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Relationship between Religious Beliefs and Students' Mental Health

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ABSTRACT
Promotion and improvement in human well being is the basic incentive and ultimate goal of all human achievements. Mental dimension of health in many developing countries have not been sufficiently addressed. Therefore, irreversible adverse effects left behind. Nowadays, it is clear that the psychological and emotional needs lie in spirituality and religion. The aim of this study was to investigate the relationship between religion and mental health of Students at Kurdistan University of Medical Sciences.This analytical - descriptive study conducted on 303 students of Kurdistan University of Medical Sciences in 2012, samples were selected from students studying in the faculties of Medicine, Nursing and Midwifery, Health and Allied Health. Systematic random sampling was used. Measurement tool was a three part questionnaire including: part I- demographic characteristics, part II- questionnaire was Baraheni 25 questions assessing religious beliefs in four-option Likert scale, and part III - was General Health Questionnaire (GHQ) in four-option Likert scale. Data was analyzed using SPSS software and statistical methods including Pearson correlation coefficient and t-test.On the subject of students' religious beliefs 53.5% were in good range, 61.4% had normal mental health and there was a negative correlation between the scores of religious beliefs and mental health (P=0.0002). There was a significant statistical relationship between gender and religious beliefs (P=0.0002), field of study and mental health (P=0.0002), and age and mental health (P=0.0002).The religious beliefs can lead to one's perfection, and thus mental health. Therefore for institutionalizing these beliefs in the academic environment, social and cultural context must be provided.
Keywords: religious belief, mental health, student

INTRODUCTION

Promotion and improvement in human well being is the basic incentive and ultimate goal of all human achievements. Health is the best indicator that warrants the progress of the society and should be viewed in three physical, mental and social dimensions (1, 2). According to WHO definition of health, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In the general sense, mental health is defined as healthy thinking, mental balance and having positive characteristics (3). Mental dimension of health in many developing countries have not been sufficiently addressed; therefore, this leads to an increase in the volume of mental and behavioral problems to the extent that complications due to the neglecting leaves irreversible adverse effects personally, and socially(2). On the other hand, religion has ancient history so that archaeological and anthropological studies have shown religion has been an integral part of human life at all ages. According to Frankel, founder of meaning therapy, in the unconscious mind of every human being exist real religious feelings (4). Performing religious practice stimulates spiritual senses and by creating hope and encouraging positive attitudes leads to inner peace, having meaning in life, keeping hope in the time of difficulties, benefit from social support, and feeling of belonging to the sublime's source are all ways that religious people use and suffer less pressure when faced with concussive events. They can cope better with negative life events and psychological stressors (5, 6).

It is clear nowadays that the psychological and emotional needs lies in spirituality and religion (6). Researchers conducted in the past few decades suggest that there is a positive relationship between religion and mental health, and with an increase in religious attitudes, mental health increases. Psychology of religion is provided experimental support for this idea (7).

Deserter et al (2006) claimed that religious approach is the only predictor of psychological health; hence, high inner-religious associates with high level of health and low inner-religious associates with lower levels of health and psychological approach(8). Although some studies have reported conflicting findings such as: religious practice aggravates mental health problems or leads to it (9).

In the current era, a series of questions and doubts regarding religious issues are in the minds of young people that their direct result is to made doubt, anxiety and unrest among this class of society (10). However, university is associated with serious changes in student's life and so they are more exposed to the risks of mental issues and creating different tensions. Unfamiliar university environment, grief on family detachment, interest in the field of study, not enough resources, adaption to new conditions and ... impose significant stress on students that leads to depression and incompatibility at a young age, which unfortunately led to a severe decline in social functioning, employment and education(6). Considering significant role of religion in health, giving importance to it in the areas of education and health care can help to improve health, prevent mental illness, academic achievement and other benefits in the community(9). This issue is particularly important for young people to deal with unpleasant events of life through efficiently use of the process of problem solving skills. According to the literature, it seems that solving psychological problems in the light of religious belief and practice is more effective than other ways (6, 11).

In Iran, especially in various provinces of the country, little studies have been conducted on students' religious attitudes. Findings of this study can affect cultural and social planning of the university. Researcher tried to investigate relationship between religious beliefs and mental health of students at Kurdistan University of Medical Sciences.

MATERIAL AND METHODS
This is a descriptive analytical study. The population studied included all students enrolled in the Kurdistan University of Medical Sciences in 2012. Systemic random sampling technique was used at four faculties including faculty of Medicine, Nursing, Midwifery, and Allied Health. Total numbers of students were 1476. Initially, list of all students studying in the year 2012 was obtained from IT department according to degree and field of study. Total number of students was divided into 300. Then by using sampling interval of 5 (the result of the division), number 4 was chosen (from 1to5), followed by numbers 9, 14, etc. In the next step a list of classes prepared, then another list of random numbers was prepared without any special rules. Based on the specified numbers, questionnaire was given to samples, and 303 questionnaires were completed by and large.

Measurement tool was a 3-part questionnaire: part-I for demographic characteristics including 5 questions and part-II was Baraheni 25 questions assessing religious beliefs in four-option Likert scale items from 0 to 4, total score was 100.

Scores between 0-100 were categorized as (76-100) excellent, (51-75) good, (26-50) Medium and (<25) poor in religious attitudes. Questionnaire validity was obtained through correlation coefficient via Allport, Vernon, and Lindsey test (0.8). In recent years the reliability of this questionnaire had been obtained by Spearman - Brown method (0.63). also its validity obtained equal to 0.248(12). The third part of the questionnaire is General Health Questionnaire (GHQ) which is a self-report questionnaire to be used in clinical trials of screening for those with a mental disorder. The questionnaire has 28 questions and four subscales which is applicable to everyone including: physical symptoms, anxiety and sleep disorders, social dysfunction, and depression. Each scale has 7 questions, each question has four options on a Likert scale from 0 to 3 and its total score is 84. The questionnaire cutoff point is 23 and higher shows mental health problem (12, 13). Several studies on the validity and reliability of the GHO questionnaire had been done in Iran (7, 13). After receiving permission letter from the university researcher went to faculties and attended the classes and hand out questionnaire to students based on the provided list. After presenting complete description students were asked to respond to questions. During the time students had to answer the questions, interviewers were in class and answer students, questions. Any student who did not wish to participate was excluded. Sampling in this study lasted for three consecutive months. A total of 310 questionnaires were distributed among students, other than seven questionnaires which were excluded because of incomplete data. Then numbers of questionnaires reached 303. Data was analyzed using SPSS software and statistical methods including Pearson correlation coefficient and t-test.

RESULTS
From 303 cases (55.8%), 169 were females 73 persons (21.1%) were in 20 years of age (88.8%), 269 were single, (74.9%) 227 were in dormitory, and 110 persons (38.6%) were medical students. Highest percentage of students (53.5%) 162 had good religious beliefs (Table 1) and 186 students (61.4%) had no mental health problem (Table 2).

Table 1: The absolute and relative frequency distribution of students' religious beliefs

Variable	Religious Beliefs	
Levels	No.	Percent
Excellent	113	37.3
Good	162	53.5
Medium	28	9.2
Total	303	100

Table 2: The absolute and relative frequency distribution of students' mental health

Variable	Mental Health	
Levels	No.	Percent
Problem	117	38.6
No-Problem	186	61.4
Total	303	100

Table 3: The absolute and relative frequency distribution of relationship between students' religious beliefs and mental health

Mental Health	Problem		No-Problem		Total	
Religious Beliefs	No.	Percent	No.	Percent	No.	Percent
Excellent	31	26.5	82	44.1	113	37.3
Good	67	57.3	95	51.1	162	53.5
Medium	19	16.2	9	4.8	28	9.2
Total	117	100	186	100	303	100
Test Result	$X2=16.57$				P=0.0002 df=2	

According to the Pearson correlation coefficient and (Table 3), religious beliefs and mental health were negatively correlated, since in the questionnaire low score means having mental health and high score means having mental health problem (p=0.0002 ,r=0.22) therefore the first research hypothesis "there is a relationship between religious beliefs and mental health of students" approved. In other words, there is an inverted relationship between religious beliefs and students' mental health. Second hypothesis regarding relationship between demographic characteristics and religious beliefs shows that, there is a significant relationship between gender and religious beliefs statistically. Girls mean and standard deviation are more than boys significantly (p=0.0002, df=2, $X^2=30.4$) (Table 4), but there is no statistically significant relationship between age, marital status, field of study, dwelling and religious beliefs.

Table 4: The absolute and relative frequency distribution of relationship between students' religious beliefs and gender

Gender Religious Beliefs	Male		Female		Total	
	No.	Percent	No.	Percent	No.	Percent
Excellent	26	19.8	86	50.9	112	37.3
Good	90	68.7	72	42.6	162	54
Medium	15	11.5	11	6.5	26	8.6
Total	131	100	169	100	300	99.9
Test Result	df=2		$X^2=30.4$		P=0.0002	

In the second hypothesis regarding relationship between demographic characteristics and mental health, results showed that there is a statistically significant relationship between field of study and mental

health (p=0.0002, df=5, X^2=27.89). In addition, t-test results showed that there is a significant relationship between age and mental health statistically (table 6); however, no relationship was found between gender, marital status, dwelling and mental health.

Table 5: The absolute and relative frequency distribution of relationship between students' mental health and field of study

Field of study Mental Health	Nursing		Midwifery		Operating Room		Medicine		Paramedic		Health		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent	No.	Percent
No-Problem(Normal)	25	64.1	15	53.6	4	28.6	87	79.1	34	50.7	21	48.1	186	61.8
Problem(Unmoral)	14	35.9	13	46.4	10	71.4	23	20.9	33	49.3	22	51.9	115	38.2
Total	39	100	28	100	14	100	110	100	67	100	43	100	301	100
Test Result	df=5				X^2=27.89				P=0.0002					

Table 6: Relationship between students' mental health and age

Indicator Variable	Mental Health	Mean	SD	NO.	df	T	P
Age	No-Problem	22.20	2.21	177	286	3.88	P=0.0002
	Problem	21.22	1.86	111			

DISCUSSION

Based on the findings (Table 1), religious belief for the majority of students at Kurdistan University of Medical Sciences (53.5%) is in good level. In this regard a study conducted by Ganji and Hossieni in (2010) that showed 76.9% of the students of Iran University of Medical Sciences had excellent religious beliefs (14). Moreover, a study was concluded by Sadeghi et al (2010) they found that religious attitudes of the majority of the students at Mazandaran University of Medical Sciences has been as good or excellent (12). It can be seen that the present study is consistent with previous studies. Actually theism and religion can be found in every culture that's ever been studied. The *study* of *humans* is one of the most fascinating endeavors that a researcher can undertake (15).

Findings showed that the majority of students (61.4%) had mental health (Table 2). The results of this research are in line with Sadeghi et al (2010), in which mental health of the samples was moderate to good (12). When we talk about mental health, it means to achieve a high degree of mental health. In other words the purpose is to convey human being to a person who has a personality and psychological integrity so that he/ she will be able to effectively carry out its functions and responsibilities (15).

First research hypothesis (Table 3) showed that there was a significant relationship between religious beliefs and mental health. People who have religious beliefs are in excellent and good mental health condition; on the other hand, according to Figure (1) results demonstrated that between religious belief and mental health scores there was a significant negative correlation. As a general rule, low score health questionnaire means having better mental health and high score in religious beliefs questionnaire means having deep faith and religious beliefs. Based on the findings of this study, it can be said that people who are more committed to the religious principles and precepts have less mental health disorders. Many studies on the relationship between religion and mental health often indicate a positive relationship between these two variables (16). Also findings of this hypothesis testing are in line with the findings of Kajbaf and Raisipour (2008) study (7). The results of a study conducted by Koenig and colleagues on the impact of religious beliefs and values in mental health in 1997 indicated that, strong religious beliefs creates a positive psychological effect that is effective in improving mental health (17). One can say that religion is happiness in life and joy could compensate for the spiritual vacuum. Hence, either psychological and mental comfort or freedom of anonymity or feeling of meaningless in life depends on adherence to faith and religion (18). Explaining these findings, it can be said that religion prescribes a healthier lifestyle for people and have a more positive impact on mental health. Furthermore, religion gives a sense of being supernatural which no doubt has a great psychological impact (10). Glin study in 1997 showed that religious belief was significantly associated with physical health but not mental health, which is inconsistent with the findings of present study (19).

Second research hypothesis (Table 4), showed that there is a significant relationship between religious beliefs and age. It also revealed that girl's religious beliefs is more than boy's, this finding is in line with other related studies (12). Results of Hossieni and Ganji showed that girls are more religious than boys (14). Studies that have found differences between the two genders in this regard are much more than

studies that have found no such differences. Reasons for stronger religious beliefs in women are firstly due to biological differences between men and women. Secondly, women have more time to conduct religious practices than men and thirdly, the difference could be as a result of differences in personality characteristics between men and women and socialization of sex role (20). Second hypothesis suggest that, no statistically significant relationship was found between marital status, age, and residing in a dormitory that is in line with Ganji and Sahraian studies (14, 16).

The third hypothesis of the study table (5) results showed a significant relationship between field of study and mental health. Medical and nursing students had better mental health than majority of operating room students. In a study conducted by Behrozian and Nematpour (2006) on examining stressors, coping strategies and their relationship to the general health of incoming students in academic year 2005-2006 at Jundishapour University in Ahvaz, they showed that students who have less interested in their field of study had lower levels of general health (21), however researcher suggests that, more studies should be done in this regard.

Findings showed that there is an inverse negative correlation between age and mental health. In other words, older students have better mental health (Table 6). There were no statistically significant relationship between other variables including marital status, gender and mental health that is in line with the results of other studies (20); however, is not in line with Sadeghi and collogues study in which, they reported statistically significant relationship between gender and mental health. They suggested that girl's mental health is better than boy's (12).

Finally, we can conclude that religious beliefs can lead a person toward perfection, excellence, and accordingly to higher levels of mental health. Consequently, the client would be committed to religious beliefs spontaneously and with reasonable insight. Religious beliefs recommend patience and acceptance of God's will and assists believers with greater strength to withstand adversity (22). People who have strong religious beliefs are more efficient and more adapted and have relatively better academic performance and positive emotions. They are more flexible and have dedicated friends (23).

CONCLUSION
Given these findings, providing education and promoting religious beliefs could be a constructive factor in achieving better mental health in students. Hence, in the academic environment social and cultural context should be provided appropriately and more efficiently in order to institutionalize these beliefs.

ACKNOWLEDGMENTS

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