# Examining the Relationship between Religiosity with Anxiety of Mothers and Number of Children

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## Abstract

This study was carried out to investigate the relationship between religiosity with parental anxiety and number of children. The population included the women of Alborz province and Tehran province (the first group included the parents with one child and the second included parents with two children and more) that among them 384 people were selected as the sample by probability (random) sampling method. The research tools were religiosity questionnaire of Khodayarifard et al. (2008) and Spielberger (1970) State-Trait Anxiety Inventory (STAI). Data were analyzed using inferential statistics of Pearson correlation. The results showed that there is no significant relationship between the number of children and maternal anxiety (R=-0.16); therefore, the results indicate the need for further attention of authorities of public health and educators to the field of religiosity and the number of children. The results also showed the role of religiosity in reducing Iranian families' anxiety.

**Keywords:** religiosity, number of children, maternal anxiety

## 1. Introduction

Humans have long been trying to express their desires, senses, emotions and inner ferment through different words. Therefore, during internal conflicts, they have used terms such as fear, nervousness and worry that currently in psychological language is called anxiety. Anxiety is defined as a vague feeling of fear and concern that has unknown origin and also has physical, cognitive, emotional and behavioral components (Seligman, 1979). A certain level of anxiety is necessary not only to deal with the risk, planning, reading, an caution in driving, etc., but if fear and anxiety remain constrainedly can be very useful and even fun (Beiabangard, 1999). Since anxiety is an unpleasant quality, the suffered person resorts defensive instruments and reactions which have completely unconscious applications and the overuse of them is undesirable and leads to deeper mental-behavioral disorders (Hill & Sarason, 1990).

Coping and compatibility is a dynamic, continuous, progressive and life-protecting process by which the living creatures adjust themselves with continuous changes of environment. In this regard, the religious coping and adjustment is an approach in which people use beliefs and rituals to deal with problems and pressures of life. In supporting the above issue, most experts now believe that religion undoubtedly influences on physical and mental health and other aspects of human life (Koenig et al., 1997). Religiosity is defined as acceptance of all or part of the ideas, moralities and religious orders such that the religious person must obey and respect this issues, and devout person is one who with knowledge of the principles and practices of a religion, in theory and practice, adopt to follow that religion such that this adoption effects on his/her social and non-religious life (Yaghmaei, 2001). In general, religiosity is defined as a complex and multidimensional structure which has different cognitive, emotional, and behavioral dimensions and includes man's relationship with God, others, self and the universe (Khodayari, Shahabi, & Zardkhaneh, 2007).

Research findings suggest the important role of religiosity in health promotion. For example, Chaveshi et al. (2008) showed that performing religious practices reduces the physical symptoms of insomnia and anxiety, social dysfunction and depression, and as a whole increases mental health. Also, Ibrahimi, Neshatdoust, Klantari

and Nasiri (2005) showed that the positive attitude towards individual prayers has a significant reverse relationship with anxiety in university students and in this study the remembrance of God is known as a power to cope with stress and increase psychological tranquility. In this regard, Ismail and Desmukh (2012) found that there was a significant negative relationship between religiosity and loneliness as well as between religiosity and anxiety. Also there was a significant positive relationship between religiosity and life satisfaction.

On the other hand, in recent decades, parents tended to have only one child such that more than 20 to 25 percent of women between 40 to 45 years in today's world have one child (Bahrian, 2009). Whether the one-child is the result of the planning of family or a reflection of current social and economic norms or as a result of government policy, it is important that this fundamental change plays an important role not only in the structure of demography, but also in all aspects of individual's personality in future (Alexander et al., 1997). An increase in one-child families and its consequences have caused the reflection of many family experts, psychologists, sociologists and so on. Several studies conducted in other countries in relation to the one-child policy, but the overall results are inconsistent, and in some cases contradictory (Mason, 2001). Therefore, reducing the tendency for childbearing and changes in behavior and ideals of female fertility, in addition to the decisive impact on population growth will effect on the composition and structure of the population. Today, reduction of the tendency to childbearing, delayed marriage and thereby increasing the average age of marriage have been on the list of country's social problems (Abbasi-Shahvazi & Nodoushan, 2005).

Considering what was mentioned, that is, the role of one-child families or families with limited children and also the importance of mental health of parents in these families and the role of religiosity in these issues, the researcher studied the relationship between religiosity with mothers' anxiety and number of children. The main question is that "is there any relationship between religiosity and anxiety?" And "does the parents' religiosity affect the number of children?"

## 2. Research Methodology

The present research is a descriptive-inferential one and the study population consists of all women in Alborz and Tehran provinces that 384 individuals were selected as the sample through random sampling method based on Morgan table. To answer the questions addressed in this research, the sample was divided to two groups; the first group consisted of parents (mothers) having one child and the second group consisted of parents (mothers) having more than one child. The data were analyzed using indices of descriptive statistics such as frequency, percentage, mean and indices of inferential statistics such as Pearson correlation coefficient.

## 3. Research Instruments

**a) Religiosity questionnaire of Khodayarifard et al.** This test is a standardized scale to measure religiosity in Iranian community as a religious society, which has been developed based on Islamic teachings. The questionnaire has been extracted from questionnaires (1) and (2) by Khodayarifard et al. (2008) and consists of 97 items for measuring religiosity in the three components of religious beliefs, religious sentiments and commitment to religious duties, and five items related to social pretension, which totally includes 102 items. Each item is measured by six-point Likert scale that for showing the agreement with options range from highly agree to highly disagree, and for ranking items range from always to never. The score of each component is obtained from the sum of the scores of related items and the total score or religiosity is obtained from the sum of the scores of three components (Khodayarifard, 2008). Davari, Bagheri and Bani-Asadi (2011) obtained the overall reliability of religiosity questionnaire equal to 0.93 through internal consistency (Cronbach's alpha), which indicates that the reliability of this questionnaire is very good. In this study, reliability was obtained equal to 0.89 by Cronbach's alpha.

**b) Spielberger State-Trait Anxiety Inventory (STAI):** This questionnaire was developed by Spielberger in 1970. The questionnaire includes 40 items that 20 items measure the state anxiety and 20 items measure the trait anxiety. Trait Anxiety Inventory is a reliable and valid instrument which is usable in different populations. Spielberger et al. (1970) reported Cronbach's alpha coefficient for its scales equal to 0.92 and 0.90 respectively. Also, the state anxiety scale reliability coefficient was obtained between 0.16 and 0.62 and the trait anxiety scale reliability coefficient was obtained between 0.73 and 0.86. Mahram (1993) calculated the internal consistency of both scales on a 600-people group by Cronbach's alpha. Cronbach's alpha coefficients for trait anxiety and state anxiety scales reported equal to 0.91 and 0.92, respectively. In this study, the total reliability of the questionnaire was obtained equal to 0.87 by Cronbach's alpha.

## 4. Findings

As shown in Table 1, the mean score of mothers in the scale of religiosity is 523.16 and its standard deviation is

50.747; the mean score in anxiety scale is 91.7 and its standard deviation is 10.56.

Table 1. Mean and standard deviation of religiosity scale and mothers' anxiety

| Religiosity scores in mothers | Mean | standard deviation | Scores of mothers' anxiety | Mean | standard deviation |
|---|---|---|---|---|---|
| Social pretension scale | 23.40 | 3.327 | State anxiety scale | 91.07 | 10.562 |
| Scale of religious sentiments | 120.96 | 13.922 | Trait anxiety scale | 46.99 | 5.769 |
| Scale of commitment and performing religious duties | 121.64 | 20.263 | Total score of anxiety | 44.08 | 6.065 |
| Scale of religious beliefs | 257.17 | 20.500 | | | |
| Total score of religiosity | 16.352 | 50.747 | | | |

Table 2. The matrix of correlations between mothers' religiosity and number of children

| Scale | | Social pretension scale | Scale of religious sentiments | Scale of commitment and performing religious duties | Scale of religious beliefs | Total score of religiosity |
|---|---|---|---|---|---|---|
| Number of children | Pearson correlation | 0.004 | 0.023 | 0.061 | 0.066 | 0.045 |
| | sig | 0.939 | 0.658 | 0.231 | 0.199 | 0.379 |
| | N | 384 | 384 | 384 | 384 | 384 |

Correlation coefficients in Table 2 show that there is no significant relationship between the number of children and mothers' religiosity. In examining the relationships at the level of sub-scales also there is no significant relationship between number of children and scale of religious beliefs, scale of commitment and performing religious duties, as well as scale of emotional belief.

Table 3. The matrix of correlations between religiosity and total anxiety of mothers

| Variables | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|---|---|---|---|---|---|---|
| 1. Anxiety | 1 | | | | | | |
| 2. State anxiety | **0.88 | 1 | | | | | |
| 3. Trait anxiety | **0.89 | **0.59 | 1 | | | | |
| 4. Religiosity | **-0.16 | **0.16 | *0.11 | 1 | | | |
| 5. Social pretension | 0.09 | 0.08 | 0.08 | **0.73 | 1 | | |
| 6. Religious sentiments | **0.14 | **0.14 | *0.12 | **0.80 | **0.64 | 1 | |
| 7. Commitment and performing religious duties | *0.10 | *0.11 | 0.06 | **0.92 | **0.74 | **0.63 | 1 |
| 8. Religious beliefs | **0.18 | **0.18 | **0.13 | **0.89 | **0.48 | **0.58 | **0.74 |

**Significance at the level of 0.01    *Significance at the level of 0.05

Correlation coefficients in this Table show that there is a significant negative relationship between religiosity and mothers' anxiety at the significance level of 0.01 and the value of this relationship is -0.160.

**5. Discussion and Conclusion**

The present study was done to investigate the relationship between religiosity with parental anxiety and number of children. The first finding of the research showed that there is no significant relationship between number of children and mothers' religiosity. From this finding we can conclude that the more the number of children

increases, the rate of religiosity does not increase or decrease. This finding is consistent with those of previous similar researches, including Branas-Garza and Neuman (2007), but it is inconsistent with the finding by Soroush and Bahrani (2013) that was done under the title of "the relationship between religiosity, attitudes to gender roles and attitudes towards children with actual and ideal number of children" that showed that religiosity has a significant relationship with the actual number of children. Klantari et al. (2010) concluded that the variable of religious orientation has the highest impact on tendency to childbearing among young people.

Branas-Garza and Neuman (2007) studied the influence of parents' religiosity and the religiosity of the individual herself on the reproductive behavior in Italy and Spain. The results showed that the exposure to religion in childhood has a profound effect on women's tastes for childbearing. In Spain, parents have different effects on their daughters. Women whose mothers did not use to go to church, on average, had one child less than those whose mothers used to go to church. But if fathers are very religious, their daughters have more children. In Italy, religious mothers have daughters with fewer children, and fathers' religiosity does not any relationship with number of children. As a result, the individual's religiosity does not a significant relationship with number of children. The results of a study by Bereman et al. (2003) that was done in Bangladesh, Indonesia, and Nigeria showed that the reproductive rate and religious beliefs in many of these countries have decreased due to education and change in population towards urbanization and individualism (quoted from Rad & Savabi, 2015).

In explaining the above finding, it can be said that religiosity is influenced by many factors; so that results by Rad and Savabi (2015) show that religious belief is the most important factor in tendency to fertility among women. So according to the results of multi-variate regression, religious beliefs, with 21 percent have the largest proportion in tendency to fertility among women, and overall, 30 percent of the tendency to fertility is explained by religious beliefs, ideal child, social capital, length of stay in the city of Tabriz, and social status. In the path analysis, the variable of woman's age has the maximum effect and the variable of social status has minimum effect on the tendency to fertility among women, but it must be said that the actual number of children does not only depend on women's religiosity. Obviously, several factors effect on this attitude. Although, individual's religiosity has a positive impact on childbearing, it must be said that socio-economic factors have a decisive role in childbearing. Therefore, to achieve such an outcome is not unexpected.

The second finding of the present research showed that there is a significant negative relationship between religiosity and mothers' anxiety. From the results achieved it can be understood that the people with high religiosity experience less anxiety that this result is consistent with those of previous researches, including Kézdy et al. (2010) that found that having religious doubt positively correlated with anxiety and depression, while having religious faith negatively correlated with anxiety and depression.

In explaining the above finding, it can be said that religious beliefs and confidence that God is the protector of life affect the psychological well-being and mental health. Moreover, it seems that people who are religious acquire more social and family support; perhaps because they more participate in ritual ceremonies at religious places and contact with healthy people in society, and this issue causes their attitudes become positive and more effective. As a result, they encounter less mental problems. Also, when we are supported by others we consider ourselves good, useful, lovely and worthwhile individuals, and this means that our attitudes towards ourselves, life and world have been changed. Also, the God-seeking nature of human being, the cultural, religious, and ethnical context in our country, and the existence of the profound roots of spirituality and religious beliefs are considered as the supporting sources that provide the mental health and retaining the individual tranquility and increase the individuals' ability to cope with difficult conditions of life. On the one hand, we can see that religiosity is the fundamental basis to resist against difficulties and hardships of human life (Qomi & Bejestani, 2011).

Of the limitations of the present research, we can refer to lack of research literature in the field of the relationship among mentioned variables, being cross-sectional, and also self-reporting instruments of research and the studied population that cause the generalization of the results is done with caution. It is suggested that this research be done in other parts of the country in order that the results can be more generalized, and the role of other factors such as economic factors which may have moderating or mediating role is studied. In this regard, another study must be done on the opposite gender and the gender differences in this field should be examined.

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