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RESEARCH ARTICLE

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DIFFERENCES OF FREQUENCIES OF RELIGIOUS PRACTICES IN A GROUP OF ELDERLY OCTOGENARY IN THE FEDERAL DISTRICT - BRAZIL

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ABSTRACT

Aim: to investigate elderly octogenarians who declared themselves to be Catholic and Evangelical regarding sociodemographic aspects and health conditions, religious coping and the declared frequencies of private and public religious practices.

Materials and methods: observational, correlational, descriptive, quantitative and qualitative cross-sectional study, carried out in the research project database "Patterns of cognitive and psychosocial physical aging in long-lived elderly people living in different contexts". Data collection took place at the Geriatrics and Internal Medicine Outpatient Clinic of the Hospital of the Catholic University of Brasília, between 2016-2018, with a sample of 150 elderly people aged 80 years or older, in a universe of 227 surveyed elderly people. The questionnaires contained questions about the sociodemographic profile: age; schooling; sex; marital status; family income; number of chronic diseases; self-rated health; that were correlated with religiosity / spirituality from the point of view of religious confession; attendance at private or public services and religious coping. The data were evaluated by inferential analysis of the Chi-Square test, with a significance level of $p \leq 0.05$.

Results: Of the 150 long-lived elderly people evaluated, most were female (64.67%), with an average age of 84.62 ± 4.29 (80 and 101 years old). Regarding education, most had one to four years of study (41.33%). Regarding family income: the majority had three minimum wages or more (46.68%). Elderly with more than 3 diseases (54.67%). Regarding self-rated health: 49.33% of the elderly mentioned that they consider it to be regular. 56.66% elderly people believe that spirituality / religiosity give them the ability to face the adversities (religious coping) that life brings them, where the value of 0.006 was found, among those who practice the Catholic religion and those who practice the religion Evangelical. There was no correlation between the frequency of private (non-organizational) practices and religious confession, which did not happen in relation to the frequency of public (organizational) practices, since Evangelicals were more frequent in public practices than Catholics (value of $p = 0.027$).

Discussion: other researchers found even higher frequencies for non-organizational religious than organizational practices, such as the one carried out by FIBRA + 80 in Campinas (SP). In another study carried out by the SABE Study, with elderly people living in the city of São Paulo (SP), aged 60 or over, the findings were similar to those of this research, with an association between sex and religious denomination.

Conclusion: When starting the aging process, religiosity / spirituality can be a protective factor when the losses intensify (religious coping), because it can bring self-knowledge and inner peace. So that in old age, the experience of religiosity / spirituality tends to be more accentuated than among young people and adults, due to the fact that the elderly are more free from family responsibilities and other tasks. It is also noticed that religious affiliation is not necessarily related to religious practice, nor to fidelity to a single system of beliefs and practices. The limitations of the research were in the still small number of elderly people and in the instruments applied, which need to be adapted and more reliable to the oldest old.

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INTRODUCTION

Studies show that spirituality and religiosity are part of a set of psychological indicators of quality of life in old age, but it is necessary to distinguish the two terms in order to avoid confusion (NERI et al., 2019).

The concept of spirituality is broader than the concepts of religiosity and religion, because it speaks of a person's internal resources, his philosophy of life, what he believes to be the ultimate ends of existence and the meaning of life. Spirituality is the awareness that there is a transcendent dimension characterized by identifiable values in relation to oneself, to

others, to nature and to life. Religiosity is a cultural phenomenon created by human beings, who, in addition to being physical, psychological, psychosomatic and social beings, are spiritual beings. Thus, religiosity is the manifestation of spirituality, behaving as a cultural phenomenon. Religion is something much narrower, because it involves social institutions, norms, beliefs, symbols and rituals shared by a group of believers who identify with and with these elements and are identified by their behaviors (WONG, 1998). This study aims to characterize and compare elderly octogenarians who declared themselves to be Catholic and Evangelical in terms of sociodemographic aspects and health conditions, the functions of religiosity in their lives and the declared frequency of their religious practices. When linking the construct of religiosity with that of spirituality, some authors (ZINBAUER; PARGAMENT, 2005), show that there is no difference between the two concepts, which means that they can be used indiscriminately. It is precisely what occurs in the literature that investigates the relationship between these conditions and health. However, there is still no consensus that they are synonymous, as some authors (WONG; FRY, 1998) claim that spirituality is more inclusive than religiosity. In this study, religiosity was considered as one of the forms of expression of spirituality, which is associated with three needs: that of existential meaning, that of hope and willingness to live and that of having faith in oneself, in others or in a deity. It is important to emphasize or define the type of religious coping when there are situations of suffering and stress, when a religious / spiritual dimension is captured to face these difficulties (PILGER, 2015).

Religiosity was analyzed according to two approaches (ALLPORT; ROSS, 1967). According to Allport and Ross, there is intrinsic and extrinsic religious orientation. The intrinsic is related to the internalization of beliefs and to personal manifestations, not public and not mediated by other people, by the religious institution or by the group. The extrinsic refers to public forms of expression of religiosity in which, normally, other people are present, who tend to function as social supports. Brazil lives under the umbrella of two correlated and independent phenomena: the demographic transition and the epidemiological transition. The demographic transition points to a systematic reduction in the fertility levels of the population combined with a reduction in mortality, leading to an increase in the time lived by the elderly, causing a change in the age structure and an increase in the proportion of elderly people in the population, in a way that is expected for the year 2050, an inversion in the age pyramid according to forecasts by the Brazilian Institute of Geography and Statistics (IBGE, 2015). The epidemiological transition is characterized by a reduction in infectious diseases and an increase in chronic non-communicable diseases and their complications. According to data released by the Ministry of Health in 2010, the proportion of elderly Brazilians with more than one chronic illness was 48.9%, reaching 54% in the group aged 75 and over (BRASIL, 2010). In Brazil, the demographic transition process has been taking place very quickly, in a much shorter period than in developed countries, without receiving the same financial and social contributions that are offered there to the population, in a context of strong social inequality, without increasing the wealth and without reducing social disparities (BARATA, 2014; BORIM et al, 2019). This new demographic paradigm that is being developed in Brazil, has been causing the population growth rate to decrease, bringing changes in the age pyramid, with the consequent

decrease in the workforce, within an over-aged age structure. It is the characteristic of the population of this study, which presented a marked growth, the very elderly population aged 80 and over, which represented, in 2010, approximately 14% of the elderly population and 1.5% of the Brazilian population, is a result of the reduction in mortality in all ages, especially in advanced ages, and the high fertility that prevailed in the 1950s and 1960s. The predominance of chronic diseases and non-communicable diseases, added to the increase in life expectancy and population aging, has brought profound consequences for health services. The change in the epidemiological profile brings an increased risk of dependence on the elderly population, which affects the quality of life of these individuals, imposing suffering and vulnerability on them (HAYWARD; KRAUSE, 2013). Thus, there is an urgent need for advances in medical technology, access to health services and care at older ages. In the case of Brazil, it is necessary to add studies that point out the relationship between health and spirituality / religiosity, due to the strong cultural and historical formation inherited by Portuguese and European colonists. The question in this study sought to correlate the spirituality / religiosity of long-lived elderly people with their health, at the same time as finding out who were more religious, depending on social class, years of schooling (formal study), having chronic diseases or not, self-assessment health, to follow private or public religious practices. Are there differences in sociodemographic nature, health, functions of religion and frequencies of religious practices between Catholic and Evangelical octogenarians?

MATERIALS AND METHODS

It is an observational, correlational, descriptive, quantitative and qualitative cross-sectional analytical study. It was carried out based on the data contained in the electronic bank of the Research Project "Patterns of cognitive and psychosocial physical aging in long-lived elderly people living in different contexts", funded by the National Academic Cooperation Program (PROCAD) of the Level Personnel Improvement Commission Superior (CAPES). The sample was obtained by convenience and recruited at the Geriatrics and Internal Medicine outpatient clinic of the Hospital da Universidade Católica de Brasília, between 2016-2018, where a total of 227 long-lived elderly people were recruited, taking into account the following inclusion criteria: 1) having age from 80 years; 2) reside in the Federal District and scope; 3) consenting to participate in the study; 4) be available to carry out social, physical and laboratory evaluations. All the elderly in general came accompanied by their companions ("proxies"). Elderly people with uncontrolled psychiatric morbidities, advanced dementia syndrome, or those whose responses had no connection were excluded. Among the instruments used in general research, in this study, the sociodemographic profile, self-assessment of health and chronic diseases and the questionnaire on religiosity / spirituality were evaluated. Regarding ethical issues, in a first stage, the elderly person was invited to go to the clinic with his companion on the day of the consultation. He was received by the research supervisor, being informed about the research objectives, its nature and voluntary nature and that they could give up the research at any time at no cost to him, about the total confidentiality of the data provided and the signing of the Term Informed Consent Form (ICF). All responses were recorded electronically on Google Forms and later converted to a spreadsheet in the SPSS of the PROCAD database.

The questionnaires contained questions about the sociodemographic profile: schooling age; sex; marital status; family income (in minimum wage bands - SM); number of chronic diseases; health assessment. The questionnaire on religiosity / spirituality was adapted from the questionnaire applied by the SABE Study, a survey on Health, Well-Being and Aging, coordinated by the Pan American Health Organization and the World Health Organization (PAHO / WHO), as a multicenter survey on health and well-being of elderly people in seven urban centers in Latin America and the Caribbean. For this analysis, we only took the questions: "What is your religion? What is the importance of religion, religiosity / spirituality? How often do you participate? With regard to coping difficulties, do you find strength in religion, religiosity / spirituality to face your difficulties? Does it help you understand life's difficulties? What private activities show that you are religious? How often do you carry out public religious activities?"

Data Analysis: The data were evaluated by inferential analyzes using the Chi-square test, with a significance level of $p \leq 0.05$, which were analyzed using the Statistical analyzes were performed using the SPSS® for Windows program (SPSS Inc., Chicago, IL, USA). Categorical variables were presented as proportions.

Table 1. Prevalence of long-lived elderly in relation to variables of religiosity / spirituality. Aging patterns in elderly people living in different contexts - outpatient. Brasília, 2016/2018

Religiosity / spirituality		%
Follows a religion	Yes	94,0
	No	6,0
Belongs to a religious affiliation	Catholic	60,5
	Protestant	0,0
	Evangelical	30,9
	Jewish	0,0
	Spiritualistreligion	3,7
	Buddhist	0,0
	No specific religion	2,5
	others	2,5

Table 2. Frequencies of Catholics, Evangelicals octogenarians according to sociodemographic variables and health conditions. Aging patterns in elderly people living in different contexts - outpatient. Brasília, 2016/2018

Variables	%	Catholics(%)	Evangelicals(%)	p value
Sex				
Male	35,33	66,0	22,6	0,192
Female	64,67	77,4	34,0	
Age group (in years)				
80 a 84	57,33	72,1	27,9	0,590
85 and more	42,67	67,2	32,8	
Schooling (in years)				
Neverbeentoschool	24,66	62,2	37,8	0,382
1 a 4	41,33	72,6	27,4	
5 and more	34,01	76,1	23,9	
Family income (in minimum wage bands*)				
< 1,0	10,66	50,0	50,0	0,186
1,1 a 3,0	42,66	73,4	26,6	
≥ 3,0	46,68	71,4	28,6	
Numberofchronicdiseases				
0 a 2	45,33	77,9	22,1	0,124
3 and more	54,67	64,6	35,4	
Health self-assessment				
Excellent / verygood	42,66	71,9	28,1	0,661
Regular	49,33	70,3	29,7	
Bad / verybad	8,01	60,0	40,0	

*Minimum wage in Brazil in dollars: around US \$ 250.

RESULTS

150 long-lived elderly people were evaluated, most of them female (64.67%) with an average age of 84.62 ± 4.29 (80 and 101 years). Table 1 shows the prevalence of the elderly in relation to the variables of religiosity / spirituality, which 94%

follow a religion, who are thus affiliated: Catholics (60.5%), Evangelicals (30.9%), Spiritists (3.7 %), no specific religion (2.5%) and others (2.5%). It was chosen that the dependent variables would be Catholics and Evangelicals; the independent variables: sex, age, education, income, number of chronic diseases, self-rated health, religious coping, frequency of public and private practices, as will be seen in the results. Regarding education, the majority has one to four years of study (41.33%), followed by five years or more (34.01) and the elderly with no education were 24.66%. Most elderly people have a family income equal to or greater than three minimum wages (46.68%), from one to three minimum wages were 42.66% and those with up to one minimum wage, 10.66%. The elderly who reported having up to 2 chronic diseases were 45.33% and over 3 diseases, 54.67%. When asked about self-rated health, 49.33% of the elderly mentioned that they considered it to be regular, 42.66% as excellent / very good and 8.01% poor / very bad. The research wanted to know if there are significant differences between the sociodemographic nature, the self-rated health, the functions of religion and the frequency of religious practices (public and private) between Catholic and Evangelical octogenarians. Table 2 shows that there was no correlation between practitioners of these religions in these evaluated items.

Regarding the frequencies of Catholics and Evangelicals according to the functions of religiosity and frequency of religious practices, it was found that 56.66% of the elderly believe completely that spirituality / religiosity gives them the ability to face the adversities that life brings them; 34.66%

mentioned that they give them a lot of capacity for this coping; 8.68%, recognize that very little or nothing they find this ability in it. Here we find a p value (0.006) that shows a statistical difference in correlation between those who practice the Catholic religion and those who practice the Evangelical religion. Regarding the frequency of private practices and religion, there was no difference, which did not happen in relation to the frequency of public practices, showing that Evangelicals are more frequent in public practices than Catholics (p value = 0.027), as shown in Table 3.

Table 3. Frequencies of Catholic, Evangelical octogenarians according to religious functions and frequency of religious practices. Aging patterns in elderly people living in different contexts - outpatient. Brasília, 2016/2018

Variables	%	Catholics (%)	Evangelicals (%)	p value
Religiouscoping				
Completely	56,66	60,0	40,0	0,006
Much	34,66	84,6	15,4	
Verylittleor nothing	8,68	76,9	23,1	
Frequencyofprivatepractices				
Many times a day	40,66	65,6	34,4	0,660
Once a day	44	72,7	27,3	
Several times a week	12	66,7	33,3	
Rarely	3,34	100,0	0,0	
Frequencyofpublicpractices				
Never	6,66	70,0	30,0	0,027
Several times a year	12	88,9	11,1	
Once or twice a month	15,33	73,9	26,1	
Once a week	30	66,7	33,3	
More than once a week	36,01	45,2	54,8	

DISCUSSION

There are two other surveys similar to this one. The first, carried out by the FIBRA + 80 survey within the same project funded by CAPES. in Campinas (SP) (NERI et al., 2019), when searching 167 octogenarians in their homes. A higher frequency of religious practices was found to be non-organizational than organizational. The Religiosity Scale used in this research was Duke's (DUREL), containing five items that capture three dimensions of religiosity: organizational, non-organizational and intrinsic. Organizational religiosity is understood as that which frequently occurs at religious meetings (for example: masses, services, ceremonies, study or prayer groups); non-organizational religiosity refers to the frequency of private religious activities (for example, prayer, meditation, reading religious texts, listening to or watching religious programs on TV or radio). Therefore, it corresponds to public and private practices, respectively, found in this research. In Campinas, there was a significantly higher frequency of frequent practitioners among non-organizational (private) religious followers than among organizational (public) religious followers. There was a higher frequency of elderly people who never practice or practice religion 1 to 3 times a year among public practices than among those who adhere to private practices. The researchers believe that "these data are associated with losses in mobility and functional capacity, which become more likely with advancing age" (NERI et al., 2019, p.160). There was also a high frequency of public practices in about half of the elderly, indicating compliance with the precepts by these people.

The second survey (ABDALA, 2013), was carried out based on the SABE Study in São Paulo (capital), with 911 elderly residents in the city of São Paulo, aged 60 or over, who agreed

with the data of this research, showing that when associating sex and religious denomination, there was a greater proportion of Catholic men (72.9%) than women (61.2%) and more evangelical women (26.3%) than men (16.6%)). In this research it was found a proportion of elderly people who never attended church or who attended it a few times slightly higher (50.5%) than those who attended it almost every week or more than once a week (49.5%). There was also a significant difference between the sexes (p <0.001), with 56.8% of women in the categories with the highest attendance at church versus 39.0% of men. As for the practices of private religious activities, 86.4% of the elderly were concentrated in the categories "once a day" and "several times a day". The difference between the sexes was significant (p <0.001): 93.4% of women practiced these activities at least once a day against 76.3% of men. Regarding the importance of religion in their lives, almost all the elderly (92.4%) considered that religion is important for their lives. The vast majority declared that religion gives strength to face difficulties (88.5% - very / completely); helps to understand the difficulties (86.0% - very / completely) and gives meaning to life (85.9% - very / totally); 55.1% of the elderly considered themselves very religious and 33.2%, slightly religious. In all of these aspects, women were proportionally more frequent than men at the most positive end of the assessment categories.

Conclusion

The data found in this research show that when the aging process starts, religiosity / spirituality can have a protective factor when the losses intensify. This is where each individual need, in a very specific way, to face the adversities, setbacks and difficulties that this new reality imposes itself. These are the moments that come with retirement, with the loss of social role, with financial difficulties, chronic diseases and isolation ... in short, with the fall of self-esteem. Overcoming these changes is not an easy task and many admit that the search for religiosity / spirituality can bring self-knowledge and inner peace, especially if there is a clear role that they can play in the lives of these elderly people. Traditionally, when research is carried out with the elderly and religiosity, females appear more frequently and are more connected to religiosity / spirituality. Women believe that through prayer they can overcome the difficulties imposed by life, such as the loss of a partner, divorce, less opportunity for work, while men seem to be more concerned with the search for God only at the end of life, because this is a special time to express your beliefs and to keep your hopes for God. As religious activity has a social function, it can help the elderly to establish contacts, not only with God, but also as an opportunity to make new friends, catch up on matters of common interest with acquaintances. It is a way of filling their free time, not allowing them to feel useless or incapacitated, but that they can remain living, fighting and growing spiritually. This research reinforced what other researches have shown, that in old age, the experience of religiosity / spirituality tends to be more accentuated than among young people and adults (HAYWARD RD; KRAUSE N., 2013), because the elderly are more free from family responsibilities and other tasks, or it may also be due to the cohort effect, that is, people who are elderly today were religious in the past and maintained their beliefs and practices until old age, at the same time that new generations were becoming each less religious. Religious affiliation is not necessarily related to religious practice, as is the case with "non-practicing Catholics", and not even with fidelity to a

single system of beliefs and practices, as is the case with Catholic spiritualists or Umbanda Catholics. This research is aware of its limitations, such as the low number of elderly respondents, the instruments applied, which need to be adapted and more reliable to the oldest old, but nevertheless, it raised data that religiosity / spirituality are elements that provide meaning, important psychological resources for coping and resilience. There is a relationship with successful old age, with the psychosocial factors that influence the perception of the elderly that religiosity / spirituality helps in the aging process and in overcoming suffering, being associated with socioeconomic, demographic and health variables. Doing religious / spiritual activities at home or in a public place helps to promote greater longevity and decrease the risk of mortality among elderly people who are already practicing. Thus, when promoting the development of a more positive interpretation, a sense of meaning and purpose in life and by offering social support, religiosity and spirituality are essential components of the promotion of successful old age.

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