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Effect of religious orientation on university students' mental health

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Abstract:

Background and Purpose of Study: Adherence to religion is associated with a healthier lifestyle which affects people's mental health. Mental unity is a key to health personality. Among value systems, religion is the most capable of creating this unity. The present research, therefore, aims to investigate how intrinsic and extrinsic religious orientation related to university students' mental health.

Materials and Methods: The present comparative research was conducted on the students of Hormozgan University of Medical Sciences in 2015. The sample size was estimated to be 200. To be on the safe side, however, 252 subjects were selected from the target population. To collect the required data, Alport Syndrome Questionnaire as well as the General health Questionnaire (GHQ) were used. Descriptive and inferential statistics (ANOVA, Spearman's test of correlation coefficient, etc.) were used to analyze the data via SPSS v.19.

Findings: According to the findings, 167 subjects were female (66.3%) and 85 (33.7%) were male. As for age, 118 subjects were 20-22 years of age (48.4%) which had the highest frequency.

Conclusion: A comparison of male and female subjects in term of mental health revealed that women and men were significantly different as concerns their religious orientation (intrinsic and extrinsic). The correlation of multiple aspects of mental health and religious orientation revealed a significant positive correlation between social functioning, depression and intrinsic religious orientation.

Keywords: religious; students; mental

Introduction:

The primary goal of mental health is to help people live a more fruitful, cheerful and harmonious life. It seeks to widen their horizons and prevent mood, emotional and behavioral disorders. Standing against mental diseases to create a healthy community is a governmental as well as social duty. Each community that craves for its members' welfare and

Published online 2017 Winter.

delightful life, needs to raise a homogenous and congenial population (1).

Mental health is a main social obsession and asset. A healthy lifestyle is a main source of lowering disorders and promoting familial and social health. Moreover, socials skills are one sign of social and mental health. Emotional intelligence sub-constructs play a key role in one's success in social and personal life as this mental health factor directly influences human beings. Mental health is a key factor in general health. Mental health is one's capability of living a balanced life and resisting against problems. Mental problems put so much pressure on people that depression is predicted to stand as the second most costly problems in the healthcare system only after heart diseases. Human's need for religion has long-lasting roots as since the very beginning, humans have needed a great support by a potent source (2). To join his immortal God, man requires a strong support which is called a religion which is, by instinct, a natural motivation for a faithful man's life. It acts as a meaningful network which give meaning to life (3). Religion is the strongest source of reflecting human's identity. Religious beliefs are closely related to human destiny and truly affect the other aspects of life (4). Islam has plans for rehabilitation which cannot be realized unless through submission to God and obeying his rules for a healthy life (5). It is agreed today that religion undoubtedly has significant effects on physical and mental health as well as other aspects of life. Among divine religions, Islam has presented the most comprehensive rules to guarantee mental and physical health.

According to Pargament study, the psychological role of religion helps people comprehend and cope with life occurrences. Religion can be effective in producing a feeling of hope, closeness to God, emotional relaxation, chance of self-discovery, feeling of peace and inhibiting momentum. As maintained by Philip penil, religion contributes to patients' mental health. This researcher pointed out immorality as a key mental problem.

Alport (1950) described religion as a philosophy that gives unity to life and

Published online 2017 Winter.

pinpointed it as a potential factor involved in mental health. This researcher believed that religion paves the way for the maturation of a healthy personality. However, this by no means implies that all those claiming to be religious enjoy a healthy personality (6). Intrinsic and extrinsic religious orientation was discussed by Alport. The latter is believed to be used as in instrument to achieve non-religious goals including social support, feeling of security, resistance to problems and development in life and so on. External religious orientation prioritizes the materialistic and secular aspects of life to the moral. Intrinsic orientation, however, is used as a framework in one's social life (7). In other words, one who has an intrinsic religious orientation seeks one's desires in religion and has one's religion in the same line as one's personality. On the other hand, those with an extrinsic orientation convert to a religion merely in the search of other goals. They, in fact, move towards God without forgetting their egotism (8). Bergine maintained that adherence to religion is a kind of healthy life-style for people. Such researchers as Bergine et al. claimed in their body of research that religious orientation is positively correlated with mental health. Moreover, adherence to religious beliefs and orientation to religion step in the way of many mental disorders especially depression and anxiety. These two can lead many physical and mental problems and disrupted behavior. The final result can be a lowered quality of life. Moreover, a body of related research in the past has indicated an increase in the prevalence and severity of mental problems among university students as compared to the non-student population (6). There has been a great deal of research conducted worldwide on university students' general health, mental health, diseases, and so on. These studies have all aimed to recognize students' problems and find solution to them (9). According to the related literature, those with an intrinsic religious orientation experience less anxiety than those with an extrinsic orientation. Women showed to fear death far more than men (10). Mental unity is regarded as a key to a healthy personality. Among influential value systems, religion is the most capable of unification (11). Due to

Published online 2017 Winter.

the importance of mental health among university students, the main question the present research seeks to answer is whether university students' religious orientation is correlated with mental health factors.

Materials and Methods:

The present descriptive-analytical study is correlational in type. It explores the correlation between students' intrinsic or extrinsic religious orientation and the factors involved in mental health. The research population is all Nursing/Midwifery and para-medicine students in Bandar Abbas in 2015. The sample size was estimated to be 200. However, to be on the safe side, 252 subjects were selected from the target population through a systematic clustering method. Aware of the confidentiality of the data they produced, the subjects consented to take part in the study. The incomplete or defective questionnaire were excluded from the research.

Instrumentation:

Alport's religious orientation questionnaire:

This questionnaire is comprised of 21 items that are to be responded. Questions are all in a multiple choice format (1: totally disagree, 2: disagree, 3: agree, 4: totally agree). There is no cut-off point. That is to say that, the higher score one gets from the whole evaluation, the more s/he is characterized by that particular characteristic.

For the first time, this questionnaire was translated and validated in Iran in 1998 by Janbozorgi. Its internal consistence was tested through Cronbach's alpha and reported to be .71. Its reliability was tested through a test-retest method and reported to be .74. In this questionnaire, items 1-12 belonged to external orientation and items 13-21 tested internal orientation (12).

General health Questionnaire (GHQ):

This questionnaire was originally developed by Goldberg and Miller (1979) and translated by Ebrahimi et al. (2007). It consists of 4 factors and 28 items. Each factor further consists of 7 items that

Published online 2017 Winter.

explore four categories of disorders including physical (items 1-7), anxiety and insomnia (items 8-14), social dysfunction (items 15-21) and depression (items 22-28). In all items, a lower score would imply health and a high score would mean a lack of health. The reliability of the questionnaire was tested by Najafi et al. (2000) through a test-retest method and was reported to be .89 (as cited in Ehyakonande, 2008). The internal consistency of the questionnaire was tested by the same researchers through Cronbach's alpha and was found to be .73 (13).

Findings:

Table 1: Distribution of the demographic information

Variable	Sub-variable	f.	%
Sex	Female	167	63.3
	Male	85	37.7
	total	252	100
Age	18-20	49	49.4
	20-22	118	46.8
	22-24	70	27.8
	>24	7	2.8
	no response	8	3.2
	Total	252	100
University admission year	2012	80	37.7
	2013	90	35.7

Published online 2017 Winter.

	2014	82	32.5
	total	252	100
Place of residence	Dormitory	171	67.9
	Home	81	32.1
	total	252	100

167 subjects (66.3%) of the sample were female while 85 (33.7%) were male. As for age, the highest frequency went for the 20-22 year old group with 118 subjects (48.4%) while the lowest frequency belonged to those above 24 years (n=7, 2.9%). The frequency and percentage of the other age groups were: 18-20 years (n=49, 20.1%) and 22-24 years (n=70, 28.7%). As for students' admission year, the frequency and percentage was as the following: 2012 (n=80, 31.7%), 2013 (n=90, 35.7%), 2014 (n=82, 32.5%). From among this number, 203 subjects (80.6%) were admitted in the first academic semester (in autumn) while 49 subjects (19.4%) got admitted in the second semester (in winter). A total number of 171 subjects (67.9%) resided in dormitory while 81 others (32.1%) lived at home. The majority of students (n=233, 92.5%) were B.S. undergraduates and only 19 (7.5%) were studying for an associate degree(Table 1).

Table 2: Distribution of subjects in terms of their mental disorder

variable	Sub-variable	Frequency	Percent
Level of mental disorder	None	126	50
	slight	106	42
	moderate	20	8

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GHQ results revealed that 126 subjects (51.6%) of the sample enjoyed a complete mental health; 106 subjects (43.4%) had a slight mental disorder and 20 (4.9%) had a moderate level of mental disorder.

Table 3: Comparison of male and female subjects in terms of mental health and religious orientation

Variable	dimension	Female mean	Male mean	u-value	p-value
Dimensions of mental health	Physical symptom	6.04	6.01	-.34	.73
	Anxiety	6.28	5.20	-2.27	.04
	Social function	7.95	8.89	-2.22	.02
	Depression	3.20	3.27	-.13	.89
	Total mental health	23.35	23.43	-.48	.62
Religious orientation	Extrinsic	33.03	34.28	-.14	.16
	Intrinsic	20.48	21.34	-1.30	.19

An observation of the table above shows that the male and female differed in terms of anxiety and social function. As for anxiety, men and women showed to significantly diverge (u-value=-2.27, α=.04) and women showed to experience more anxiety than men. In terms of social function, similarly the two sexes showed to differ significantly (u-value=-2.22, α=.02) and men turned out to have a

Published online 2017 Winter.

higher social function than women. With regard to religious orientation (intrinsic or extrinsic), no statistically significant divergence was observed between the two groups.

Table 4: Correlation coefficient of mental health and religious orientation

		Extrinsic orientation	Intrinsic orientation
Physical symptom	Correlation coefficient	-.07	.09
	p-value	.27	.12
Anxiety	Correlation coefficient	-.004	.60
	p-value	.95	.34
Social function	Correlation coefficient	.04	.16
	p-value	.45	.01
Depression	Correlation coefficient	.007	.17
	p-value	.91	.01
Total mental health	Correlation coefficient	.04	.05
	p-value	.45	.42

Published online 2017 Winter.

Table 4 indicted the Spearman's correlation coefficient for multiple dimensions of religious orientation and mental health. According to the findings, a significant positive correlation existed between social function and intrinsic religious orientation (r=.16, α=.01). Moreover, depression and intrinsic religious orientations showed to be positively correlated (r=.17, α=.01). However, no statistically significant correlation was found between the other dimensions of mental health and intrinsic religious orientation.

Discussion and Conclusion:

The overall findings of the present research revealed that 126 subjects (51.6%) enjoyed a complete mental health; 106 subjects (43.4%) had a slight mental disorder and finally 20 subjects (4.9%) had a moderate level of mental disorder. A comparison of the male and female in terms of mental health and religious orientation revealed a statistically significant difference in terms of anxiety. Women showed to have a higher level of anxiety than men. Concerning social function, significant differences were found between the male and female. Men showed to have a higher mean social function than women. The overall findings indicated no statistically significant difference between men and women in terms of religious orientation (intrinsic or extrinsic).

An investigation of how mental health dimensions correlated with religious orientation revealed a significant positive correlation between depression and intrinsic orientation. A similar positive correlation was found between depression and intrinsic orientation. However, no correlation was observed between the other dimensions of mental health and the intrinsic and extrinsic religious orientations.

The present findings are further supported by Alport's categorization of religious orientations to intrinsic and extrinsic. Alport believes that religion is used in extrinsic orientation as a tool for achieving non-religious goals such as social support, security, resistance to problems or development in life and the like. Extrinsic religious orientation implies that the secular and materialistic aspects of life are

Published online 2017 Winter.

prioritized over the moral. This is in contrast to the intrinsic orientation which acts as a framework for social life. Despite positive religious beliefs, experts in the psychology of religion have discussed the existing controversy over the effects of religious beliefs on mental health. As an instance, Chavoshi found negative effects of religion on mental health (6).

There are mixed results reported on the correlation of religion and mental health. Bergin's meta-analysis showed that 23% of the findings were indicative of a negative correlation while 41% of the reported results were positive correlations. 3% of the results indicated no statistically significant correlation. Adherence to religion is viewed as a whole which can affect mental health in different ways. These effects might be contradictory (14).

Roghanchi's investigation found significant correlations between religious orientation and depression as well as social function ($r=-.22$, $p<.01$), religious orientation and depression ($r=.31$, $p<.01$) (15). Another investigation by Soleimani Khatab et al. indicated the significant effect of religious orientation and found it as the only strong mediator between morality and mental health (16). The results of some other research in the Korean context revealed that depression often encouraged a search for morality and this can play a key role in overcoming depression and lowering it to a great extent (17). As stated by Pargament, Hahn, religious beliefs help to raise self-confidence. Contrary to previous findings, religious beliefs do not necessarily always lead to mental health and elimination of anxiety. As investigated by Bayani, Goudarzi, Khodayarifard, Mirzamani and Mohammadi, religious orientation is correlated with depression and anxiety (18).

Limitations:

The majority of participants in this study were 18-22 years of age. This low age could have affected their lacking understanding of the role religion and religious orientation play in life. Such studies on the significance of religion and mental health need to homogenize subjects as for age, education and other factors that might affect their religious orientation.

Published online 2017 Winter.

Suggestions:

Finally, university students are suggested to pass instructional courses on the significance of religious beliefs and orientation on their progress in life so that they can adhere to religion in hard and challenging conditions. We also suggest that similar investigations be conducted among students of different universities.

References

1. Milanifar B. Mental Health. Tehran: fomas; 1999.

2.fati L , Shakiba SH , Asgharnejad F. Type of psychological relationship with social-emotional intelligence : emotional intelligence to improve information and practical tips. Journal of Applied Psychology 2008;7(4):607-25.

3. Maddahi M, Samadzadeh M, F K. The relationship between religious orientation and psychological well-being amoung university students. Journal of educational psychology. 2011;2(1):53-63.

4. Heidari E, Khalili F, K KM. Relationships between Religious Orientation, Death Anxiety and Sensation Seeking. Journal of Psychology. 2009;13(3):325-41.

5. Karami J, Roghanchi M, Y A. Relationships simple and multiple dimensions of religious orientation and mental health in students of University of Kermanshah. Journal of Educational Science and Psychology martyr Chamran University. 2006;3(3):31-52.

6. Chavoshi A, Talebian D, Tarkhorani H, H T. The relationship between prayers and religious orientation with mental health. Journal of Behavioral Sciences. 2008;2(2):149-56.

7. Kajbaf M , Raeesi H. The relationship between religiosity and mental health among high school female students in Isfahan Journal of Islamic Studies and Psychology. 2011;1(2):31-43.

8. khavaninzadeh M, Azhee J, M M. Comparison of intrinsic and extrinsic religious orientation Attachment Students. Journal of Psychology. 2005;9(3):227-47.

9. Rezaee A, najieafahani H, T mg. Religious Orientation Relationship with Anxiety and Depression University of Medical Sciences. Behavioral Sciences. 2010;10(6):509-19.

10. Yasminnejad P, GHolmohamadiyan, B F. Examine the relationship between religious orientation and psychological hardiness of students. Journal of Issues in Islamic Education. 2012;(12):119-37.

11. Azimi H, M Z. Intrinsic and extrinsic religious beliefs in mental health and geriatric depression. Journal of Rehabilitation. 2005;12(34):42-7.

12. Akbari A, Dehkordi M, Oraki M, Barghi irani Z. Realation between religious orientation with anxiety about death and alienation in age people(seniors) in Tehran. social psychology research. 2011;1(2):140-59.

13. GHaderi D, Mostafai A Styles identity and religious orientation in male and female students. Women studies. 2013;10(4):137-56.

Published online 2017 Winter. **Original Article**

14. Ebrahimpoor A. Assess the mental situation affecting students' academic performance scarifying province plans. 2011.

15. Abigail James , Wells A. Religion and mental health: Towards a cognitive-behavioural framework. The British Psychological Society. 2003;8(1):359-76

16. Roghanchi M. The relationship between religious orientation and mental health Razi University Welfare and Rehabilitation Sciences: .Razi; 1384

17. SoleimaniKhashab A , MansouriKhashab A , Mohammadi M. Predicting Dimensions Of Psychological Well Being Based on Religious Orientations and Spirituality: An Investigation into .a Causal Model. Iran J Psychiatry. 2015;10(1):50-5

18. Jong-Ik Park , Jin Pyo Hong , Subin Park , Cho M-J. Relationship between Religion and Mental Disorders in a Korean Population. Psychiatry Investig. 2012;9(1):29-35

19. Khosravi Z, Zarabihab E , Nematic A. An Investigation of the Relationship among pathological and non pathological guilt feeling, Religious Attitude and Mental Health. Procedia - Social and Behavioral Sciences .2011;30:1370-3