasin
 Statistical expertise: Dr. Miyan Ghulam Yasin
 Final approval and guarantor of the article: Malik Muhammad Sohail

Corresponding author email: Malik Muhammad Sohail:
 sohailmujahid@hotmail.com

Conflict of Interest: None declared

Rec. Date: Aug 17, 2017 Revision Rec. Date: Sep 24, 2017 Accept Date: Oct 14, 2017

REFERENCES

- Holt CL, Roth DL, Huang J, Park C, Clark EM. Longitudinal effects of religious involvement on religious coping and health behaviors in a national sample of African Americans. *Social Sci Med* 2017;187:11-9.
- Koenig MA, Harris PL. Preschoolers mistrust ignorant and inaccurate speakers. *Child Development* 2005;76:1261-77.
- Fukuyama F. Our posthuman future: Consequences of the biotechnology revolution. Farrar, Straus and Giroux; 2003 May 1.
- Garssen B, de Jager Meezenbroek E. Response to letter from P. Salander 2006; 15: 647649. *Psycho-Oncology* 2007;16:93-4.
- Hill PC, Pargament KI. Advances in the conceptualization and measurement of religion and spirituality: implications for physical and mental health research. *Am Psychol* 2003;58:64-74.
- Levin JS, Taylor RJ. Age differences in patterns and correlates of the frequency of prayer. *Gerontologist* 1997;37:75-88.
- Bellizzi AM, Frankel WL. Colorectal cancer due to deficiency in DNA mismatch repair function: a review. *Adv Anatomic Pathol* 2009;16:405-17.
- Unanetenne N, Warren N, Canaway R, Manderson L. The strength to cope: Spirituality and faith in chronic disease. *J Religion Health* 2013;52:1147-61.
- Campbell JD, Yoon DP, Johnstone B. Determining relationships between physical health and spiritual experience, religious practices, and congregational support in a heterogeneous medical sample. *J Religion Health* 2010;49:3-17.
- Schnall E, Wassertheil-Smoller S, Swencionis C, Zemon V, Tinker L, O'Sullivan MJ, et al. The relationship between religion and cardiovascular outcomes and all-cause mortality in the Women's Health Initiative Observational Study. *Psychology Health* 2010;25:249-63.
- Holt CL, Wang MQ, Caplan L, Schulz E, Blake V, Southward VL. Role of religious involvement and spirituality in functioning among African Americans with cancer: Testing a mediational model. *J Behavioral Med* 2011;34:437-48.
- Lynn B, Yoo GJ, Levine EG. "Trust in the Lord": Religious and Spiritual Practices of African American Breast Cancer Survivors. *J Religion Health* 2014;53:1706-16.
- Daaleman TP, Cobb AK, Frey BB. Spirituality and well-being: an exploratory study of the patient perspective. *Social Sci Med* 2001;53:1503-11.
- Laubmeier KK, Zakowski SG, Bair JP. The role of spirituality in the psychological adjustment to cancer: A test of the transactional model of stress and coping. In *J Behavioral Med* 2004;11:48-55.
- Fisch MJ, Titzer ML, Kristeller JL, Shen J, Loehrer PJ, Jung SH, et al. Assessment of quality of life in outpatients with advanced cancer: the accuracy of clinician estimations and the relevance of spiritual well-being. *Hoosier Oncology Group Study. J Clin Oncol* 2003;21:2754-9.