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The Impact of Life in a Religious Community in Forming Health-Related Attitudes

Streszczenie w języku angielskim

Introduction: The influence of religion and spirituality on health is a topic that has been widely studied. Despite clear correlations being evident, the underlying mechanisms have not yet been definitively established. In the context of ageing populations, identifying aspects of religiosity that promote positive health behaviors seems particularly important.

Research on the relationship between health and religion focuses on two key terms: 'spirituality', which is defined as an individual's quest for meaning, purpose, and belonging in relation to a higher power; and 'religiosity', which refers to an integrated system of beliefs, symbols, and practices. Religious communities in the Catholic Church are a social group in which these two concepts play a key role in shaping lifestyle.

The legal basis of consecrated life, which is founded on the practice of the evangelical counsels — chastity, poverty, and obedience in the community — is enshrined in the Code of Canon Law. In recent decades, religious congregations have undergone numerous changes in their modus operandi. One of the most significant developments is the accelerating ageing process observed over the past year in nearly all regions of the world except two: Africa and Asia, which has been caused by a decline in vocations. Other substantial changes result from the most recent Council, Vatican II, which encouraged the simplification of religious dress, and the revision of apostolates, and emphasized that consecrated persons neither hold a higher status than the lay faithful nor form part of the hierarchical structure of the Church.

In light of these changes, it is imperative to undertake a comprehensive analysis of the impact of community life on health. Several earlier studies have indicated that the lifestyle of religious individuals positively affects adaptation to changes associated with the ageing process, thereby enhancing resilience and physical well-being.

Purpose of the study: The primary objective of this study was to evaluate the impact of residing within a religious community on the development of health-related attitudes. The secondary objective was to analyze the aspects of community life that have the greatest influence on self-rated health. These relationships were examined in the context of age, the country of service, nationality, and the age at which participants of the study entered a religious community. Beyond the measurable benefits for the religious community, this study also aimed to identify specific elements of congregational life that could be applicable to other communities.

Material and Methods: The study group consisted of 463 sisters representing 22 different nationalities and serving in 34 countries. The data were categorized into three groups — missionary countries, non-missionary countries, and Poland — following the classification of the Congregation for the Evangelization of Peoples. The primary aim of this division was to improve understanding of the influence of external conditions on the lifestyle of religious communities.

Data were collected using an anonymous questionnaire, distributed in both electronic (n = 433) and paper (n = 30) formats. Distribution was carried out in cooperation with the Conference of Major Superiors of Religious Congregations in Poland. A purposive sampling method was used to ensure the inclusion of a wide range of perspective.

The questionnaire was divided into two sections. The first focused on lifestyle and health behaviors; the second examined the impact of various aspects of community life on health. As part of the research tool validation process, a pilot study was conducted within a group of 27 consecrated persons, who further on did not participate in the main study.

Results: Participants over the age of 65 were twice as likely (40%) to engage in regular physical activity compared to those aged 18–49 ($p < 0.05$). Higher consumption of sweets and salt was observed among individuals who had lived in the community for less than 10 years ($p < 0.05$). In missionary countries, the consumption of processed foods and sweetened beverages was the lowest (13% and 11%, respectively), whereas in Poland and non-missionary countries, the figures were higher: 30%/31% and 24%/32%, respectively. Overall, 57% of participants reported leading a healthy lifestyle, with the highest proportion in this category among those over the age of 65 ($p < 0.05$). Furthermore, participants who perceived community life as having a positive impact on health were significantly more likely to adopt a healthy lifestyle

(69.1%) compared to those who did not perceive such an impact (26.3%) ($t = 5.21$; $p < 0.05$). Among Polish respondents, the most frequently cited health-promoting factors were retreats (98%), holidays (96%), and communal prayer (96%). The least positively rated were formation meetings (83%), community-based recreational activities (77%), and wearing religious habits (79%). Participants from other countries gave similarly high ratings to retreats (96%), holidays (96%), and communal prayer (94%). However, the lowest positive ratings were noted for religious dress (58%), formation meetings (70%), and privacy within the convent (71%).

Conclusions: The findings of this study suggest that religiosity may have a beneficial influence on individuals' health assessments, with this effect becoming more pronounced with age. A clear trend was observed: participants residing outside Poland and those in the oldest age group exhibited the most favorable health behaviors. The highest-rated aspects of community life were those related to spirituality and rest, particularly retreats and holidays. In contrast, the impact of formal elements of religious life, such as religious attire, cloistered living, and formation meetings, on health was less evident. As these are potentially modifiable factors, ameliorating them may potentially contribute to improved self-rated health.