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Examine the relationship between religious orientation, intelligence, ethical, and mental health among students Azad University of ILAM

Seyed Rahmatallah Musavimoghadam¹, Soghra Haji², Mehri Esmail Chegeni³, Maryam Veiskarami⁴

¹Associate Professor and Head of Department of Islamic Theology Faculty of Medicine, University of Medical Sciences, ILAM, Iran

²Clinical psychology graduate student, University of Science ILAM, Iran Corresponding Author.

³General psychology graduate student, State Welfare Department of city of Susa in social emergency unit Iran

⁴Clinical psychology graduate student, University of Science ILAM, Iran.

ABSTRACT

Mental health helps students to the potential of their minds and their psychological fitness. Religious behavior, a positive value in addressing the significant aspects of life and moral intelligence ability to recognize and distinguish right from wrong. The present study aim of this research is applied and the cross-correlation method. In this study, terms of which about the people through a questionnaire survey to collect. The population in this study consisted of all students of Islamic Azad University of ILAM. Using the formula for sample size estimation Cochran 260 was determined. For data collection, the questionnaires (religious orientation MATLABI General Health Questionnaire Goldberg, ethical intelligence questionnaire LENICK and Kiel) is used. Data software spss14 have been analyzed. The results show that there is a significant relationship between religious orientation, intelligence ethical and public health among Azad University of ILAM. Can by holding meetings group counseling, and family counseling based on the concepts of intelligence ethical and religious orientation helped to the mental health of students.

Keywords: religious orientation, intelligence ethical, mental health, Azad University of ILAM.

INTRODUCTION

Mental health science the welfare social welfare health and life cycle (pre-birth to death) and with all aspects of life (family environment, school, college, work and community) is related. Man along with physiological needs, emotional needs, ethical, religious, educational, and guidance healthy life in the light of meeting these needs and the balance between them occurs [1]. Mental health helps students to the potential of their minds and reach to the psychological fitness. Relationship of physical fitness, health now something has been recognized and simple measures can be physical it will cause. Who from psychological (mental health) good to reach mental calmness therefore those who have mental peace not only in terms of better mental health but also physically and are healthier than others. [2]. The religious coping, religious sources such as prayer and prayer, trust and appeal to God and to dealused. Recent findings have shown since this kind of deal and a source of emotional support and a means for positive interpretation of life events can facilitate subsequent deal so to use them for most people making healthy. Religious behavior, have a positive value in practice, meaningful aspects of life. Behaviors, such as prayer, trust in God, pilgrimage etccan through hope and encourage positive attitudes are the cause of inner peace. Belief that God is the position control and monitoring of their worship to a large extent, anxiety-related situation reduces. So that most people believing their relationship with God as described very intimate relationship with a friend and

believe that it can be updated through and appeal to God due to uncontrollable circumstances to controlled way. Accordingly, it has long been thought to be between religion and mental health there is a positive relationship and recently, the psychology of religion much empirical support in this context has provided [3]. Moral intelligence ability to recognize and distinguish right from wrong. In other words, one has a moral intelligence is defined as a firm moral beliefs and strong and they have the ability to act to the extent that correct way and behave respectfully. Research and training researchers and educational show children who for whatever reason have not achieved the moral intelligence are exposed to serious risks. These children because of conscience shaky, weak inhibition of desires underdevelopment of ethical sensitivity and beliefs as improper conduct, largely on moral and social backwardness and adults with abnormal personalities and unsuccessful they can be changed. The best time to teach Moral Intelligence of Children, the neonatal period by the end of adolescence and delay the parents in this area leading to a potential weakness in children learn moral virtues and destructive habits are established [4]. DABAGHI (2010) in a survey, the results showed faith, spirituality, health, behavior modifiers such as drug abuse and smoking has a negative relationship. Various aspects of faith with depression, suicide, mortality, life expectancy, marital satisfaction, well-being, happiness and improve immune function are related. According to recent findings, interventions combining spiritual, religious and psychological therapies it seems can prevent and cure of mental illness and physical effects [5]. BALJANI, KHASHABI, AMANPOUR and AZIMI (2013) showed in a study among health and religious health (mental health subscales) and also between the inner religion and religious practices (subgroup of religion), with the hope no significant relationship was found. The results of this study the importance of mental health, and religion as effective variables on the expectation of cancer is confirmed. Therefore, nurses and clinicians recommended that religion and mental health, hope have to keep [6]. ESPLIKA *et al* (2010) other researchers that 36 experimental study of death and religious conflict was over and concluded that a stronger faith or believe in life after death with less fear of death is correlated. Also in these studies people with higher scores on measures within their religion, fear less, reported the death. This means that to overcome the fear of death, cause, so people are more relaxed they feel in their lives and thus their own inner unrest better control [7]. Gartner (2011) in the field of mental health and religious beliefs six papers examined and found that in all these studies the religious beliefs and mental health there is a positive relationship [8]. Hardin (2009) examined the marital couple is 64 and that religion positive adjustment and marital satisfaction is related above. He also indicated that religion is an important factor in preventing divorce [9]. Zuckerman *et al* (2012) the research reported in older people lower the score index gained religiosity the mortality rate was 42% while the rate for older people indicator were very religious 19% [10]. Meyer (2003) the role of religion in coping with a significant life event can be examined. He with 124 parents their children due to sudden infant death syndrome were lost interviews and found that being religious easier to accept this crisis linked. Also being religious with an increase in mental health and reduce parental distress within 18 months after the death of the child a direct correlation was found [11]. ASGHARI AND GHASEMIJOINEH (2013) who conducted the study the results indicate that, between ethical intelligence and marital satisfaction there is a significant positive correlation ($0.01 > P$). Also the intrinsic religious orientation marital satisfaction and positive correlation was significant ($0.01 > P$). Results of stepwise regression analysis showed that ethical intelligence can significantly 0/23 of the variance in marital satisfaction significantly predicted [12]. MOUSAVI and TALEBZADEHNOBARIAN (2014) in a survey results showed that, between spiritual intelligence of students with mental health there is a significant negative relationship. The spiritual intelligence of students with mental health subscales (depression, anxiety and insomnia, social dysfunction and physical symptoms) have a significant negative correlation was obtained [13].

MATERIALS AND METHODS

Method

The present study aim of this research is applied and the cross-correlation method. The statistical population in this study consisted of all students of Islamic Azad University of ILAM. Due to the high volume of data to determine the sample size a pilot study was conducted to estimate the variance of the population the sample size was calculated using the formula Cochran 250 were determined. In this study different educational groups multistage random sampling was conducted such that for each department the faculty, selected randomly and each college some students were randomly selected is. A total number of 300 questionnaires distributed 260 completed questionnaires and received. Also to collect data from the questionnaire was used. **Religious Beliefs Questionnaire:** In this study to assess religious orientation, MALTABI from the questionnaire (1991) was used. This questionnaire three types of religious orientation, internal, external, personal and social externalities as measured. The tool used to evaluate the direction of the inner (8 items) personal external orientation (4 items) social and external orientation (3 items) there is. To determine the validity of psychological experts and expert seminary was used and the questionnaire conducted on 100 high school students and CRONBACH's alpha coefficient obtained is 0/78. **General Health Questionnaire:** General Health Questionnaire one of the best screening tools, developed by Goldberg *et al* was built in 1972. Spiritual Health Questionnaire (GHQ-28) choice is 4 and participants responded to each question on a four-point scale "did the usual more than usual rather more than usual" are specified. In all options lower grades, indicating the

health safety and high values indicate the absence or presence of disorders in individuals. This questionnaire the scale of 4 and an overall health score is made each subscale has 7 questions. Questions 1 to 7 scale of physical symptoms (A) 8 to 14 questions related to anxiety (B) questions 15 and 21 on the scale of social dysfunction (C) 22 to 28 questions related to Depression Scale (D) is. Reliability of the test was 88% and reliability of subtests between 50 and 81 percent respectively. Two important criteria for the validity of screening questionnaires are as follows: sensitivity, and specificity. According to Goldberg, a 1988 meta-analysis on 43 studies concerning the validity of the GHQ-28 has been performed around the world shows that the average sensitivity of the GHQ-28, 84 percent (range 77 to 89) and average specificity of 82% (range 78 to 85) was. TAGHAVI (2002) the method of "test-retest" reliability of the questionnaire 0/73 and small-scale reliability coefficient between 0/57 to 0/68 achieved. **Ethical Intelligence Questionnaire:** This test was developed in 2005 by LENICK and Kiel. In Iran, by ARASTEH, AZIZI, SHAMAMI, JAAFARIRAD & MOHAMMADIJOZANI in 1390 standardization work is done. Inventory Ethical intelligence the ability to use global ethics, morals, goals and the interaction of an individual, it is the rule. In Ethical intelligence the highest score is 100 and has the following sub-tests. The validity Ethical intelligence was then calculated 0/90 and reliability with CRONBACH's alpha test was obtained 0/88.

Finding

The results can be seen in the following tables.

Table1. The size and number of questions Ethical intelligence

Dimension	Number of Questions
Action based on principles, values and beliefs	4, 14, 24 and 34
Veracity	5, 15, 25 and 35
Perseverance and persistence to right (standing for truth)	6, 16, 26 and 36
Promise Kept	7, 17, 27 and 37
Responsibility for personal decisions	8, 18, 28 and 38
Admit mistakes and failures	9, 19, 29 and 39
Responsibility to serve others	10, 20, 30 and 40
The active interest of the people (of the self to others)	11, 21, 31 and 41
The ability to forgive your mistakes	12, 22, 32 and 42
The ability to forgive the mistakes of others.	13, 23, 33 and 43

Table 2: Mean and standard deviation values questionnaire religious orientation, intelligence Ethical and public health

Variable	Mean	standard deviation
Public Health	Physical symptoms	71/5
	Anxiety and sleep disorders	40/6
	Social dysfunctions	25/7
	Severe depression	23/25
Religious Orientation	Internal	25/10
	Personal outer	20/6
	External social	40/5
Ethical Intelligence	–	33/16

Table 3. Pearson correlation coefficient between variables religious orientation and public health

Pearson correlation coefficients	N	DF	P
0/712	260	258	0/000

Table 4: Pearson correlation coefficient between variables religious orientation and Ethical intelligence

Pearson correlation coefficients	N	DF	P
0/644	260	258	0/000

Table5: Pearson correlation coefficient between variables Ethical intelligence and public health

Pearson correlation coefficients	N	DF	P
0/832	260	258	0/000

DISCUSSION

Questionnaires 260 patients (140 females and 120 males) were analyzed. 93% of respondents were single and 7% were married. Table 2 shows the mean and standard deviation scores of the respondents in questionnaire religious orientation, intelligence Ethical and public health shows. Hypothesis 1 states that between religious orientation and public health Azad University of ILAM there is a significant relationship, the correlation coefficient was calculated to 0/712 with 258 degrees of freedom at 95 percent and the significance level ($\alpha=0/05$) is. As a result between

religious orientation and public health Azad University of ILAM there is a significant relationship. Hypothesis 2 states that between religious orientation and Ethical intelligence Azad University of ILAM there is a significant relationship the correlation coefficients were calculate, with degrees of freedom equal to 0/644, 258 at 95 percent and the significance level ($\alpha=0/05$) is. As a result between religious orientation and Ethical intelligence Azad University of ILAM there is a significant relationship. Hypothesis 3 states that between Ethical intelligence and public health Azad University of ILAM there is a significant relationship the correlation coefficient was calculated to 0/832 with 258 degrees of freedom at 95 percent and the significance level ($\alpha=0/05$) is. As a result the relationship between moral intelligence and general health of ILAM University students there is. Results Table (6) shows that among all public health, religious orientation and Ethical intelligence show a significant correlation.

Table 6: Pearson correlation coefficient between variables religious orientation, intelligence, Ethical and public health

Variable rates		public health				religious orientation			Ethical Intelligence
		Physical symptoms	Anxiety and sleep disorders	Social dysfunctions	Severe depression	Internal	Personal outer	External social	
public health	Physical symptoms	1							
	Anxiety and sleep disorders	0/547	1						
	Social dysfunctions	0/453	0/462	1					
	Severe depression	0/651	0/711	0/629	1				
religious orientation	Internal	0/234	0/121	0/312	0/342	1			
	Personal outer	0/459	0/432	0/418	0/498	0/443	1		
	External social	0/564	0/541	0/598	0/612	0/567	0/613	1	
Ethical Intelligence	-	0/629	0/711	0/700	0/654	0/601	0/721	0/749	1

CONCLUSION

The main objective of this study was to investigate the relationship between public health, religious orientation and moral intelligence. The results show that according to the results of research between religious orientation and public health Azad University of ILAM there is a significant relationship. These findings, together with the results BALJANI, KHASHABI, AMANPOUR and AZIMI (2013) [6] and Meier (2003) [11] is consistent. Students who religious orientation in General Health Questionnaire higher scores compared to students whose religious orientation are obtained and the fact that high scores on scales of the questionnaire indicating impairment scale we can say students who have a religious affiliation compared with those with no religious affiliation to enjoy better health. Also the orientation of religious and Ethical intelligence Azad University of ILAM there is a significant relationship. The results with ASGHARI and GASEMI JOBNEH (2014) [12] is consistent. In explanation for this finding may be noted that In fact religion as one of the fundamental issues in all aspects of personal, social and human impact is undeniable keeping important role, and key in human life plays. Also the relationship between moral intelligence and general health of ILAM University students there is a significant relationship. With results MOUSAVI and TALEBZADEH NOBARIAN (2014) [13] is consistent. Accordingly the structure of spiritual intelligence, a critical factor in the mental health of students. Develop and strengthen the spiritual intelligence and their inclusion in the official program and non-students as well as experience and practice their spiritual mental health can upgrade.

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