Self-Esteem and Religiosity among Young Mizo Adults: A comparative gender study

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Abstract:

The present study is a study that examines the gender differences and relationship between self-esteem and religiosity in a sample of 60 Mizo young adults studying in Mizoram University, ranging in age from 20 to 25 years. Data was collected through the use of four self-report psychological measures the Rosenberg Self-Esteem Scale (SES) and The Duke University Religion Index (DUREL). Psychometric adequacy and parametric statistic assumptions were checked for the selected population. Pearson correlation, One-Way ANOVA and Regression analysis were applied. The present study contributes to an emerging understanding of the underlying process between self esteem and religiosity. Implications of the present findings for future research are discussed, as well as potential interventions for increasing self esteem and impact of religiosity in young adults.

Key words: Adolescents, Self-esteem, Religiosity, Gender.

I. INTRODUCTION

Self-esteem refers to a person's positive or negative evaluation of the self [1] [2]; it has received a great deal of attention from researchers in the social sciences. Self-esteem is described as a global feeling of self-worth or adequacy as a person [3], or generalized feelings of self-acceptance, goodness and self-respect [2]. Numerous evidences exist that self-esteem is positively related to emotional functioning, including several predictors of life satisfaction [4] and subjective happiness [5]. Two distinct concepts related to self-esteem with reference to gender differences are [6] and "Domain-specific self-"Global self-esteem" esteem", Previous researches reported inconsistent findings on sex differences, in relation to self-esteem. Females report lower self-esteem in adolescence [7] while males may have higher global self-esteem than females [8], or there may be no difference between the genders [9]. Self-esteem has been found to be associated with psychological well-being and success across many domains-work, academics, and relationships (for reviews, see [1]). Therefore, it is not surprising that research has also focused on how demographic characteristics, such as gender and race, are associated with self-esteem. Such a focus addresses the question of which groups in society have a selfesteem advantage; and conversely, which groups are at risk for the development of a low self-esteem.

People with high self-esteem are found to be more certain about their own attributes. Low self-esteem mediates diverse information about oneself, which causes low clarity. That, in turn, makes one more prone to outside influence, which can lower self-esteem [10]. Children with high self-esteem were viewed as being more courageous, better able to overcome difficulty, and able to believe in a better future despite hardships experienced in the present. These suggest that interventions that enhance positive self-perceptions among adolescents who are prone to adversity may improve behavioural outcomes. Although we were unable to assess whether high self-esteem precedes the adverse events, we posit that young females with high levels of self-esteem have more positive self-perceptions and are able to constructively cope with stress in contexts of adversity.

Although early reviews of gender differences in self-esteem concluded that there were no gender differences [11] [12], meta-analyses conducted with primarily U.S. samples have found that men have a slight advantage in self-esteem [13] [14]. In addition, this gender difference continues to be found in at least some recent studies [15]. Although gender and race differences in self-esteem have been examined frequently, Maccoby and Jacklin [11] concluded that there were no gender differences in self-esteem. Another narrative review from the 1970s [12] concluded that there was too much variation in findings on this topic to offer a conclusion about gender differences in self-esteem. A number of research results show a positive relationship between religiosity and wellbeing, mental health, self-esteem, and meaning in life [16].

Over the past two decades, there has been an increased interest in the role of religiosity and spirituality on mental health. Religiosity is a broad term that refers to the religious beliefs, attitudes, and behaviours of an individual. Religiosity is defined as the faith that a person has in God. Most religions in different cultures around the world instill values, norms, and expectations of what is right or wrong and guide people to behave ethically (Tang 2010). "Religion has strong ties to morality in that religions prescribe morality" [17]. Religiosity has three components: religious affiliation, religious activities, and religious beliefs [18], and promotes conformity and inhibits deviance by encouraging the internalization of moral values and the acceptance of social norms [19].

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Research to date suggests that religiosity generally has positive effects on mental health outcomes in both adults and youth . Several investigators have suggested that religiosity may be protective against poor mental health outcomes because it enhances social integration and encourages prosocial behaviours. This relationship appears to hold true for adolescents as well [20]. While religiosity generally declines during adolescence [21] [22], youth's religious identity and subjective religiousness remain stable [23], suggesting that religiosity remains an important source of support for adolescents.

Gender was found to be related to the degree of religiosity [24] [25] involving gender differences in religious involvement. Previous research by the aforementioned researchers revealed that Black females were more religiously involved than their Black male counterparts. Gender differences in religiosity are well known. Studies of religious beliefs and religious behaviour have demonstrated consistently that females are more religious than males. They are more likely to express greater interest in religion [26] have a stronger personal religious commitment [27]. Women tend to perceive more risk and to be more risk-averse than men in general, and in turn risk aversion is associated with higher religiosity [28]. Furthermore, another interesting finding was the relationship between the degree of religiosity and self-esteem. Religiosity was positively correlated with coping styles and self-esteem [29][30].

The present study aims to explore the relationship of selfesteem and religiosity and gender differences in these variables among young adults living in Mizoram. The findings of this study are expected to satisfy academic interest, for in-depth understanding and importance of selfesteem and religiosity among the general population

Objectives

Based on the theoretical foundations, the following objectives were framed for the present study:

- 1. Examine the gender differences and its effect on selfesteem and religiosity among the samples
- 2. Ascertain the relationship between the psychological variables (self-esteem and religiosity).

Hypotheses

Given the theoretical foundations, the following hypotheses have been formulated for the present study:

- 1. It is expected that there will be Gender (male and female) differences on psychological variables among the samples.
- 2. It is expected that Gender will have significant effect on self-esteem and religiosity among the samples.
- 3. It is expected that there will be significant relationship between the psychological variables.

II. METHODOLOGY

Sample: 60 (sixty) Master of Art students from Mizoram University (males and females) were sampled using purposive random sampling procedure. Their age ranges between 20 to 25 years.

Design: The sample incorporates 30 boys and 30 girls for the comparison of gender on dependent variables.

Psychological Tools:

Rosenberg Self-Esteem Scale (Rosenberg, 1965) [2]: The scale is ten item Likert scales with items answered on a four point scale – from strongly agree to strongly disagree. SA=3, A=2, D=1, SD=0. Item number 2, 5, 6, 8 and 9 are reversely scored, that is, SA=0, A=1, D=2, SD=3. Sum the scores for the 10 items. The higher the score, the higher the self esteem.

The Duke University Religion Index (DUREL) Koenig and Büssing, 2010 [31]: The DUREL has an overall score range from 5 to 27. It measures three dimensions of religiosity which are organizational religious activity, nonorganizational religious activity, and intrinsic religiosity (or subjective religiosity). The DUREL measures each of these dimensions by a separate "subscale". 'Subscale' #1 (item 1) is the first question that asks about frequency of attendance at religious services (ORA). 'Subscale' #2 (item 2) is the second question that asks about frequency of private religious activities (NORA). Subscale #3 (item 3, 4 &5) consists of the final three items that assess intrinsic religiosity (IR).

Statistical Analyses: Descriptive statistics such as Means, standard deviations and reliability were calculated. Pearson's Correlation was used to assess the relationship between the variables. One-Way ANOVA was also done to assess the relationship between the variables.

III. RESULT AND DISCUSSION

Descriptive analysis in Table-1 shows mean differences of the two groups (males and females) on the psychological variables. Males depict higher mean scores on Self-Esteem (M=25.7) whereas Females depict higher mean scores on Religiosity (M=24.6). In Table-2, the reliability coefficient (Cronbach Alpha) was computed on the behavioural measures. Results revealed substantial item-total coefficient of correlation for the scales/sub-scales and order of reliability coefficient of Cronbach's alpha was .51 for Self-Esteem and Cronbach's alpha was .55 for Religiosity. The Pearson Correlation (table-3) shows significant positive correlation between Religiosity and Self-Esteem (r = .501; p < .01). The Levene's Test of Homogeneity of Variance shows insignificant results. One-way ANOVA (table-5) show significant effect of gender on Self-Esteem and Religiosity. The mean difference on Self-Esteem and Religiosity of the two gender groups were found to be statistically significant -Self- Esteem (F=63.25, p< .01, η^2 =.52) and Religiosity (F=36.82, p<.01, η^{2} =.39) indicating a significant variance in participants' Self-Esteem and Religiosity caused by Gender differences.

Table-1: Mean scores of 'Gender- male and female' of the whole sample on the psychological variables.

Gender	stats	Self Esteem (SE)	Religiosity (DR)
Male	Mean	25/7	23.6
	SD	2.16	1:75
Female	Mean	21.3	24.6
	SD	2.06	2.95
Total	Mean	23.4	24.6
	SD	3.02	2.77

 Table-2: Descriptive statistics - Reliability (alpha), skewness

 and kurtosis of the psychological variables.

Variables	Alpha	Skewness	SE	Kurtosis	SE
Self-Esteem	.51	.098	.309	- 549	.608
Religiosity	.55	.066	309	-552	.608

Table-3: Correlation matrix of the psychological variables (Pearson Correlation) for the whole sample.

Variables	Self-Esteem
Religiosity	.501**

**. Correlation is significant at the 0.01 level.

*. Correlation is significant at the 0.05 level.

Table- 4: Levene's Test of Homogeneity of Variances for the whole samples

Variables	Self Esteem (SE)	Religiosity (DR)		
Sig.	.75	.51		

 Table- 5: One-Way Analysis of Variance for the whole sample

Variables	Sources of variation	F	Sig.	Eta ²
Self Esteem (SE)	9577 IV	63.25	.00	.52
Religiosity (DR)	Gender	36.82	.00	.39

IV. CONCLUSION

Findings of this research show gender differences in the psychological variables. Male participants exhibit greater self-esteem than female participants. Recent meta-analyses and studies have found the same result that male adolescents and young adults have higher self-esteem than their female counterparts [15][13] [14]. Result also shows Female participants exhibit greater religiosity than male participants. Studies of religious beliefs and religious behaviour have demonstrated consistently that females are more religious than males. They are more likely to express greater interest in religion [26]. The Pearson Correlation shows that Religiosity has significant positive correlation with Self-Esteem. The analysis of variance shows significant effects of gender on self-esteem and religiosity with effect size of 52% and 39% simultaneously. Religiosity was positively correlated with coping styles and self-esteem [29][30].

The current findings may be informative to prevention research efforts seeking to further understand and specify the mechanisms involved in the relationship between self-esteem and religiosity. By extending previous research, this study should encourage a continued effort toward decoupling the different dimensions of self-esteem and religiosity when studying adolescents and other sections of the society.

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