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Investigate relationships between Religious orientation with public health and marital satisfaction among married students of University of Tehran

Abbas Ali Hosseinkhanzadeh a, *, Eilaman niyazi b

*Assistant professor of Psychology at University of Guilan, Address, Guilan, Iran
Ma. Student psychology at Allameh Tabataba’i University, Address, Tehran, Iran

Abstract

The purpose of this research was to investigate relationships between religious orientation with general health and marital satisfaction among married students of University of Tehran. To reach the aforementioned purpose, 96 married students in year 2008 (46 male, 46 female) in University of Tehran were selected by means of convenience sampling. Bahrami’s Religious Orientation Scale, Golombok Rust’s Inventory of Marital State, and Goldberg’s General Health Questionnaire were used as the research instruments. The result of regression analysis indicated that the magnitude of marital state and general health can be predicted from the religious orientation.

Keywords: Religion, Marital relationship, Public Health

Introduction

Religion as a major dimension of dominance of human being has always been a part of his life and it has been traceable in all aspects of human history. Even nonreligious people may invoke to God or unnatural powers in critical moments. During recent years several researches has been carried out on the structure of religion and its impact on psychological variables of personality, social and personal adaptation, and treatments based on spirituality. (Ahmadi et al., 2008; Shahbazi, 2000; Ak and Horn, 2004; Rodriguez and Henderson, 2010; Weaver et al., 2002; and Abdl - Calc, 2008).

In academic areas, based on ideas of Allport and Ross (1967), religious behaviors have been identified as intrinsic orientation and extrinsic orientation. People with extrinsic religious orientation use it to reach their personal aims, but those with intrinsic orientation consider religious as a goal in themselves. Subsequent studies on the theory of Alport has shown that Allport model will serve better as a tri-dimensional model, so that extrinsic religious orientation is, in turn, divided into two large and independent aspects called personal extrinsic orientation and social extrinsic orientation (Gorsuch and McPherson, 1989; Kirkpatrick, 1989).

In his study, Johnson (2004) has reached the conclusion that religious beliefs play a major role in mental health and in people adjustment. In their meta-analysis, Brigny et al. (1988) in investigation of the relationship between religion and mental health have shown that there is a positive relationship between religion and mental health and people
with intrinsic religious orientation in comparison to those with extrinsic orientation possess more positive mental health.

The second variable in this study was the marital relationship and its relationship with religious beliefs. Winch (1974) argues that marital satisfaction is the compatibility between current state and the expected state. Thus, marital satisfaction is achieved only when the current state of individual in marital relations is in accordance with what he had expected. Finel (1993; quoted Rosen - Grandon et al., 2004) reported ten characteristics of marital life of those who have had a satisfactory long-term marriage life in this way: life-long commitment to marriage, loyalty to spouse, strong moral values, respecting wife as a friend, commitment to sexual fidelity, desire to be a good parent, faith in God and spiritual commitment, willingness to support and please spouse, equal partnership, willing to forgive and be forgiven.

When the values in a society gradually disappear, sexual licentious spreads, moral values in both parents are gradually disappearing and separation, abortion, misbegotten children, prostitution and infidelity can be replaced thereby all these issues lead to separation of families and divorce (Ahmadi et al, 2008). Findings of the research done by Fyses and Tamko (2001) on heterosexual couples who have been married for 9 years showed that the spouses who have had commitment in religious rituals enjoyed greater satisfaction. Vyur et al. (2002) also showed that the valuation of religion and practicing it regularly is related to greater marital stability, higher levels of marital satisfaction and greater willingness to get married.

In any case, with respect to religion as a complex structure that may have multiple effects on mental health (James and Waltz, 2003), this study has been carried out to investigate the role of religious orientation in explaining the mental health and marital status of married students.

**Methodology**

In the present study, 96 married students of University of Tehran in the academic year 2008-2009 were selected through convenience sampling method.

**Instruments**

Religious orientation scale: this scale, which studies assessing its validity have begun, was examined and assessed by Bahrami Ehsan (2001). Validity coefficient of this questionnaire has been reported between .85 and .91. This questionnaire measures four factors of religious orientation, orginizedness, relatedness and satisfaction. Bahrami Ehsan 2001 and 2004).

Glambk – Rust’s Marital Status Questionnaire: in the Farsi version of this 28-item questionnaire, Cronbach's alpha was obtained .92 for women and .94 for men that shows high internal consistency of this questionnaire. Correlation coefficients between the scores of subjects on two occasions with two weeks interval was .94 for all the subjects, for female subjects .93 and .95 for male subjects which is the sign of acceptable reliability (Besharat, 1380).

Goldberg’s (1972) Public Health Questionnaire: it is a 28-item questionnaire that Goldberg and Williams (1988) reported the instrument’s split-half reliability .95 Chan (1985) reported the internal consistency of this questionnaire .93 using Cronbach's alpha coefficient (quoting chawushi et al, 2008).

**Results:**

Table 1 has reported the correlation of the variable of religious orientation and its sub-scales with marital satisfaction and public health.

Table 1: Correlation of the variable of religious orientation and its sub-scales with marital satisfaction and public health
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<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Religiousness</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. disorganization</td>
<td>-0/35*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Relatedness</td>
<td>0/51**</td>
<td>0/30*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Contentment</td>
<td>0/44*</td>
<td>0/46**</td>
<td>0/43*</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total Religion</td>
<td>0/60**</td>
<td>0/31*</td>
<td>0/33*</td>
<td>0/42**</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Marital satisfaction</td>
<td>0/13**</td>
<td>0/29*</td>
<td>0/01*</td>
<td>0/20*</td>
<td>0/08*</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>7. Mental health</td>
<td>-0/02*</td>
<td>-0/56*</td>
<td>-0/02*</td>
<td>-0/01*</td>
<td>-0/20**</td>
<td>0/21*</td>
<td>-</td>
</tr>
</tbody>
</table>

Table 1 shows that in sub-scales of religious orientation, only two factors of not being organized and satisfaction have significant relationship with marital satisfaction, also among these sub-scales only not being organized has a significant relationship with public health. To predict and represent the variance of marital satisfaction and public health based on sub factors of religious orientation multiple regression is used. (Table 2)

Table 2: Summary of marital satisfaction’s regression analysis based on the sub-scales of religious orientation

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>R</th>
<th>R²</th>
<th>β</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiousness</td>
<td>5/31</td>
<td>0/43</td>
<td>0/18</td>
<td></td>
<td>0/04</td>
</tr>
<tr>
<td>Disorganization</td>
<td>0/33</td>
<td>0/04</td>
<td></td>
<td></td>
<td>0/03</td>
</tr>
<tr>
<td>Relatedness</td>
<td>0/16</td>
<td>0/01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contentment</td>
<td>0/15</td>
<td>0/01</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Table 2 shows that the F value of regression in about .01 is meaningful. It also shows that the two sub variables of religion orientation and could explain and predict .18 of variance and diffraction of marital satisfaction. To predict the variance of the public health the regression has also been used (Table 3).

Table 3: Summary of regression analysis based on the public health sub-scales of religious orientation

<table>
<thead>
<tr>
<th></th>
<th>F</th>
<th>R</th>
<th>R²</th>
<th>β</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiousness</td>
<td>14/05</td>
<td>0/61</td>
<td>0/38</td>
<td>0/13</td>
<td>0/03</td>
</tr>
<tr>
<td>Disorganization</td>
<td>0/68</td>
<td>0/16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relatedness</td>
<td>0/02</td>
<td>0/05</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contentment</td>
<td>0/19</td>
<td>-0/05</td>
<td></td>
<td></td>
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</tbody>
</table>

Table 3 shows that the F value related to the prediction of public health is significant at level .01 and the two variables of disorganization and contentment have managed to predict and explain .38 of public health variance.

Discussion

Results of several studies suggest that religion is always detectable as a part of human life in all dimensions of history and even nonreligious people may unconsciously implore God or unnatural powers in critical time. Results of data analysis has shown that there is no significant difference between the mean of religious orientation and its components and the average of marital status in two groups of male and female students, But comparing the two
groups in terms of public health has shown that public health in women is significantly than men. Also more analysis to compare the public health components in the two groups has shown that the average of female group is higher than male only in the component of physical signs and in other components of public health there is no significant difference between the two groups.

Investigation of the correlation between religious orientation and marital status has shown that based on the total scale score of students in both groups of students and of all individuals in the entire sample, the correlation between two variables of marital status and religious orientation was negative, but it was not significant. Further analysis has shown that in the total individuals of sample there is a significant and positive correlation between components of disorganization and contentment with marital status variable and exactly the same results is obtained in the male students, but in female group no significant relation was obtained between variables neither based on total score nor at the components' level. Results of the regression analysis to determine the proportion of religious orientation in the prediction of marital status have shown that 18 percent of fluctuations of the criterion variable are determined by four components of religious orientation and with respect to the significance of regression, two components of religiousness and disorganization have a positive and significant effect on the marital status variables.

Results of correlation analysis between the variable of religious orientation with public health of subjects of this study have shown that there is a significant negative correlation between the majority of components of religious orientation and components of public health in both groups and individuals in the whole sample. Also results of regression analysis for determining the contribution of components or religious orientation in prediction of public health has shown that first, 38 percent of the criterion variable fluctuations are determined by four components of religious orientation, secondly, according to the regression to be meaningful, components of disorganization and contentment have a significant impact in the prediction of public health variable and impact of other components of religious orientation are not significant in prediction of criterion variable.

Results of correlation analysis between variables of public health and marital status have shown that between these two variables in both groups and individuals in the total sample a significant positive correlation exists. It means that the higher the public health of the couples, the better the marital status would be. Also regression analysis to determine the share of public health component in prediction of marital status has shown that only 7 percent of the criterion variables will be explained by the four components of public health And other changes in the criterion variable are determined by other variables that the researcher has not considered them and have not entered the model. So according to the limitations of this study, i.e. the inability to control the divergence or convergence of religious values of couples and its impact on marital satisfaction and public health, it is proposed that firstly, the findings should be generalized with caution, secondly, further research should be carried out regarding the harmony of values and beliefs between husband and wife.

Reference:


