

DAILY EXPERIENCE SPIRITUAL SCALE BASED ASSESSMENT OF SPIRITUALITY: EASE OF USE IN ADOLESCENTS?

Rakesh Manuskhbhai Lamba¹, Shahab Ghafouri², Jaydipkumar Rasikbhai Vadodariya³, Tejaswini Lenka⁴, Rupashree Ravasab Kaleli⁵, Chhavi Kiran Gupta⁶

Received : 25/08/2023
Received in revised form : 28/09/2023
Accepted : 09/10/2023

Keywords:
DSES, Adolescence, Health variable.

Corresponding Author:
Dr. Chhavi Kiran Gupta,
Email: drctrjrs@gmail.com

DOI: 10.47009/jamp.2023.5.5.329

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2023; 5 (5); 1675-1678



¹Intern, Netaji Subhash Chandra Bose Subharti Medical College, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India.

²Intern, Netaji Subhash Chandra Bose Subharti Medical College, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India.

³Intern, Netaji Subhash Chandra Bose Subharti Medical College, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India.

⁴Intern, Netaji Subhash Chandra Bose Subharti Medical College, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India.

⁵Intern, Netaji Subhash Chandra Bose Subharti Medical College, Swami Vivekanand Subharti University, Meerut, Uttar Pradesh, India.

⁶Associate Professor, Community Medicine, Subharti Medical College, Meerut, Uttar Pradesh, India

Abstract

Background: Spirituality has received increasing attention as a potential health research variable. Better knowledge regarding this variable will be useful for betterment of health. Daily Spiritual Experience Scale attempts to measure experience rather than beliefs transcending the boundaries of religion. The aim and objective are to assess Daily Experience Spiritual Score (DSES) among adolescents, to find out ease of use of DSES among adolescent population.

Materials and Methods: This school-based study was conducted in June 2023. Simple random sampling was used to select one urban and one rural school from the catchment area of UHTC and RHTC respectively. Complete enumeration of eligible and willing students was done. Data was collected through a questionnaire having 16 item DSES and 10 items Perceived Stress Scale after approval from the Institutional Ethics Committee. Assent was taken from the principal of schools and parents of consenting students. Data entry and analysis was done using SPSS software version 21.0. **Result:** 26.7% of students had very low spiritual scores while 52%, 17.6%, and 3.7% students had low, high and very high score respectively. Spiritual scores had statistically significant relationship with age and gender of the student, type of school and PSS.

Conclusion: According to the authors a simplified spiritual scale is needed for Indian adolescents if we want to truly assess spirituality as a preventive health tool or health variable (independent of religious influence).

INTRODUCTION

Adolescence is a period of transition between childhood and adulthood, a time of profound biological, intellectual and physical changes. During this period an individual reaches maturity, develops more sophisticated reasoning attitudes to shape his or her adult career.^[1] Adolescents account for more than 1/5th of population i.e., 21.4% of world's population.^[2] India has the largest number of adolescents in the world i.e. 243 million, hence addressing their issues is very important for Indian health needs.

Spirituality and religiousness have received increasing attention as potential mental health

research variables, even in adolescents. Frequent reference has been made to the body of data linking religious variables to mental and physical health outcomes. Mark D. Holder, Ben Coleman, and Judi M. Wallace talked about the difference between spirituality and religiousness, which are examples of internal characteristics, and their relation to happiness. Spirituality means "inner belief system that a person relies on for strength and comfort" while religiousness means having belief in a God or deity and having religious practices, beliefs, and rituals.^[3] Daily spiritual experience scale is intended to measure a person's perception of the transcendent (God, the divine) in daily life and his or her perception of his or her interaction with or

involvement of the transcendent in life. It tries to make spiritual experiences independent of religious beliefs and has been validated to be used in adolescents.

In a democratic society the school stands next to home in affecting the health of children. It reflects to a considerable extent the attitude and desire of the community.^[4] School is the best assessing place to get adolescents as they explore the different health behaviors in schools when they get involved with their peers rather than their parents. Hence, we felt the need to compare the influence of community and school environment on children in urban and rural schools of Meerut. With this aim in mind it was decided to carry out this study in both rural and urban school of Meerut.

MATERIALS AND METHODS

This school-based study was conducted in June 2023. Simple random sampling was used to select one urban and one rural school from the catchment area of UHTC and RHTC respectively. Complete enumeration of eligible and willing students was done. Data was collected through a questionnaire having Complete enumeration of eligible and willing students was done. Data was collected through a questionnaire having 16 item Daily Experience Spiritual Scale (DSES) and 10 items Perceived Stress Scale (PSS) after approval from the Institutional Ethics Committee. Assent was taken from the principal of schools and parents of consenting students. Data entry was done in MS excel and data analysis was done using open Epi software. Daily Spiritual experience score was plotted graphically. Mean and SD was calculated to continuous data and chi-square test was applied to look for any significant association between Daily spiritual experience score with various variables.

Study Tool: Questionnaire for the data collection consisted of 3 parts:

1. Sociodemographic variables
2. **DSES:** Underwood and Teresi (2002) 5 and Underwood (2006) 6 developed Daily Spiritual Experiences Scale (DSES) which consists of 16 items (questions) of which 1st -15th scoring is done on a Likert 6-point scale (1 = many times a day, 2 = every day, 3 = most days, 4 = some days, 5 = once in a while, 6 = never) and the last 16th item (In general, how close do you feel to God?) is assessed on a Likert scale of 1 (Not at all close) to 4 (As close as possible). DSES score is calculated by adding responses given on Likert scale (1-6) for 1st-15th items. The 16th item of DSES scale is evaluated separately as assessment for this item is done on 4-point Likert scale. Total DSES scores are further categorized into tertiles based on the distribution of responses [high spiritual experiences (19-41), medium spiritual experiences (42-54), and low spiritual experiences (55-81) DSES assesses the

experiences of spirituality rather than particular religious beliefs or behaviours and provides an assessment of religiousness/spirituality in terms as expressed in daily life. A higher total score indicates a lower level of daily spiritual experience.^[7]

3. **Perceived Stress Scale (10 item version):** PSS is used to assess subjective stress in an individual. It is a measure of the degree to which situations in one's life are appraised as stressful. Items are designed to tap how unpredictable and uncontrollable respondents find their lives. The scale also includes a number of direct queries about current levels of experienced stress. PSS has been designed for use in community samples with at least a junior high school education. The items are easy to understand, and the response alternatives are simple to grasp. Moreover, the questions are of a general nature and hence are relatively free of content specific to any subpopulation group. The questions in the PSS ask about feelings and thoughts during the last month. In each case, participants were asked how often they felt a certain way.

Both DSES and PSS are valid to be used in adolescents. Both the scales were validated again by language experts in both English and Hindi language and were distributed depending upon the adolescent language preference for this study.

RESULTS

The above table shows a statistically significant (<0.001) difference between spiritual score between urban and rural school participants. Majority of participants from rural school (41.9% had very low, 49.1% had low spiritual score) fell under very low or low spiritual score while 34.2% students from urban school had high or very high spiritual score. This difference can possibly be due to a better understanding of concept of spirituality (independent of religion) in urban society. This difference can also be explained by difference of socio-demographic findings [Table 1 and 2] seen in the study. These findings show that more urban school students belong to higher socio-economic status families when compared with rural school students. Higher socio-economic status, urban upbringing, more exposure to modern beliefs and better command on language (both Hindi and English) can lead to this difference of score.

According to the above table, 37.6% adolescents who were 13 years of age had very low spiritual score while 21% adolescents who were 15 years of age had very low spiritual score. There was no clear cut trend seen however, the association was found to be significant for spiritual score and age. The difference seen with age was independent of urban and rural setting. This difference with age also points out toward the difficulty in understanding both the scales specially in the younger adolescents. According to

the researchers a simpler and shorter scale is needed for better assessment in younger adolescents. Association of spiritual score was found to be statistically significant with gender keeping in mind that this was behavioural study one must look past, the mathematical models of significance. There was no clear cut trend with gender difference and in our sample female adolescents participants were approximately half of the male adolescent participants. This gender-based distribution difference in the study sample could also be one of the reason for chi square test showing significant difference.

According to the table 15.4% of adolescent from upper class had very low spiritual score while 40.5% adolescents from lower class had very low spiritual score. The association was found to be significant for spiritual score and socioeconomic status.

The association between stress score and spiritual score was found to be statistically significant

however, no clear-cut trends were established. We feel that a simpler scale and late adolescents could lead to clearer results.

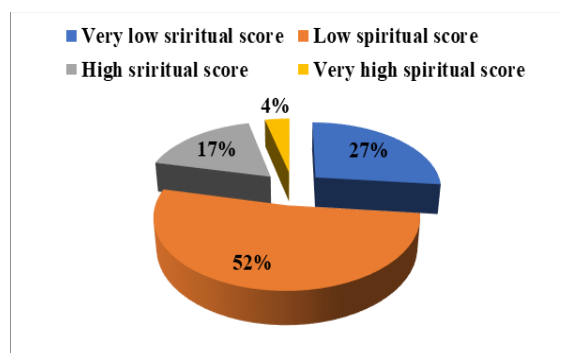


Figure 1: Distribution of participants by total DSES score

Table 1:

		Dimorphic profile					
		Urban school		Rural school		Total	
		No.	%	No.	%	No.	%
Age of the calender	13 years	14	6.10%	119	52.00%	133	28.90%
	14 years	84	36.40%	57	24.90%	131	30.70%
	15 years	133	57.60%	53	23.10%	186	40.40%
Gender	Male	157	68.00%	118	51.50%	275	59.80%
	Female	74	32.00%	111	48.50%	185	40.20%
Religion	Hindu	202	87.40%	200	87.30%	402	87.40%
	Muslim	17	7.40%	25	10.90%	42	9.10%
	Sikh	10	4.30%	4	1.70%	14	3.00%
	Others	2	0.90%	0	0.00%	2	0.40%
Birth order	1	99	42.90%	59	25.80%	158	34.30%
	2	106	45.90%	69	30.10%	175	38.00%
	3	23	10.00%	67	29.30%	90	19.60%
	More than 3	3	1.30%	34	14.80%	37	8.00%
Type of family	Nuclear family	128	55.40%	118	51.50%	246	53.50%
	Joint family	103	44.60%	111	48.50%	214	46.50%
Socio-economic status	Upper class	89	38.50%	15	6.60%	104	22.60%
	Upper middle class	88	38.10%	51	22.30%	139	30.20%
	Lower middle class	44	19.00%	56	24.50%	100	21.70%
	Upper lower class	10	4.30%	70	30.60%	80	17.40%
	Lower class	0	0.00%	37	16.20%	37	8.00%
Education of head of family	Professional degree	2	0.90%	0	0.00%	2	0.40%
	Graduate or post graduate	167	72.30%	59	25.80%	256	49.10%
	Intermediate	48	20.80%	49	21.40%	97	21.10%
	High school	11	4.80%	40	17.50%	51	11.10%
	Middle school	3	1.30%	67	29.30%	70	15.20%
	Illiterate	0	0.00%	14	6.10%	14	3.00%
Occupation of head of the family	Professional	28	12.10%	4	1.70%	32	7.00%
	Semi professional	47	20.30%	26	11.40%	73	15.90%
	Clerical/shop owner/ farmers	140	60.60%	50	41.50%	235	51.10%
	Skilled workers	13	5.60%	29	12.70%	42	9.10%
	Semi skilled workers	3	1.30%	74	32.30%	77	16.70%
	Unskilled workers	0	0.00%	1	0.40%	1	0.20%

Table 2:

Spiritual category		Very low spiritual score		Low spiritual score		High spiritual score		Very High spiritual score		
		No.	%	No.	%	No.	%	No.	%	
Place of school	Urban School	27	11.7%	125	54.1%	66	28.6%	13	5.6%	X ² =76.08, P value= <.001
	Rural School	96	41.9%	114	49.8%	15	6.6%	4	1.7%	
Age of the candidate	13 years	50	37.6%	70	52.6%	11	8.3%	2	1.5%	X ² =76.08, p value= <.001
	14 years	34	24.1%	81	57.4%	21	14.9%	5	3.5%	
	15 years	39	21.0%	88	47.3%	49	26.3%	10	5.4%	

Gender	Male	62	22.5%	155	56.4%	43	15.6%	15	5.5%	X ² =14.28, p value= <0.003
	Female	61	33.0%	84	45.4%	38	20.5%	2	1.1%	
Socio-economic status	Upper class	16	15.4%	50	48.1%	32	30.8%	6	5.8%	X ² =33.94, p value= 0.001
	Upper middle class	31	22.3%	84	60.4%	20	14.4%	4	2.9%	
	Lower middle	34	34.0%	48	48.0%	17	17.0%	1	1.0%	
	Upper lower	27	33.8%	41	51.3%	8	10.0%	4	5.0%	
	Lower class	15	40.5%	16	43.2%	4	10.8%	4	5.4%	
Stress Level	Normal	29	34.5%	40	47.6%	11	13.1%	4	4.8%	X ² =27.45, p value= 0.001
	Stressed	50	39.4%	53	41.7%	20	15.7%	4	3.1%	
	High Stressed	44	17.7%	146	58.7%	50	20%	9	3.6%	

DISCUSSION

Spiritual dimension in health has started to have its foot hold in medical research. In the present study we attempted to find out ease of use of Daily Spiritual Experience Scale in adolescents.

DSES is considered fit to be used in adolescent population globally, however, it definitely needs a good level of language proficiency for complete understanding. During the data collection we found that though both urban and rural adolescents struggled with our questionnaire, the difficulty was definitely found more in rural adolescents. Findings from our study lead to a similar observation. Rural setting, lower socio-economic background and lesser age do not change spiritual experiences to the extent which was shown from our findings. We feel that they have been directly affected by command on language (both Hindi and English) and exposure to philosophical concepts. Even during data collection we found that students who were actively participating in debates and read more books from library did better with overall understanding of the questionnaire while we were explaining the questions. A lot of younger students found it overwhelming and too difficult to use. According to us, DSES is too complicated in its language for Indian adolescents. Our finding gets supported by a similar

study done by Bhola Nath et al. involving 91 MBBS students mainly between 17-20 years of age where DSES scale was used to assess spiritual experience.

CONCLUSION

According to the authors a simplified spiritual scale is needed for Indian adolescents if we want to truly assess spirituality as a preventive health tool or health variable (independent of religious influence).

REFERENCES

1. Supriti Bezbaruah Adolescent in India: A profile. 2000 Sept; <http://www.un.org.in/iawg.htm>.
2. National Youth Policy 2000 as cited in Adolescents in India A profile UNPFA for UN system in india.
3. Holder MD et al. Spirituality, Religiousness, and Happiness in Children aged 8-12 Years. Journal of happiness studies, 2008.
4. Park K. Text book of preventive and social medicine 4th edition. Jabalpur: M/s Banarasidas Bhanot publishers; 1997.568
5. Boehm et al. College student's perception of vulnerability, susceptibility and desire for health information. Patient education and counselling. 1993;27:77-81
6. Park K. Text book of preventive and social medicine 4th edition. Jabalpur: M/s Banarasidas Bhanot publishers; 1997.568
7. Available at: <http://www.who.int/mediacentre/factsheets/fs355/en/> (Cited: 30th august 2014)