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Prosociality, Intolerance of Uncertainty, and Religiosity: A Comparative Study among Male and Female Adults

Anshuman Dixit[1] and Sahiba Kathuria[2]
Department of Psychology, Panjab University, Chandigarh[1]
Department of Psychology, Guru Gobind Singh College for Women, Chandigarh[2]

This is a comparative study designed to find any significant relationship that may exist between prosociality, intolerance of uncertainty, and religiosity while examining the respective gender differences. The variables were assessed using standardised instruments. The sample size consisted of 188 Indian adults (males: 46.28%, females: 53.72%) between the ages of 18 and 30 who identified as Hindu, Sikh, Buddhist, or Jain. Results indicated that there is a significant relationship between prosociality and religiosity; however, no significant relationship was found between intolerance of uncertainty and religiosity or intolerance of uncertainty and prosociality. There were significant gender differences as well, demonstrating that women are more prosocial. Furthermore, women scored higher on a few of the dimensions of religiosity that are discussed below. There were no significant gender differences in the domain of intolerance of uncertainty. This study adds to the body of knowledge by investigating how the respective variables correlate with one another. More research is needed to improve our understanding of the variables' interactions.

Keywords: prosociality, religiosity, intolerance of uncertainty, gender differences

People have been curious about their origins, the meaning of their existence, and why they have been here ever since humans walked the earth. Most of society's attempts to find answers to these concerns may be seen in religion. While it cannot always do that, it frequently succeeds in giving followers direction, moral guidance, and a sense of structure. Another major driver for followers is the belief in an afterlife, which is a fundamental element in most organised religions and fulfils crucial psychological needs (Religion, 2020). People in collectivist cultures are more inclined to describe themselves as members of groups than people in individualist societies. They prioritise in-group objectives, place more emphasis on "context" rather than "content" when communicating and making judgements, prioritise external rather than internal factors in determining social behaviour, define the majority of relationships with in-group members as communal, make more situational judgements, and are more likely to be self-effacing (Triandis, 2001).

According to Cnaan et al. (2012), variations in prosocial behaviour can be attributed to altruistic and religious values, which are positively significant in determining prosocial behaviour. Materialistic values, however, cannot be attributed as an essential source of discouragement of prosocial behaviour. Their findings also indicate that in the contemporary age, religious, materialistic, and altruistic values may all affect prosocial behaviour in complex ways and that these combinations differ among nations and cultures (Cnaan et al., 2012). A study supporting the theoretical notion that religiosity in youth impacts prosocial behaviour was conducted in Thailand, where the selected sample was young Thai Buddhists aged 15 to 24. Five precepts were observed during the course of this study, wherein the first precept fostered goodwill, compassion, and kindness; the second promoted generosity, honesty, service, non-attachment, contentment, and right livelihood; the third precept encouraged self-control, mastery of senses and emotions, renunciation, and control over sensual desires; the fourth promoted honesty, dependability, and moral integrity; and the last precept fostered wisdom. The degree of prosocial behaviour among Thai youth increased as a result of the integration of this theory into their daily lives (Mahaarcha, 2013). In another study carried out by Van Cappellen et al. (2016) the social aspect of the mass was observed to act as a mediating factor in the link between religion and prosociality. Additional research confirmed that said social aspect aroused the emotion of love, which further strengthened the link between religion and prosociality (Van Cappellen et al., 2016).

According to Pichon and Saroglou (2009), religiosity can have a negative impact on prosociality if the target is an illegal immigrant. Their study showed that participants demonstrated an inclination to help two groups of people in need—homeless people and illegal immigrants—after having been religiously or non-religiously stimulated. It was observed that the participants' willingness to help increased after the activation of religious texts, but only towards homeless people (Pichon & Saroglou, 2009). Another study was carried out by Johnson et al. (2010) to understand the role of religiosity in prosociality in the context of racial prejudice. Covert racial prejudice and general negative effects towards African-Americans were assessed after the participants were subliminally primed with either Christian or neutral words. The results indicated higher levels of covert racial prejudice and general negative affect towards African-Americans in participants who were subliminally primed with Christian words as compared to those primed with neutral words (Johnson et al., 2010).

Author Note
[1]Anshuman Dixit, Department of Psychology, Panjab University Chandigarh
[2]Sahiba Kathuria, Department of Psychology, Guru Gobind Singh College for Women, Chandigarh
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Correspondence concerning this article should be addressed to Anshuman Dixit, Department of Psychology, Panjab University Chandigarh
E-mail: anshuman1256@gmail.com

Sagioglou and Forstmann (2013) conducted a study on ambiguity intolerance in the Christian religion, comprising six experiments aimed at assessing the extent to which Christian religious beliefs influence and dictate higher-order cognitive processes. It was confirmed that thinking of religion in symbolic or literal terms tends to increase ambiguity intolerance and effect behaviours and cognition pertaining to myriad social and aesthetic judgements (Sagioglou & Forstmann, 2013). Increased ambiguity tolerance leads to cognitive rigidity (MacDonald, 1970). A study conducted by Bardeen and Michel (2017) examining religiosity, IU, and depressive symptoms showed a significant positive correlation between IU and depression scores at lower levels of religiosity as opposed to higher levels. The findings led to the hypothesis that religiosity may function as a self-regulatory mechanism, providing religious practitioners with prescriptive norms that impart structure and order, thereby minimising the influence of IU on depressive symptoms (Bardeen & Michel, 2017). An Indonesian study revealed a positive and significant correlation between high levels of religiosity and high psychological well-being. However, high levels of Intolerance of Uncertainty (IU) have proved to weaken the link between religiosity and psychological well-being (Muslim, 2021). Another research study conducted on university students aimed to study the effect of IU and religiosity on psychological distress. The results showed a significant positive impact of IU on psychological distress, as opposed to a significant negative impact of religiosity on psychological distress (Saleem et al., 2022).

Kappes et al. (2018) propose that uncertainty does not necessarily promote selfishness. They proposed two distinct types of uncertainty, namely, outcome uncertainty and impact uncertainty, both of which have opposing influences on prosocial behaviour. Outcome uncertainty refers to the uncertainty regarding whether or not a decision will result in a specific outcome. When a decision may have negative implications for other people, it gives rise to impact uncertainty, i.e., uncertainty regarding how the negative outcome will impact other people's well-being. They found that outcome uncertainty leads to a decline in prosocial behaviour. In contrast, there was a notable rise in prosocial behaviour under the impact uncertainty in incentivized economic decisions and hypothetical resolutions regarding infectious disease threats. Perceptions of social norms seemed to mirror behavioural effects. The effect of impact uncertainty on prosocial behaviour was observed to be independent of the individuation of others or the mere mention of harm. It proved to be stronger when impact uncertainty was made more obvious (Kappes et al., 2018). In a Brazilian study aimed at understanding how uncertainty influences prosocial behaviour, it was observed that although being reminded of uncertainty may not impact how one may cooperate with ingroup and outgroup members, the lower someone's need for definite answers (the more openness to ambiguous conclusions), the more likely they are to cooperate with their ingroup and outgroup members (Pilati, 2021).

Prosociality

The APA Dictionary of Psychology defines prosocial as “denoting or exhibiting behavior that benefits one or more other people, such as providing assistance to an older adult crossing the street” (APA Dictionary of Psychology, n.d.-a). Psychology researchers first defined prosocial behaviour as the antithesis of antisocial behaviour (Batson, 2012). People act in a prosocial way to aid others, as opposed to acting in an antisocial way with the intention of hurting someone (BetterHelp Editorial Team, 2023). Examples of prosocial behaviour include helping a neighbour move a large piece of furniture or volunteering your time or money. Altruism is the most conspicuous kind of prosocial behaviour since it involves incurring expenses to assist another person without any hope or expectation of reward (Celestine, 2023). In a study conducted by Paulus (2014) he concluded that goal alignment, social interactionist theories, emotional contagion, and empathic care, as well as social learning and goal alignment, are some of the hypotheses put forth by research for the genesis of prosocial behaviour in infancy.

Intolerance of Uncertainty

Buhr and Dugas (2002) define Intolerance of uncertainty (IU) as “a dispositional characteristic that results from a set of negative beliefs about uncertainty and its implications and involves the tendency to react negatively on an emotional, cognitive, and behavioral level to uncertain situations and events”. According to Davey (2021), it is common for pathological worriers to experience a psychological aversion to uncertainty, despite the fact that every worry we experience will inevitably involve some level of uncertainty. This tendency, which psychologists refer to as "intolerance of uncertainty," is closely related to pathological and catastrophic worrying. Intolerance of uncertainty (IU) was initially identified in people suffering from Generalised Anxiety Disorder (GAD) (Psychology Tools, 2023). Many GAD-related actions, including worry and avoidance, may be seen as attempts to strengthen one's feeling of certainty. While avoidance and "sticking to what is known and safe" decrease exposure to the unknown, worry is an attempt to look ahead and predict possibly negative effects (Psychology Tools, 2023). Anxiety, depression, obsessive-compulsive disorder, and eating disorders are just a few of the clinical diseases for which current research has identified intolerance of uncertainty as a transdiagnostic risk factor (Toffolo et al., 2014; Carleton et al., 2012; Renjan et al., 2016).

Religiosity

APA defines religiosity in two ways: “the quality or extent of one's religious experience” and “exaggerated or affected religious zeal” (APA Dictionary of Psychology, n.d.-b). Patients in both the medical and psychiatric fields frequently turn to their religious or spiritual practises and beliefs in order to manage their illnesses and other difficult life transitions (Koenig, 2012). Religion's significance in a society is referred to by sociologists as "religiosity" (Positivism Interpretivism, 2018). Having faith in a religion can be referred to as religious belief, whereas the extent to which a person engages in religious activities is known as religiosity. You can be religious and exhibit little to no religiosity at the same time. On the other hand, a person may go to church regularly while secretly having no religious beliefs (Measuring Religiosity, 2018). Due to the wide variety of ways one might practise religion or not, sociologists studying religion have discovered that a person's experience, beliefs, sense of belonging, and behaviour frequently do not match their actual religious behaviour (Chaves, 2010).

Objective of the Study

This research aims to study the relationship between prosociality, intolerance of uncertainty, and religiosity and examine the gender differences in Indian adults between the ages of 18 and 30 who identify as Hindu, Sikh, Jain, or Buddhist.

Hypotheses of the Study

- *H1:* There will be a significant relationship between prosociality (prosocial actions, prosocial feelings, & general prosocial factor) and religiosity (way of life, belief in rebirth, karma, & destiny, existence of supreme power, and importance of prayer & a purposeful life).
- *H2:* There will be no significant relationship between prosociality (prosocial actions, prosocial feelings, & general prosocial factor) and intolerance of uncertainty (prospective anxiety, inhibitory anxiety, & intolerance of uncertainty).
- *H3:* There will be a significant relationship between intolerance of uncertainty prospective anxiety, the inhibitory anxiety, and intolerance of uncertainty) and religiosity (way of life, belief in rebirth, karma, & destiny, existence of supreme power, & importance of prayer & a purposeful life).
- *H4:* There will be no significant gender differences in prosociality, intolerance of uncertainty, or religiosity.

Method

Participants

The sample consisted of 188 young adults aged between 18 and 30 years of age. The sample included 87 males (46.28%) and 101 females (53.72%). Convenience sampling was used for this study. Furthermore, the religious affiliation of the participants was Hinduism (85.64%), Sikhism (12.77%), Buddhism (1.06%), and Jainism (0.53%).

Measures

Prosociality Scale: This scale was developed by Caprara et al. (2005) and measures individual differences in a general predisposition to engage in prosocial behaviours during late adolescence and adulthood. It has been widely accepted across different nations when it comes to assessing prosociality. The prosociality scale consists of 16 items that are scored on a Likert scale ranging from 1 to 5 (1 = *never or almost never*, 2 = *rarely*, 3 = *occasionally*, 4 = *often*, & 5 = *always or almost always*). Prosociality is further classified into two dimensions: prosocial feelings and prosocial actions. In a study conducted on the Italian population, Cronbach's alpha was 0.94. The scale was regarded as highly reliable and had good construct validity (Kanacri et al., 2021).

Intolerance of Uncertainty Scale (IUS-12): IUS-12 is a short adaptation of the 27-item intolerance of uncertainty scale originally developed by Freeston et al. (1994). IUS-12 was developed by Carleton et al. (2007) and consists of 12 items that intend to assess an individual's level of intolerance of uncertainty. The responses are recorded on a 5-point Likert scale (1 = *not at all characteristic of me*, 2 = *a little characteristic of me*, 3 = *somewhat characteristic of me*, 4 = *very characteristic of me*, & 5 = *entirely characteristic of me*). IUS-12 is further divided into two subscales: the prospective anxiety subscale and the inhibitory anxiety subscale. The Cronbach's alpha value for the 12-item version was 0.91. The scale also has high construct validity and is widely used (Carleton et al., 2007).

Indic Religiosity Scale: As a tool for measuring religiosity across cultures, the major Indic faiths of Hinduism, Jainism, Sikhism, and Buddhism are combined to form the Indic Religiosity Scale. It is a 15-item scale developed by Jayakumar and Verma (2021) that assesses religiosity based on five factors: way of life, belief in rebirth, karma, and destiny, existence of supreme power, and importance of prayer and a purposeful life. The responses are recorded on a five-point Likert scale ranging from 15 (1 = *strongly disagree*, 2 = *disagree*, 3 = *not certain*, 4 = *agree*, & 5 = *strongly agree*). The internal consistency of this scale is 0.90. The scale showed good convergent and discriminant validity (Jayakumar & Verma, 2021).

Procedure

Any resident of India with a religious affiliation to Hinduism, Jainism, Sikhism, or Buddhism who falls within the age range of 18 to 30 years old met the inclusion criteria for this study. The participation was voluntary in nature, and the participants reserved the right to withdraw at any time. Furthermore, participants were given the assurance that their answers would be kept confidential and used only for the purpose of this research. They were then given a link to a Google Form that contained questionnaires and the instructions that went with each one, and their doubts were cleared accordingly.

Results

This study found significant gender differences in prosociality and all its subscales and in religiosity and all its subscales except for one, i.e., way of life. Additionally, females had higher scores on all the dimensions of religiosity. On the other hand, no significant gender differences were observed in prospective anxiety, inhibitory anxiety, or intolerance of uncertainty. Furthermore, a positive and significant relationship was found between all the subscales of prosociality and all the subscales of religiosity. In contrast, there was no significant relationship between intolerance of uncertainty and prosociality or intolerance of uncertainty and religiosity.

Table 1

Shows the N, Mean, Standard Deviation, t-statistic, and p-values

	Sex	Age	Pro-social Actions	Pro-social feelings	General pro-social factor	Prospective anxiety	Inhibitory anxiety	Intolerance of uncertainty	Way of life	Belief in rebirth, karma, and destiny	Existence of supreme power	Importance of prayer	Purposeful life
N	F	101	101	101	101	101	101	101	101	101	101	101	101
	M	87	87	87	87	87	87	87	87	87	87	87	87
Mean	F	23.1	48.9	16.5	65.4	22.3	15.2	37.5	25.9	7.62	12.4	7.59	7.81
	M	22.6	46.7	15.2	61.9	22	13.9	35.9	24.7	6.45	11.2	6.07	6.59
S.D	F	3.24	7.04	2.41	8.92	5.08	4.73	9.07	4.16	2.44	3.42	2.5	2.29
	M	2.98	6.61	2.63	8.43	4.8	4.68	8.68	4.55	2.53	3.49	2.55	2.34
t		1.174	2.151*	3.425***	2.684*	0.483	1.783	1.212	1.793	3.236**	2.365*	4.129***	3.624***
p		0.242	0.033	<.001	0.008	0.630	0.076	0.227	0.075	0.001	0.019	<.001	<.001

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Table 2

Shows the Correlation Matrix

		Prosocial actions	Prosocial feelings	General prosocial	Prospective anxiety factor	Inhibitory anxiety	Intolerance of uncertainty	Way of life	Belief in rebirth, karma, and destiny	Existence of supreme power	Importance of prayer	Purposeful life
Prosocial actions	Pearson's r	-										
	p-value	-										
Prosocial feelings	Pearson's r	0.663***	-									
	p-value	<.001	-									
General prosocial factor	Pearson's r	0.976***	0.811***	-								
	p-value	<.001	<.001	-								
Prospective anxiety	Pearson's r	0.103	0.128	0.118	-							
	p-value	0.16	0.079	0.107	-							
Inhibitory anxiety	Pearson's r	0	0.07	0.021	0.693***	-						
	p-value	0.999	0.337	0.78	<.001	-						
Intolerance of uncertainty	Pearson's r	0.057	0.109	0.076	0.924***	0.916***	-					
	p-value	0.436	0.138	0.297	<.001	<.001	-					
Way of Life	Pearson's r	0.334***	0.295***	0.347***	0.014	-0.007	0.004	-				
	p-value	<.001	<.001	<.001	0.848	0.921	0.957	-				
Belief in rebirth, karma, and destiny	Pearson's r	0.258***	0.196**	0.259***	0.022	0.097	0.064	0.413***	-			
	p-value	<.001	0.007	<.001	0.766	0.186	0.386	<.001	-			
Existence of supreme power	Pearson's r	0.291***	0.168*	0.277***	-0.049	-0.013	-0.034	0.438***	0.631***	-		
	p-value	<.001	0.021	<.001	0.504	0.862	0.644	<.001	<.001	-		
Importance of prayer	Pearson's r	0.294***	0.269***	0.308***	0.01	0.08	0.048	0.36***	0.612***	0.621***	-	
	p-value	<.001	<.001	<.001	0.895	0.275	0.514	<.001	<.001	<.001	-	
Purposeful life	Pearson's r	0.299***	0.275***	0.314***	0.025	0.097	0.066	0.47***	0.647***	0.651***	0.831***	-
	p-value	<.001	<.001	<.001	0.732	0.183	0.37	<.001	<.001	<.001	<.001	-

Note. * $p < .05$, ** $p < .01$, *** $p < .001$

Discussion

This research aims to study the relationship between prosociality, intolerance of uncertainty, and religiosity in Indian adults religiously affiliated with Hinduism, Sikhism, Jainism, and Buddhism aged between 18 and 30 years.

The present study found a positive and significant relationship between all the subscales of prosociality (prosocial actions, prosocial feelings, & general prosocial factor) and all the subscales of religiosity (way of life, belief in rebirth, karma, & destiny, existence of supreme power, importance of prayer, & purposeful life) (Table 2). These findings are in line with H1, which stated that there will be a significant relationship between prosociality and religiosity, along with all their respective subscales. Based on the results of this study, it is safe to conclude that people who are religious are more likely to indulge in prosocial behaviour. However, it should be noted that this study used the Indic Religiosity Scale, which only assesses religiosity in four religions (Hinduism, Sikhism, Jainism, & Buddhism). These results are also in agreement with a study conducted by Mahaarcha (2013) in which he found a positive correlation between religiosity and prosocial behaviour in Thai youngsters aged 15 to 24 with a religious affiliation with Buddhism. The link between prosociality and religiosity was supported by another study conducted by Van Cappellen et al. (2016). Furthermore, Cnaan et al. (2012) concluded that religious values can influence prosocial behaviour, which is supported by this study as well.

This study found no significant correlation between intolerance of uncertainty and prosociality (Table 2), which proves H2 as well. Furthermore, there was no significant relationship between their respective subscales as well. The results of this research study are similar to another study conducted by Ettema and Setterlund (2021) in which they discovered a connection between prosocial behaviour and intolerance of uncertainty, but it was not statistically significant. On the other hand, the present study contradicts a pre-existing study conducted by Pulford (2009) which found that a person's prosocial tendencies may be greatly influenced by their innate propensities for uncertainty. It showed optimistic people tended to feel less uncomfortable in ambiguous situations (Pulford, 2009). In a different study by Pilati (2021) that sought to understand how uncertainty might affect prosocial behaviour, it was discovered that although the presence of uncertainty may not affect how people cooperate with members of the ingroup or the outgroup, the less someone needs clear answers (the more open they are to ambiguous conclusions), the more likely they are to cooperate with both ingroup and outgroup members.

There was no significant correlation between intolerance of uncertainty and religiosity (Table 2), so H3 is rejected. Koenig et al. (2001) concluded that the connection between a person's spiritual life and their physical and mental health is becoming more and more clear to medical experts and mental health specialists. In a research study conducted by Bardeen and Michel (2017) using religiosity, IU, and depressive symptoms as the variables, it was shown that IU and depression scores significantly improved with lower degrees of religiosity as compared to higher ones. Literature on intolerance of uncertainty and religiosity is scarce. Further investigation is required in this regard.

In the comparison study between male and female Indian adults religiously affiliated with Hinduism, Sikhism, Jainism, and Buddhism aged between 18 and 30 years, it was observed that females had a higher score in prosocial actions (mean value = 48.9) as compared to males (mean value = 46.7), prosocial feelings (mean value = 16.5) than males (mean value = 15.2), general prosocial factor (mean value = 65.4) than males (mean value = 61.9), belief in rebirth, karma, and destiny (mean value = 7.62) than males (mean value = 6.45), importance of prayer (mean value = 7.59) than males (mean value = 6.07), and purposeful life (mean value = 7.81) than males (mean value = 6.59) (Table 1). As a result, the null hypothesis is rejected for the following variables: prosocial actions, prosocial feelings, general prosocial factor, belief in rebirth, karma, and destiny, importance of prayer, existence of supreme power, and purposeful life (Table 1). Accordingly, the null hypothesis is accepted for prospective anxiety, inhibitory anxiety, intolerance of uncertainty, and way of life, and no significant gender differences were observed in these variables (Table 1).

According to a study conducted by Eagly (2009), men and women both engage in a lot of prosocial conduct, but they emphasise different types of prosocial behaviour differently. Women are known for their prosocial activities that are more relational and communal, whereas men are known for their more agentic, collective, and strength-focused prosocial behaviours. Eagly further explained that these sex disparities, which have been shown in studies across a variety of contexts, correspond to generally held notions about gender roles. These views have their roots in the division of labour, which is a reflection of the biosocial interplay between the social structure and the physical characteristics of men and women. Hormonal processes, social expectations, and personal preferences regulate how gender roles affect behaviour (Eagly, 2009). Our study does not make distinctions in the types of prosocial behaviours like relational, communal, agentic, collective, strength-focused, etc. The present study found significant gender differences, with women being higher across all the dimensions of prosociality, i.e., prosocial actions, prosocial feelings, and the general prosocial factor. Abdullahi and Kumar (2016) conducted a study on 60 students at Lovely Professional University, Punjab, India, and reported significant gender differences in prosocial behaviour. They reported that women had higher scores on perspective-taking and other-oriented moral reasoning as compared to men, which is consistent with the results of our study.

One of the most established facts in psychiatric epidemiology is that women are substantially more likely than men to acquire an anxiety disorder during their lives (Angst & Dobler, 1985; Bruce et al., 2005). Lijster et al. (2017) conducted a study to assess the age of onset for anxiety disorders. The average age of onset for separation anxiety disorder, specific phobia, and social phobia was before the age of 15, whereas it ranged from 21.1 to 34.9 years for agoraphobia, obsessive-compulsive disorder, posttraumatic stress disorder, panic disorder, and generalised anxiety disorder. The meta-analysis indicated no variation in the age of onset across genders (Lijster et al., 2017). Intolerance of uncertainty has been identified as a transdiagnostic factor for anxiety, depression, obsessive-compulsive disorder, and eating disorders (Toffolo et al., 2014; Carleton et al., 2012; Renjan et al., 2016). Although the sample of this study was in the relevant age group in which many anxiety disorders occur, the present research study supports the study conducted by Lijster et al. (2017) by finding no significant gender differences in intolerance of uncertainty, inhibitory anxiety, or prospective anxiety.

According to certain studies on "universal" gender differences in religiosity, women are biologically predisposed to having a higher level of religiosity than men (Miller & Stark 2002; Stark 2002). Despite the fact that there are gender disparities in religion, more recent research has emphasised the value of avoiding generalisations and appreciating complexity (Cornwall, 2009; Sullins, 2006). Gender disparities do not appear to be consistent across measures, cultures, or religions (Sullins, 2006). The gender gap in religiosity varies by nation and religious affiliation, and some features of non-Christian religions, including Judaism and Islam, seem to reveal a gender disparity in the opposite direction, implying that men are more religious than women (Sullins, 2006). The present study consists of adults between the ages of 18 and 30 who identified as Hindu, Sikh, Buddhist, or Jain. We assessed religiosity on the following dimensions: way of life, belief in rebirth, karma, and destiny, existence of supreme power, importance of prayer, and a purposeful life. Significant gender differences were observed in all the dimensions except for the way of life. Our findings support the "universal" gender differences that are found in religiosity by showing that women have higher levels of religiosity.

The findings of this study must be viewed in light of some limitations. Firstly, most of the participants identified as Hindu (85.64%), and other religions were left underrepresented in the population. This leads to an understanding that these results may not be applicable to all religions. Secondly, this study used the Indic Religiosity Scale, which only assesses religiosity in four religions (Hinduism, Sikhism, Buddhism, & Jainism), while people who identified with other religions, like Muslims, Christians, etc., were not a part of this study. This calls for further investigation that is inclusive of more religions. Thirdly, religiosity is a phenotype that is evident in every culture, and the results may differ in a different sociocultural setting. Lastly, this study contradicts some of the research conducted in the past, which can be attributed to several factors like a relatively smaller sample size, different sociocultural settings, the psychosocial attributes of the sample, the religions that were considered, and individual differences. Further research is required to study the relationship between the respective variables in multiple other socio-cultural settings and other religions.

Conclusion

There was a positive and significant correlation between prosociality and religiosity among people who identified as Hindu, Sikh, Jain, or Buddhist between 18 and 30 years of age. While no significant correlation was noted between intolerance to uncertainty and prosociality or religious beliefs. There were significant gender differences as well, which were demonstrated by the higher scores that females obtained in the following subscales: prosocial actions, prosocial feelings, general prosocial factor, belief in rebirth, karma, and destiny, importance of prayer, and purposeful life. Consequently, no significant gender differences were observed in prospective anxiety, inhibitory anxiety, intolerance of uncertainty, way of life, or the existence of supreme power.

This research study contradicts a few pre-existing research studies discussed above. These different outcomes may be the result of a number of variables, including sample size variations, different socio-cultural settings, racial and cultural diversity, and population-specific psychosocial circumstances. However, additional research is necessary in light of the findings about how religiosity and other psychological factors might impact prosociality.

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