Original article

Relationship between Religious Attitude and General Health of Medical Science Students in Different Regions in Iran

Reza Alipoor [1], Majid Naghdi[2], Salar Hosseinpour [1], Reza Heidari Soureshjani [3], Arash Rezaie [4], Ghazal Mousavian [5],Fatemeh Jafari[6], Zia Obeidavi[7], Reza Homayounfar [2]

1. Student Research Committee, Fasa University of Medical Sciences, Fasa, Iran
2. Noncommunicable Diseases Research Center, Fasa University of Medical Sciences, Fasa, Iran
3. Student Research Committee, Shahrekord University of Medical Sciences, Shahrekord, Iran
4. Student Research Committee, Golestan University of Medical Sciences, Gorgan, Iran
5. Student Research Committee, Kerman University of Medical Sciences, Kerman, Iran
6. Student Research Committee, Boushehr University of Medical Sciences, Boushehr, Iran
7. Student Research Committee, Lorestan University of Medical Sciences, Khorramabad , Iran

Corresponding author: Reza Homayounfar Email: r_homayounfar@yahoo.com

Abstract

Background: Religion and religiosity have important effect on physical and mental aspects of human, and thus religious study is nowadays a new and attractive field of study. The role of religion in general health of students stimulated the conduction of this study.

Materials and Methods: In this descriptive-analytical study, 1,900 students of Lorestan, Fasa, Shiraz, Golestan, Kerman, and Shahrekord Universities of Medical Sciences were selected for evaluation, using stratified random sampling. The demographic questionnaire, Khodayarifard's religious attitude questionnaire, and general health inventory were distributed among students. Data was analyzed with descriptive tests, chi-square test, and Pearson correlation coefficient, using SPSS.

Results: The mean and standard deviation of age, general health score, and religious attitude score of students, on a scale of 100, were 22.18±3.24 years, 23.17±8.14, and 82.4±10.35, respectively. Among the students, 13% had medium religious attitude and 87% (1,653) had strong religious attitude. A positive relationship was observed between religious attitude and mental health. A significant direct correlation was also observed between religious attitude and general health ($p<0.05$).

Conclusion: Results indicated that the majority of medical science students had strong religious attitude. A positive significant correlation was observed between religious attitude and general health. Since more than half of the students demanded the holding of religious question and answer sessions and marriage workshops, the necessity of holding such courses was further sensed.

Keywords: *: Student, Religious Attitude, Mental Health*

Introduction

Religion which refers to the acknowledgment of God, Holy Prophet, Judgment Day, and Resurrection, acquiescence in the will of God, following the path of Ibrahim (A.S.), and belief in monotheism and worship of God; it means grabbing the rope of God, having prayer, and making zakat contributions; and it refers to law and penalty [1]. According to religious scholars, religion is a specific way of living that meets the world's righteousness in compliance with otherworldly perfection and real permanent life [2]. Moreover, some other scholars have used the interpretation of verses and hadiths, and literally defined religion as compliance, obedience, submission, subjection, humbleness and penalty. They considered it to be a set of beliefs, ethics, laws and regulations that aim to manage and develop human and human society [3].

Forgetting original religious beliefs and sometimes staying away from them pave the way for internal and mental conflicts, and emotional emptiness, aimlessness and despair in the face of deprivations, hardships and mental stresses [4]. According to numbers of studies, some indices of religiosity

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have inverse correlation with some aspects of psychological problems [5]. On the other hand, almost all studies have acknowledged the positive effect of religious attitudes and beliefs on general health. In other words, increased religious attitude reinforce mental and general health [6].

Previous studies have confirmed the positive relationship of religious commitments and spiritual performance with cardiovascular disease prevention; in addition, a relationship between positive attitude and internal spiritual orientation with blood pressure reduction through religious coping has been found. Studies by Koenig et al. confirmed this relationship [7 and 8]. A study by Braam et al. (1997) showed the relationship of religious attitude, specifically internal religious orientation, with low risk of depression and high chance of recovery from depression [9]. Other relevant studies indicated the relationship of religious feedback and spiritual performance with the reduction of anxiety symptoms, drug consumption, and risk of suicide [9-12]. Schludermann et al. also showed a positive significant relationship of religious commitment, internal religiosity, and religious practices with psychological and social adjustment capabilities of students, in a way that internal religiosity and religious commitment were the best predictors of social adaptation capabilities in these students [13]. Several studies in Iran have also reported a relationship between religious attitude with such variables as aggression, depression, anxiety and mental health. Azimi et al. (2001) investigated the relationship of styles of religious coping with anxiety in students of Gorgan University of Medical Sciences, and found that religious beliefs and rituals played an important role in the prevention and reduction of emotional and mental problems. Moreover, Sadeghi et al. (2010) concluded that paying attention to social and cultural statuses was essential for improving religious attitude and mental health of boys. Another study in Iran also confirmed this relationship [14-17].

Regarding the emergence of new and false religious schools and sects, their influence in media, especially the influence of Western media in our country, abusing the feelings and desires of youths, the importance of physical and mental health of students in every country, as the national and cultural capitals, and their effective role in the construction and promotion of community, conduction of research on religious attitude status of this social segment is highly essential. Therefore, this study was designed to investigate the relationship of religious attitude with general health of students of universities of medical sciences in Iran.

Materials and Methods

This cross-sectional study with descriptive-analytical design was conducted in 2014 on students of some universities of medical sciences in Iran, including Tehran, Gorgan, Shahrekord, Ardabil, Shiraz and Fasa Universities of Medical Sciences. Due to heterogeneity of research population in different universities, the sample size of 1,900 was obtained, using the Cochran's formula. The subjects were selected from the students studying in different fields of study in the mentioned universities, using stratified random sampling. This sample size, by the universities, included 300 students of Fasa University of Medical Sciences, 350 students of Shiraz University of Medical Sciences, 300 students of Lorestan University of Medical Sciences, 325 students of Golestan University of Medical Sciences 325 students of Kerman University of Medical Sciences, and 300 students of Shahrekord University of Medical Sciences. Inclusion criteria were: having academic degree, tending to Islam, and having no record of psychiatric problem. Exclusion criteria were: unwillingness to participate and incomplete questionnaire.

In this study, three questionnaires were used for data collection. The Demographic Questionnaire that included age, gender, marital status, academic discipline, and semester information was used for collecting personal information. The Khodayarifard's Religious Attitude Inventory was used to collect data on religion and religious attitude. Validity and reliability of this standard inventory were obtained in previous studies [18 and 19]. The Cronbach's alpha of this inventory was reported as 94%. It included 40 items scored based on a 5-point Likert scale (5" strongly agree," 4"agree," 3"neutral," 2"disagree," 1"strongly disagree"). Religious attitude in this scale is divided into three levels, namely strong (those scored 70% and above), medium (those scored 50%-70%), and weak (those scored lower than 50%). The General Health Inventory was used to assess general health of the students. This questionnaire, whose validity and reliability have been confirmed, includes 28 items [20]. The Cronbach's alpha of this inventory was reported as 94%. This inventory includes 4 scales, namely physical symptoms, anxiety and sleep disorder symptoms, social function, and depression. Scoring is based on a 4-point Likert scale (0"not at all," 1"normal," 2"more than normal," 3"far more than normal"). Score of each subject in each mentioned scale is determined separately. Then, the overall scores of the scales are summed up and used for evaluation of general health status of the students. In this instrument, the maximum and minimum

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scores are given to the worst and best health statuses, respectively.

According to the ethical and secrecy codes, the participants were informed about the confidentiality of their information, bases and objectives of research, and anonymity of questionnaires. In addition, written informed consents of all participants were obtained. These questionnaires were completed by the participants to their request in their best spiritual and intellectual status, according to themselves. The collected data was analyzed with descriptive statistical methods including chi-square and Pearson correlation tests, using SPSS19. The significance level of the tests was considered as 0.05.

Results

All 1,900 students, selected from the Kerman, Golestan, Shahrekord, Lorestan, Shiraz, and Fasa Universities of Medical Sciences, completed the questionnaire and were eager to participate (participation rate of 100% was obtained). According to the analyses, 34% (646 subjects) were male and 66% (1,254 subjects) were female. The mean age of participants was 22.18±3.24 years (ranging from 19 to 32 years). In terms of marital status, 82% (1,558 subjects) were single and 18% (342 subjects) were married. In this study, 532 subjects (28%) were PhD student, 1,197 subjects (63%) were master student, and 171 subjects (9%) were undergraduate student. In addition, 532 subjects (28%) of the participants were from the schools of medicine, 225 subjects (12%) were from the schools of health, 475 subjects (25%) were from the schools of paramedicine, and 665 subjects (35%) were from the schools of nursing and midwifery.

In this study, general health and religious attitude of the students were scored from 0 to 100. The general health and religious attitude scores of all students were obtained as 23.17±8.14 and 82.4±10.35 on a scale of 100. The mean scores of religious attitude and general health by universities are presented in Table 1.

In terms of score classification, 247 subjects (13%) had medium and 1,653 subjects (87%) had strong religious attitude. There was no subject with weak religious attitude. Moreover, the mean scores of four general health domains were 5.3±2.86 for physical health, 7.08±3.14 for anxiety, 7.43±3.92 for social performance, and 5.33±4.24 for depression.

In this study, there was no significant correlation between demographic variables and general health. In addition, no correlation was observed between demographic variables (age, gender, academic discipline, educational level, and place of study) and religious attitude of the students; however, there was a positive significant relationship between marital status and religious attitude, in a way that this factor was stronger among married students. Table 2 shows the relationship of demographic variables with religious attitude of the students of medical sciences.

In this study, the relationship of general health status of the students with their religious attitude was analyzed, using Pearson correlation coefficient. In addition, a positive correlation was found between religious attitude and general health. In other words, people with better religious attitude were healthier. Table 3 presents the correlation of age, general health, and religious attitude of each subject.

According to the participants' statements, 1,026 subjects (54%) requested the holding of marriage workshops and 969 subjects (51%) considered the holding religious question and answer sessions to be necessary.

Table 1- Scores of religious attitude and general health by universities

	Lorestan University of Medical sciences	Fasa University of Medical sciences	Shiraz University of Medical sciences	Golestan University of Medical sciences	Shahrekord University of Medical sciences	Kerman University of Medical sciences
Score of religious attitude	83.21±9.83	83.16±9.72	81.45±10.39	82.16±10.2	82.45±10.46	81.7±11.08
Score of general health	21.89±8.94	24.95±7.12	23.81±8.26	22.64±8.73	22.91±8.6	22.83±8.31

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Table 2 - the relationship of demographic variables with religious attitude of the students of medical sciences.

Variables		Religious Attitude		P-Value
		medium religious	strong religious	
Gender	Male	72 (11.15%)	574 (88.85%)	0.288
	Female	301 (24%)	953 (76%)	
Marital status	single	53 (34.02%)	1028 (65.98%)	0.002*
	Married	20 (5.58%)	322 (94.15%)	
Educational level	Under graduate	374 (29%)	850 (71%)	0.054
	Professional doctoral	112 (21.06%)	420 (78.94%)	
	post graduate	18 (10.53%)	153 (89.47%)	
	Nursing and Midwifery	100 (15.04%)	565 (48.96%)	
Place of study	Paramedical School	62 (13.06%)	413 (86.94%)	0.364
	Medical School	69 (12.97%)	413 (87.03%)	
	Public Health School	34 (14.92%)	194 (85.08%)	

P< 0.05 was show with * = significant relationship

Table 3 - correlation of age, general health, and religious attitude of each subject

	Age		Religious Attitude		General Health	
	r	P-Value	r	P-Value	r	P-Value
Age	-	-	-0.059	0.421	-0.051	0.312
Religious Attitude	-0.059	0.421	-	-	0.359	0.012*
General Health	-0.051	0.312	0.359	0.012*	-	-

P< 0.05 was show with * = significant relationship

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Discussion

The participation percentage of students was 100%, indicating the importance of the research subject and their interest in it. Results showed that the majority of medical students had strong religious attitude. Statistical analyses showed a significant correlation between marital status and religious attitude of students; whereas, no significant correlation was observed between other demographic variables with general health and religious attitude. A positive correlation between general health status and religious attitude was another finding of this study.

In this study, 87% of the students had strong religious attitude. Tavan et al. (2009) investigated the relationship of religious attitude with mental health of students of Arak University of Medical Sciences, and reported that 86% of them had strong religious attitude [21]. Sadeghi et al. (2010) reported that the majority of students had strong religious attitude [17]. Moreover, Zohor et al. (2001) studied the religious attitude of students of Kerman University of Medical Sciences and found that 55% of them had strong religious attitude [22].

According to the findings of the present study, there was a significant correlation between marital status and religious attitude. Jamali et al. (2012) found a positive relationship between religious attitude and marital status [23]. In addition, Enayatifar et al. (2010) found a relationship between marital status and religious attitude [24]. There are other studies consistent with the present study [25 and 26]. With respect to the explanatory points, it can be said that religion and religious belief affect marriage and increase marital satisfaction. Marriage, as the manifestation of commitment to life, is considered to be an important and valuable event in Islam. Religious experience creates a sense of social connection with God. This relationship is somehow similar to the connections between people that finally result in marital satisfaction. Religious teachings and beliefs can lead the person to perfection and greater satisfaction. Those who have heartily obtained religious conviction will be more successful in having sympathy, understanding, accountability, flexibility, etc. Because of this, such people are highly capable of improving their relationships and interactions, and thus find more adjustment capability and satisfaction of their marital relationships.

No significant relationship was found between age, academic discipline, educational level, and place of study with religious attitude of students. There was also no relationship between age, marital status, academic discipline, educational level, and place of living with general health of the subjects. Different studies in this field have produced different results. Tavan et al. (2009) found an inverse significant correlation between religious attitude with age, academic discipline, and place of living. They also found that married subjects suffered more from mental disorders and had lower general health [21 Zohor et al. (2001) found that only 45% of master's degree and PhD's degrees students had strong religious attitude; whereas, 62% of the associate degree and bachelor’s degree students had strong religious attitude [22]. These findings are inconsistent with the findings of the present study. The sample size and its broad distribution across different universities can justify this. These two factors can partially remove research limitations and even affect research findings.

The mean score of general health of the participants was obtained as 23.17±8.14. Dibajnia et al. (2002) reported the total mean score of 96.21±8.76 [27] in general health, which was lower than the finding of the present study. Moreover, Tavan et al. reported general health score of 24.04±9.41, which was lower than the present study.

In this study, a positive, direct, and significant correlation was found between religious attitude and general health of students. The findings are consistent with Pardini et al.'s findings in terms of the existence of a positive relationship between religious faith and spirituality with the health and psychological statuses [28]. Several studies have confirmed this positive correlation between religious attitude and health. Sharifi et al. (2005) in a study concluded that religious attitude had negative relationship with general health disorders and positive significant correlation with patience [29]. Moreover, Salehi et al. (2007) investigated the relationship of religious beliefs with mental reaction control. Results suggested that people with higher religious performance had better mental health [30]. Soleimanizadeh et al. (2002) showed a statistically significant correlation between the depth of depression and one's attitude towards religion. They concluded that people with low religiosity fall into deeper depression than religious individuals [31]. Results of these studies are consistent with the findings of the present study. Shahniyelagh et al. (2004) showed that there was no direct correlation between religious attitudes and mental health of students, which is inconsistent with the findings of the present study [32]. It can be said that as food can affect it [33], religion, as spiritual food, can affect human health. The sense of belonging to a sublime source, cherishing hope of God's help in stressful conditions of life, and enjoying spiritual support are sources that help religious people suffer less from problems and gain higher mental health.

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According to the participants' statements, 54% of them requested the holding of marriage workshops and 51% of subjects considered it suitable and necessary to hold religious question and answer sessions. Accordingly, holding marriage workshops and question and answer sessions in mosques inside universities can improves people's religious attitude and consequently general health of them. In addition, we should prepare their mind for coming into marital relationship through providing them with marriage counseling.

There are several limitations to our study, including data collection through self-reporting questionnaires, in which dishonest answers are probable that risks valid discovery of mental problems and religious attitude of people. To eliminate this limitation, future studies are recommended to use interview and clinical diagnosis to examine general health and religious attitude of subjects to provide more accurate analyses. Moreover, cross-sectional design of the study was another limitation to it. It is because such studies sometimes rely on individuals' capability in recalling their emotional reactions they had in the past. On the other hand, an attempt made to obtain all reactions at the calmest possible time with the request of the given subject was of strengths of this study. The statistical population of the research was among the strengths of this study.

Conclusion

In this study, a positive correlation was found between religious attitude and general health. Findings of this study indicate that the majority of subjects had strong religious attitude. Strengthening religious attractions, free of illusions, superstition and fear, to improve religious attitudes of the students of Iran Universities of Medical Sciences is recommended.

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Conflict of Interest

We declare no conflict of interest in this study.

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