



Correlation between Religious Orientation and Mental Health among High School Students in Region 2, Zanjan in 2014

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ABSTRACT

The mental health and life satisfaction are features of healthy individuals. Therefore, the global efforts to provide a proper ground to live free of disease belong to prevention and treatment of diseases such as cardiovascular, infectious, and etc. diseases and providing a quiet environment for inner peace and mental health. Despite rapid developments in solving the human body problems, the medical science has not taken effective step to solve the human psychological problems. However, the mental problems play important role in development of physical illness. However, this study aimed to investigate the relationship between religious orientation, mental health, and life satisfaction of high school female students in region 2, Zanjan. For this purpose, using multistage cluster sampling method, 314 students were selected from first, second, and third grades as sample. The findings showed that there was a significant correlation between external religious orientation, internal religious orientation, and mental health.

Keyword:

Religious Orientation, Mental Health, Life Satisfaction, Female Students.

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Introduction

The adolescence is the most important stage of human growth and development and is the period of transition to adulthood and identification. The growth characteristics of this period may underlie many behavioral disorders, delinquency, substance abuse, and mental illnesses. The human and life are concepts which never get separated from each other. The life is an integral part of human and he/she cannot escape from it. Therefore, man must live. However, this may be asked: What is delightful and sweet life? The man searches for happiness and seeks to achieve satisfying life. There is no one who wants to have an unhappy life. The satisfaction is the basis of success and there is no successful man who does not benefit from life satisfaction. The progress and success is not possible without satisfaction. The successful people are those who enjoy their life. Therefore, the life satisfaction is one of the secrets of successful people. The successful life is a life which is associated with satisfaction. If the life is the basis of evolution, the satisfaction is a pre-request of success in life. The people who have no problem with their life may think of evolution. It should be noted that there is difference between having problem in life and having problem with life. All people have problems in their lives, but the successful men have no problem with their lives; this means that they have life satisfaction (Abdullah Zadeh et al., 2009). The review of studies on religious orientation and mental health shows that despite frequent research which are conducted in other countries, especially western countries, it is not proper to use and generalize the results of these researches on religious orientation, mental health, and life

satisfaction in Iran. However, considering lack of sufficient research on youth population, this study aims to answer this question: Whether there is correlation between religious orientation, mental health, and life satisfaction of female high school students in Zanjan?

Methodology

This was applied descriptive correlational study. This study investigated the correlation between religious orientation, mental health, and life satisfaction of participants. The population consisted of all high school female students in district 2, Zanjan in 2014-2015 (N= 3000). Using multistage cluster sampling method, 314 students were selected as sample. The research variables included religious orientation (with two subscales: internal and external), mental health (with four subscales= depression symptoms, physical symptoms, anxiety symptoms, sleep disorders, and social dysfunction), and life satisfaction (with five subscales: family, friends, school, living environment, and themselves).

Findings

First main hypothesis: There is a significant correlation between religious orientation components and mental health among high school students.

Sub-hypotheses:

1. There is a significant correlation between external religious orientation and mental health components among high school students.
2. There is a significant correlation between internal religious orientation and mental health components among high school students.

Table 1: Correlation between religious orientation components and mental health among high school students

Variable	Physical symptoms	Anxiety symptoms and sleep disorder	Depression symptoms	Social function	General health	External religious orientation	Internal religious orientation
External religious orientation	-0.053	-0.105*	-0.036	-0.102*	-0.111*	1	-0.165**
Internal religious orientation	0.177	0.03	0.263	0.03	0.02	-0.165**	1
External religious orientation	-0.002	0.042	0.021	0.011	0.025	-0.165**	1
Internal religious orientation	0.484	0.232	0.356	0.42	0.331	0.002	0.002

*P < 0.05, ** P < 0.01

The table above shows that there is a significant and negative correlation between external religious orientation and anxiety symptoms and insomnia, social functioning, and general health. Therefore, the first sub-hypothesis is confirmed. However, there is no significant relationship between internal religious orientation and mental health components. Thus, the second sub-hypothesis is rejected.

Also, there is significant negative correlation between internal and external religious orientation.

Second main hypothesis: the mental health components and religious orientation are significant predictors of life satisfaction components in high school students.

First sub-hypothesis: the religious orientation and mental health components are significant predictors of family satisfaction among high school students.

Table 2. Simultaneous regression analysis to predict family satisfaction, mental health, and religious orientation

Predictor variable	B	β	t	Sig. level
Constant value	37.23		7.49	0.000
Physical symptoms	-0.356	-0.175	-2.162	0.031*
Symptoms of anxiety and sleep disorders	0.062	0.033	0.353	0.724
Social function	0.043	0.011	0.19	0.849
Symptoms of depression	-0.384	-0.209	-2.636	0.009*
External religious orientation	0.079	0.101	1.852	0.065
Internal religious orientation	-0.059	-0.033	-0.6	0.549

=0.105 adjusted r-square < 0.001, P 6,307 = 7.101, F

*P < 0.05, ** P < 0.01

The above table shows that the simultaneous method is used to obtain significant model; this model explains 10.5% of variance. About 38 percent of variance in family satisfaction

is explained by physical symptoms and depression symptoms. Therefore, considering beta value and significance level, the depression symptoms ($\beta = -0.209$) and

physical symptoms ($\beta = -0.175$) are the strongest predictors of family satisfaction among high school students.

Table 3. Stepwise regression analysis of family satisfaction, mental health, and religious orientation

Model	Predictor variable	RS	F P	B	SE B	β	T P
1	General health	0.10	34.65 0.0001	-0.238	0.04	-0.316	-3.3887 0.0001

The above table shows that the general health explains only 10% of variance. The general health explains 31 percent of variance in family satisfaction of high school students. Other components of mental health and religious orientation

have no significant role in predicting family satisfaction of high school students; they are removed from equation. Second sub-hypothesis: the religious orientation and mental health components are significant predictors of friend satisfaction among high school students.

Table 4. Simultaneous regression analysis to predict friend satisfaction, mental health, and religious orientation

Predictor variable	B	β	T	Sig. level
Constant value	33.926		7.904	0.001
Physical symptoms	-0.079	-0.047	0.553	0.58
Symptoms of anxiety and sleep disorders	-0.307	-0.2	-2.026	*0.04*
Social function	-0.072	-0.022	-0.368	0.713
Symptoms of depression	0.173	0.114	1.377	0.17
External religious orientation	0.069	0.107	1.877	0.062
Internal religious orientation	0.115	0.076	1.346	0.179

=0.025 adjusted R-square < 0.031 P 6,307=2.349 F

*P < 0.05, ** P < 0.01

The above table shows that the simultaneous method is used to obtain significant model; this model explains 2.5% of variance. About 20 percent of variance in friend satisfaction is explained by anxiety symptoms and sleep disorders.

Therefore, considering beta value and significance level, the anxiety symptoms and sleep disorders ($\beta = -0.20$) are the strongest predictors of friend satisfaction among high school students.

Table 5. Stepwise regression analysis of friend satisfaction, mental health, and religious orientation

Model	Predictor variable	RS	F P	B	SE B	β	T P
1	Symptoms of anxiety and sleep disorders	0.023	7.35 0.007	-0.233	0.086	-0.152	-2.711 0.007

The above table shows that the anxiety symptoms and sleep disorders explain 2% of variance. The anxiety symptoms and sleep disorders explain 15 percent of variance in friend satisfaction of high school students. Other components of mental health and religious orientation have no significant

role in predicting friend satisfaction of high school students; they are removed from equation. Third sub-hypothesis: the religious orientation and mental health components are significant predictors of school satisfaction among high school students.

Table 6. Simultaneous regression analysis to predict school satisfaction, mental health, and religious orientation

Predictor variable	B	β	T	Sig. level
Constant value	31.677		5.797	0.000
Physical symptoms	0.091	0.04	0.505	0.614
Symptoms of anxiety and sleep disorders	-0.272	-0.13	-1.411	0.159
Social function	-0.322	-0.073	-1.289	0.198
Symptoms of depression	-0.234	-0.112	-1.458	0.146
External religious orientation	0.288	0.329	6.185	0.001**
Internal religious orientation	-0.143	-0.07	-1.318	0.189

=0.15 adjusted R-square < 0.001 P 6,307 =10.637 F

*P < 0.05, ** P < 0.01

The above table shows that the simultaneous method is used to obtain significant model; this model explains 15.6% of variance. About 32 percent of variance in school satisfaction is explained by external religious orientation. Therefore, considering beta value and significance level, the external

religious orientation ($\beta = 0.329$) is the strongest predictor of school satisfaction among high school students.

Table 7. Stepwise regression analysis of school satisfaction, mental health, and religious orientation

Model	Predictor variable	RS	F P	B	SE B	β	T P
1	External religious orientation	0.134	48.254 0.001	0.321	0.046	0.366	6.947 0.001
2	External religious orientation			0.305	0.046	0.348	6.653 0.001
	General health	0.27	29.799 0.001	-0.14	0.044	-0.165	-3.156 0.002

The above table shows that the external religious orientation explain 13% of variance. The general health and external religious orientation explain 27 percent of variance in school satisfaction of high school students. The predictability of school satisfaction by general health and external religious orientation is -0.165 and 36 percent,

respectively. Other components have no significant role in predicting school satisfaction of high school students; they are removed from equation.

Fourth sub-hypothesis: the religious orientation and mental health components are significant predictors of living environment satisfaction among high school students.

Table 8. Simultaneous regression analysis to predict living environment satisfaction, mental health, and religious orientation

Predictor variable	B	β	T	Sig. level
Constant value	43.85		9.371	0.000
Physical symptoms	-0.005	-0.003	-0.032	0.975
Symptoms of anxiety and sleep disorders	-0.062	-0.036	0.377	0.707
Social function	-0.089	-0.025	-0.415	0.678
Symptoms of depression	-0.425	-0.25	-3.099	0.002**
External religious orientation	0.051	0.07	1.266	0.206
Internal religious orientation	-0.145	-0.086	-1.552	0.122

=0.075 adjusted R-square < 0.001 · P 6,307 = 5.254 · F

*P< 0.05, ** P< 0.01

The above table shows that the simultaneous method is used to obtain significant model; this model explains 7.5% of variance. About 25 percent of variance in living environment satisfaction is explained by depression

symptoms. Therefore, considering beta value and significance level, the depression symptoms (β= -0.25) is the strongest predictor of living environment satisfaction among high school students.

Table 9. Stepwise regression analysis of living environment satisfaction, mental health, and religious orientation

Model	Predictor variable	RS	F P	B	SE B	β	T P
1	Depression symptoms	0.077	26.105 0.001	-0.472	0.092	-0.278	-5.109 0.001

The above table shows that the depression symptom explain 7% of variance. The depression symptoms explain 27 percent of variance in living environment satisfaction of high school students. Other components of mental health and religious orientation have no significant role in

predicting living environment satisfaction of high school students; they are removed from equation.

Fifth sub-hypothesis: the religious orientation and mental health components are significant predictors of self-satisfaction among high school students.

Table 10. Simultaneous regression analysis to predict self-satisfaction, mental health, and religious orientation

Predictor variable	B	β	T	Sig. level
Constant value	32.095		7.282	0.000
Physical symptoms	-0.26	-0.145	-1.779	0.076
Symptoms of anxiety and sleep disorders	0.281	0.172	1.803	0.072
Social function	0.026	0.008	0.131	0.896
Symptoms of depression	-0.324	-0.201	-2.511	0.01**
External religious orientation	0.16	0.235	2.248	0.001**
Internal religious orientation	-0.065	-0.04	-0.736	0.462

=0.087 adjusted R-square < 0.001 · P 6,307=5.967 · F

*P< 0.05, ** P< 0.01

The above table shows that the simultaneous method is used to obtain significant model; this model explains 8.7% of variance. About 43 percent of variance in self-satisfaction is

explained by depression symptoms and external religious orientation. Therefore, considering beta value and significance level, the external religious orientation (β= 0.235) and depression symptoms (β= - 0.201) are the

strongest predictors of self-satisfaction among high school students.

Table 11. Stepwise regression analysis of self-satisfaction, mental health, and religious orientation

Model	Predictor variable	RS	F P	B	SE B	β	T P
1	External religious orientation	0.063	21.059 0.001	0.171	0.037	0.251	4.589 0.001
2	External religious orientation		5.595	0.159	0.037	0.234	4.311 0.001
	Depression symptoms	0.085	0.001	-0.271	0.088	-0.168	3.091 0.002

The above table shows that the external religious orientation explains 6% of variance. The depression symptoms and external religious orientation explain 8 percent of variance in self-satisfaction of high school students. The predictability of self-satisfaction by external religious orientation and general health is 25 and 16 percent,

respectively. Other components have no significant role in predicting self-satisfaction of high school students; they are removed from equation.

Sixth sub-hypothesis: the religious orientation and mental health components are significant predictors of overall life satisfaction among high school students.

Table 12. Simultaneous regression analysis to predict overall life satisfaction, mental health, and religious orientation

Predictor variable	B	β	T	Sig. level
Constant value	178.782		10.789	0.000
Physical symptoms	-0.608	-0.088	-1.107	0.269
Symptoms of anxiety and sleep disorders	-0.299	-0.047	-0.511	0.61
Social function	-0.414	-0.031	-0.546	0.585
Symptoms of depression	-1.194	-0.191	-2.458	0.01**
External religious orientation	0.646	0.245	4.469	0.001**
Internal religious orientation	-0.297	-0.048	-0.9	0.369

=0.145 adjusted R-square < 0.001, P 6,307=9.843, F

*P< 0.05, ** P< 0.01

The above table shows that the simultaneous method is used to obtain significant model; this model explains 14.5% of variance. About 43 percent of variance in overall life satisfaction is explained by depression symptoms and external religious orientation. Therefore, considering beta

value and significance level, the external religious orientation ($\beta= 0.245$) and depression symptoms ($\beta= -0.191$) are the strongest predictors of overall life satisfaction among high school students.

Table 13. Stepwise regression analysis of overall life satisfaction, mental health, and religious orientation

Model	Predictor variable	RS	F P	B	SE B	β	T P
1	General health	0.09	32.047 0.001	-0.782	0.138	-0.305	-6.615 -0.001
2	General health			-0.711	0.134	-0.277	-5.299 0.00
	External religious orientation	0.15	28.7 0.001	0.665	0.138	0.252	4.805 0.001

The above table shows that the external religious orientation explains 9% of variance. The depression symptoms and external religious orientation explain 15 percent of variance in overall life satisfaction of high school students. The predictability of overall life satisfaction by external religious orientation and general health is 25 and 30 percent, respectively. Other components have no significant role in predicting overall life satisfaction of high school students; they are removed from equation.

Conclusion

The findings showed that there was significant relationship between external religious orientation, internal religious orientation, and mental health. This is consistent with findings of Graham et al. (2006), Bergin et al. (2008), Lahsaiy and Moradi (2008), Hasani (2006), Khalil Doabi

(2005), and Bakhshipour and Roodsari (2008); it is inconsistent with findings of Hyuni (2008).

According to findings, the simultaneous method is used to obtain significant model; this model explains 10.5% of variance. About 38 percent of variance in family satisfaction is explained by physical symptoms and depression symptoms. Therefore, considering beta value and significance level, the depression symptoms ($\beta= -0.209$) and physical symptoms ($\beta= -0.175$) are the strongest predictors of family satisfaction among high school students. This is consistent with findings of Maltbay (2004), Sald and Huebner (2006), and Naemi (2008).

According to findings, the simultaneous method is used to obtain significant model; this model explains 2.5% of variance. About 20 percent of variance in friend satisfaction is explained by anxiety symptoms and sleep disorders.

Therefore, considering beta value and significance level, the anxiety symptoms and sleep disorders ($\beta = -0.20$) are the strongest predictors of friend satisfaction among high school students.

According to findings, the simultaneous method is used to obtain significant model; this model explains 15.6% of variance. About 32 percent of variance in school satisfaction is explained by external religious orientation. Therefore, considering beta value and significance level, the external religious orientation ($\beta = 0.329$) is the strongest predictor of school satisfaction among high school students.

According to findings, the simultaneous method is used to obtain significant model; this model explains 7.5% of variance. About 25 percent of variance in living environment satisfaction is explained by depression symptoms. Therefore, considering beta value and significance level, the depression symptoms ($\beta = -0.25$) is the strongest predictor of living environment satisfaction among high school students.

According to findings, the simultaneous method is used to obtain significant model; this model explains 8.7% of variance. About 43 percent of variance in self-satisfaction is explained by depression symptoms and external religious orientation. Therefore, considering beta value and significance level, the external religious orientation ($\beta = 0.235$) and depression symptoms ($\beta = -0.201$) are the strongest predictors of self-satisfaction among high school students.

According to findings, the simultaneous method is used to obtain significant model; this model explains 14.5% of variance. About 43 percent of variance in overall life satisfaction is explained by depression symptoms and external religious orientation. Therefore, considering beta value and significance level, the external religious orientation ($\beta = 0.245$) and depression symptoms ($\beta = -0.191$) are the strongest predictors of overall life satisfaction among high school students.

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