

Analyzing the Correlation between Religious Orientation, Mental Health, and Life satisfaction of Female High School Students in Region 2, Zanzan

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Abstract

This study aimed to analyze the factors affecting satisfaction of female high school students in region 2, Zanzan. For this purpose, using multistage cluster sampling method, 314 students were selected from first, second, and third grades as sample. The data were collected using Allport's religious orientation questionnaire (1950), Goldberg and Hiller's general health questionnaire (1979), and Hubner's life satisfaction questionnaire (2001). Using SPSS software, the collected data were analyzed by descriptive and inferential (Pearson correlation and multivariate regression analysis) statistics. The findings showed that there is relationship between religious orientation and mental health. So, the findings of this study may be used to improve life satisfaction. Many studies have shown that the things like positive beliefs, comfort, and power which come from adherence to religion may impact positively on people health. Also, there is a positive correlation between religiosity and life satisfaction; this is also entirely dependent on kind of society in which one lives. A religious person who lives in a secular society has little life satisfaction. On the contrary, the religious people in religious communities are more satisfied with life. The life satisfaction has a significant impact on mental health. If the life satisfaction is high, the mental health will be high, too.

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

1. Introduction

The life satisfaction is a component of positive attitude toward the world. There is close and complex relationship between life satisfaction and values. There are different criteria for evaluating subjective sense of happiness. In general, the life satisfaction reflects the balance between personal aspirations and current status. In other words, if the gap between aspirations of individual and his concrete situation will be more, the life satisfaction will decrease (Anghart, 2006). The detailed study of religion influence on mental health prompted the researchers to study the impact of religion types. In this regard, Alport mentioned religious (internal and external) orientation. According to him, the religion is a tool for people. For many people, the religion is tedious, ritual, and purely cultural habit for traditional celebrations which is used to achieve personal and domestic tranquility and such issues.

The studies of psychologists have shown that the religious orientation of adolescents maximizes in 15 years old. Various factors lead young people towards religion and gives meaning to their lives. It is also effective in reducing the effects of unpleasant psychological emotions. The religion may play a very effective role in formation of teen characteristics (Sharifi, 2005). The prayer means turning to God and asking Him with humility mode (Soltani & Narani, 2010). It is also a tool to achieve worship, freedom from pain and pressure, reduction of guilt sense, forgiveness, highest meaning, and highest life expectancy (Bolhari et al, 2010).

Indescribably, the world moves towards industrialization and profound changes in technology. The mental health and mental illness are still not considered satisfactorily. The millions diseases and the phenomena such as addiction are the issues which involved international organizations, state, and parts of administrative bodies (Bahrami, 2009). Due to high prevalence of mental illness and other mental health issues, billions of dollars are annually spent on prevention and treatment of them. For example, it is estimated that in America, the financial and economic losses which result from schizophrenia are more than the damages which are caused by all cancers (Kaplan & Saduk, 2007). 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?

2. Research hypotheses

First hypothesis: There is a significant relationship between components of religious orientation and life satisfaction among high school students.

Second hypothesis: There is a significant relationship between components of mental health and life satisfaction among high school students.

The third hypothesis: There is a significant relationship between components of religious orientation and mental health among high school students.

Fourth hypothesis: There is a significant relationship between components of mental health and religious orientation among high school students.

3. 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 sub-scales: family, friends, school, living environment, and themselves). Using SPSS Software, the descriptive and inferential (Pearson correlation and multivariate regression) statistics, the collected data were analyzed.

4. Findings

4.1. Descriptive findings

Table 1: Mean and standard deviation of mental health components among high school students

Variable	Number	Minimum	Maximum	Mean	Standard
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					deviation
Physical symptoms	314	Zero	20	7.59	4.37
Anxiety symptoms and sleep disorders	314	Zero	21	8.51	4.8
Social function	314	4	19	12.14	2.27
Symptoms of depression	314	Zero	20	8.87	4.85
general health	314	16	66	37.13	11.85

Given that the score above 6 in each component indicates disease symptoms, the above table shows that the participants have a disease symptom in all four components; they have highest problem in social functioning and least problem in physical symptoms.

Table 2: Mean and standard deviation of religious orientation components among high school students

Variable	Number	Minimum	Maximum	Mean	Standard deviation
Internal religious orientation	314	13	42	29.66	4.88

The above table shows that the score and mean of external religious orientation and internal religious orientation among participants was 60 and 38.85 (65 percent) and 45 and 29.66 (66.5 percent), respectively. Although the comparison of percentages show little difference, the mean of internal religious orientation is higher than external religious orientation.

4.2. Inferential findings

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

Sub-hypotheses:

1. There is a significant correlation between external religious orientation and life satisfaction among high school students.
2. There is a significant correlation between internal religious orientation and life satisfaction among high school students.

Table 3: Correlation between religious orientation components and life satisfaction among high school students

Variable	Family	Friends	School	Living environment	Self	Overall life satisfaction
External religious orientation	0.133**	0.107*	0.366*	0.115*	0.251**	0.283**
	0.009	0.02	0.001	0.02	0.001	0.001
Internal religious orientation	-0.05	0.051	-0.132**	-0.102*	-0.074	0.094*
	0.19	0.183	0.01	0.03	0.096	0.049

*P < 0.05, ** P < 0.01

The table above shows that there is a significant and positive correlation between external religious orientation and all components of life satisfaction (family, friends, school, living environment, and overall life satisfaction). Therefore, the first sub-hypothesis is confirmed. The highest correlation is between external religious orientation and school. There is significant and negative correlation between internal religious orientation and school satisfaction and satisfaction of life environment and there is positive and significant correlation between internal religious orientation and overall life satisfaction.

Second main hypothesis: There is a significant correlation between mental health and life satisfaction among high school students.

Sub-hypotheses:

1. There is significant correlation between physical symptoms and life satisfaction components among high school students.
2. There is significant correlation between anxiety symptoms and sleep disorders and life satisfaction components among high school students.
3. There is significant correlation between social functioning and life satisfaction components among high school students.
4. There is significant correlation between depression and life satisfaction components among high school students.

Table 4: Correlation between mental health components and life satisfaction among high school students

Variable	1	2	3	4	5	6	7	8	9	10	11
Family	1										
Friends	0.438** 0.001	1									
School	0.294** 0.001	0.414** 0.001	1								
Living environment	0.573** 0.001	0.413** 0.001	0.373** 0.001	1							
Self	0.402** 0.001	0.283** 0.001	0.258** 0.001	0.474** 0.001	1						
Overall satisfaction	0.758** 0.001	0.693** 0.001	**0.686** 0.001	0.785** 0.001	0.658** 0.001	1					
Physical symptoms	- 0.287** 0.001	- 0.125** 0.01	-0.121** 0.01	- 0.179** 0.001	- 0.155** 0.003	- 0.243** 0.001	1				
Anxiety symptoms and sleep disorder	- 0.265** 0.001	- 0.152** 0.001	-0.192** 0.001	- 0.222** 0.001	- 0.111** 0.02	- 0.267** 0.001	0.742** 0.001	1			
Social function	0.116**	0.026	-0.011	0.07	0.044	0.067	-	-	1		

	0.02	0.325	0.421	0.109	0.217	0.199	0.294**	0.375**			
							0.001	0.001			
Depression symptoms	-	-0.063	-0.192**	-	-	-	0.612**	0.727**	**	1	
	0.306**	0.134	0.001	0.278**	0.192**	0.294**	0.001	0.001	0.337		
	0.001			0.001	0.001	0.001			0.001		
General health	-	-	-0.203**	-	-	-	0.864**	0.905**	-	0.855**	1
	0.316**	0.128**	0.001	0.256**	0.172**	0.305**	0.001	0.001	0.206**	0.001	
	0.001	0.01		0.001	0.001	0.001			0.001		

*P< 0.05, **P< 0.01

The above table shows that there is significant and negative correlation between all components of life satisfaction. There is significant and negative correlation between physical symptoms and all components of life satisfaction (family, friends, school, living environment, overall life satisfaction, and themselves); this means that by increasing of disease physical symptoms, the life satisfaction decreases. There is high negative correlation between physical symptoms and family satisfaction. Therefore, the first sub-hypothesis is confirmed. There is negative and significant correlation between anxiety symptoms and sleep disorders and all aspects of life satisfaction; this means that by increasing of anxiety symptoms and sleep disorders, the life satisfaction decreases. The highest correlation is for satisfaction of family. Therefore, the second sub-hypothesis is also confirmed. The social functioning has significant positive correlation only with satisfaction of family (P< 0.05). There is also significant negative correlation between depression symptoms and all aspects of life satisfaction. Therefore, the fourth sub-hypothesis is also confirmed.

Third 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 5: 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
	0.484	0.232	0.356	0.42	0.331	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.

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

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

Table 6: 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 7. 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	-3.887 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.

5. Conclusion

The findings showed that there is relationship between religious orientation and mental health. So, the findings of this study may be used to improve life satisfaction. Many studies have shown that the things like positive beliefs, comfort, and power which come from adherence to religion may impact positively on people health. Also, there is a positive correlation between religiosity and life satisfaction; this is also entirely dependent on kind of society in which one lives. A religious person who lives in a secular society has little life satisfaction. On the contrary, the religious people in religious communities are more satisfied with life. The life satisfaction has a significant impact on mental health. If the life satisfaction is high, the mental health will be high, too.

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