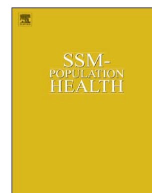
SSM -Population Health 2 (2016) 373–381

Contents lists available at ScienceDirect

SSM -Population Health

journal homepage: www.elsevier.com/locate/ssmph



Review Article

Spirituality, religiosity, aging and health in global perspective: A review

Zachary Zimmer [a,b,*], Carol Jagger [c], Chi-Tsun Chiu [d], Mary Beth Ofstedal [e], Florencia Rojo [a], Yasuhiko Saito [f]

[a] University of California, San Francisco, USA
[b] Mount Saint Vincent University, Canada
[c] Newcastle University, UK
[d] Academia Sinica, Taiwan
[e] University of Michigan, USA
[f] Nihon University, Japan

ARTICLE INFO

Article history:
Received 15 January 2016
Received in revised form
16 April 2016
Accepted 18 April 2016

Keywords:
Aging
Global aging
Health expectancy
Older adults
Mindfulness
Mortality
Religion
Spirituality

ABSTRACT

Persistent population aging worldwide is focusing attention on modifiable factors that can improve later life health. There is evidence that religiosity and spirituality are among such factors. Older people tend to have high rates of involvement in religious and/or spiritual endeavors and it is possible that population aging will be associated with increasing prevalence of religious and spiritual activity worldwide. Despite increasing research on religiosity, spirituality and health among older persons, population aging worldwide suggests the need for a globally integrated approach. As a step toward this, we review a subset of the literature on the impact of religiosity and spirituality on health in later life. We find that much of this has looked at the relationship between religiosity/spirituality and longevity as well as physical and mental health. Mechanisms include social support, health behaviors, stress and psychosocial factors. We identify a number of gaps in current knowledge. Many previous studies have taken place in the U.S. and Europe. Much data is cross-sectional, limiting ability to make causal inference. Religiosity and spirituality can be difficult to define and distinguish and the two concepts are often considered together, though on balance religiosity has received more attention than spirituality. The latter may however be equally important. Although there is evidence that religiosity is associated with longer life and better physical and mental health, these outcomes have been investigated separately rather than together such as in measures of health expectancy. In conclusion, there is a need for a unified and nuanced approach to understanding how religiosity and spirituality impact on health and longevity within a context of global aging, in particular whether they result in longer healthy life rather than just longer life.

© 2016 Elsevier Ltd. Published by Elsevier Ltd. All rights reserved.

Contents

Introduction . . . 374
Religiosity and spirituality in the context of global aging and increasing longevity . . . 374
Defining religiosity and spirituality for the purpose of global research . . . 375
Connecting religiosity and spirituality to health of older persons . . . 375
Potential mechanisms . . . 376
  Social support . . . 377
  Behaviors . . . 377
  Stress . . . 377
  Psychosocial responses . . . 377
Future directions . . . 377
  Longitudinal data . . . 377
  Cross-national studies . . . 378

* Correspondence to: Department of Social and Behavioral Sciences, University of California, 3333 California Street, Suite 455, San Francisco, CA 94118, USA.
E-mail address: zachary.zimmer@ucsf.edu (Z. Zimmer).

http://dx.doi.org/10.1016/j.ssmph.2016.04.009
2352-8273/© 2016 Elsevier Ltd. Published by Elsevier Ltd. All rights reserved.

Health expectancy as opposed to life expectancy . . . 378
Conclusion . . . 378
Acknowledgments . . . 378
References . . . 379

Introduction

There has been growth in the volume of scientific studies that explore the connection between religion, spirituality and health. Earlier reviews have established that while associations are not universal, on balance, studies indicate salutary benefits arising from religious and spiritual involvement across a number of health outcomes (Hummer, Ellison, Rogers, Moulton, & Romero, 2004; Koenig, 2009; Koenig, King, & Carson, 2012; Marks, 2005; Seeman, Dubin, & Seeman, 2003). The current article is an essay that examines a selection of literature that derives from several notions: religiosity and spirituality is pervasive globally; health benefits that may stem from religious and spiritual involvement could be important for the future of global population health, and; this is particularly the case given realities of global population aging. The dialog to follow therefore identifies religiosity and spirituality as key components of health within the context of global aging and expanding life expectancy. The essay covers several topics. It begins by characterizing population aging and increasing longevity. It then defines religiosity and spirituality within a global context. Evidence is provided that links religiosity and spirituality to health of older persons. Potential mechanisms of these links are then discussed. This leads into a dialog on some potential future directions, followed by a concluding statement.

Religiosity and spirituality in the context of global aging and increasing longevity

Population aging is a term that refers to increasing numbers and proportion of older persons within populations. Population aging is being experienced throughout the world (UNFPA & HelpAge International, 2012). According to United Nations estimates, the population aged 60 and older in 2015 was about 900 million, representing about 12% of the global population (United Nations, 2015). Given medium level growth projections, this number is expected to pass 2 billion by 2050, which at that time will represent close to 22% of the global population. Related to this is increasing longevity with people in many parts of the world living to much older ages than has ever been the case (Vaupel & Kistowski, 2005). With few exceptions, these changes are happening everywhere, in every global region (Zimmer & McDaniel, 2013). The impacts of population aging, including rising health care costs and formal and informal health care needs, are being shared across societies thousands of miles apart, rich and poor, with different cultures, languages, structures of government, family values, and economic systems. Many of the consequences of population aging are common across human societies in all corners of the world.

Given the ubiquity of population aging and increasing longevity, common ways in which good health in old age can be promoted is now of paramount concern to health professionals, researchers and policy makers worldwide (World Health Organization, 2015). While population aging is a recent phenomenon, religiosity, which evidence suggests may be a common factor associated with health, is a long-standing one that similarly extends to all corners of the world (George, Larson, Koenig, & McCullough, 2000; O'Brien, Palmer, & Barrett, 2007). When expanded to include meditative and contemplative activity, the desire to seek a meaning to life or the desire for a transcendent connection, it is clear that expressions of religiosity and spirituality is widespread across individuals living in human societies, across regions with differing ideologies, orientations and practices.

Table 1
Percent responding in the affirmative to specific questions on the World Values Survey, 2010–2014, in the thirteen most highly populated countries covered by the 2015 release wave, by age.

	All ages		Under 60		60 and older	
	Religious[a]	Think[b]	Religious[a]	Think[b]	Religious[a]	Think[b]
China	12.9	50.2	12.3	52.5	16.6*	37.5*
India	78.3	66.4	78.6	66.8	75.8	61.7
USA	67.9	77.8	64.7	78.7	77.6*	75.1
Brazil	81.2	79.9	79.7	81.1	87.8*	74.3*
Nigeria	95.8	92.4	96.0	92.4	94.3	94.3
Pakistan	99.8	82.7	99.7	82.7	100	82.7
Russia	61.2	71.1	60.8	70.6	62.5	73.1
Japan	25.4	79.2	22.5	80.1	30.1*	77.8
Mexico	74.7	80.8	73.6	81.8	84.1*	72.0*
Philippines	80.8	92.0	80.1	92.8	83.9	87.9*
Germany	50.9	69.9	44.9	66.7	64.1*	76.9*
Turkey	85.0	88.5	83.9	88.8	93.3*	86.9
Thailand	33.0	81.4	30.9	81.2	48.6*	76.6
Mean across countries	65.1	76.8	63.7	78.2	70.7*	75.1
Standard deviation	27.2	11.5	27.9	11.4	25.5	14.0

* Difference between under 60 and 60+ significant at $p < 0.05$.
[a] The full question is: 'Do you consider yourself to be a religious person?'
[b] The full question is: 'Do you think about/contemplate upon (sometimes or often) the meaning or purpose of life?'

To illustrate we provide in Table 1 results from the 2015 release of the World Values Survey (WVS) (data collected between 2010 and 2014) for major countries with different religious traditions and degrees of secularization (World Values Survey Association, 2014). The countries we show are chosen because they are the most populated ones covered by the WVS. Together they represent 60% of the global population. Shown is the percent within each country that respond to questionnaire items by saying they consider themselves to be a religious person (labeled 'Religious') and the percent saying that they sometimes or often think about or contemplate upon the meaning of life (labeled 'Think'). The latter question is not a direct measure of spirituality, but, given common definitions of spirituality (Koenig, 2012) it does suggest reflection upon abstract and intangible things that relate to a purpose of life and therefore reflects a degree of spiritual-like thinking. Moreover, earlier versions of the WVS included additional questions about meditation and prayer, and the item on thinking and contemplating meaning of life correlates highly with these other measures that can also be linked to spiritualness. The first two columns compare these items for the total sample 18 and older. The next four columns show the percentages for those under age 60 and for those age 60 and older. Statistically significant differences across age groups are indicated by an asterisk.

The percent that say they consider themselves to be religious varies widely with lows of 12.9% in China, 25.4% in Japan and 33.0% in Thailand, and highs of 99.8% in Pakistan, 95.8% in Nigeria and

Download English Version:

https://daneshyari.com/en/article/1092343

Download Persian Version:

https://daneshyari.com/article/1092343

Daneshyari.com