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Examine the Relationship between Religious Orientation with General Health and Life Expectancy in Female Students of Ilam Province

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ABSTRACT — One of the issues that had been in the field of research and psychologists about negative emotions and providing mental health has been raised. Religion can be a source of coping with the stress of life should be considered and hope mechanisms of adaptation important problems.
Method: The study is descriptive and the type of relationship. The study society consisted of all students the city of ILAM that of them 100 persons to the simple randomization as the statistical sample were selected. The instrument was a questionnaire religious orientation ALLPORT, Schneider life expectancy questionnaire and this questionnaire. In order to analyze the data descriptive statistical methods such as frequency and mean and statistical methods, Pearson correlation coefficient using the statistical software SPSS 20 is used.
Discussion: The results showed that between religious orientation and physical health there is no relationship. Also the religious orientation (internal and external) and mental health there is a relationship. Between religious orientation (internal and external) with the hope of living there is a relationship. Similarly, the religious orientation, different educational levels, there is a significant difference.
Conclusion: As, is known in different religions to have hope in life is recommended. In fact hope is the most important thing that a lot of positive effects on quality of life. It is quite natural that people with a religious background, life expectancy more and a religious orientation especially intrinsic religious orientation can be predicted hope in life.
Keywords: religious orientation, general health, life expectancy, female students, city of ILAM.

Introduction

One of the issues that from time immemorial in the field of psychology studies and researches about negative emotions and has been providing mental health investigate the effect of religiosity and spirituality is. In the psychology of religion to the importance of religion in all aspects of life, psychological factors of religion are paid. Relationship between religion and personality the subject has been considered and reached to results acceptable. For example, Raya, PARGAMENT, MAHOUNY and Stein (2008) demonstrated that religion causes the feeling of well-being. It seems religious attitude an attitude as MacKay and Smith (2000) have argued human behavior is effective [(1)]. TOURIANO et al (2007) suggest that religious beliefs leads to improve health, quality of life and increased self-esteem; Also TOURIANO (2012) argue among other factors may in the prevention and reduction of mental disorders and problems associated with it such as suicide, drug addiction, depression and anxiety to be effective the religious beliefs [(2)]. Religion can be as a source of coping with the stress of life should be considered; PARGAMENT believed that in a vacuum and without resources with the stress of life events are not met but their belief system and rely actions emotions from difficult situations, decreases. Moreover one can what has happened to the will of God who wants him, and put on trial he has something to learn, respect or successes and failures of everyday life, as reward or punishment of God, consider [(3)]. Strengthening of religious belief at all stages of life a preventive measure to reduce mental disorders. ALLPORT, the religious orientation, introspective and extra measures suggests. He believes that outside minded religious orientation, religion for religious purposes used (social support and a sense of security). External religious orientation, spiritual goals and secular life for one prior to the spiritual dimension and for the evaluation of non-mature faith are designed. But introspective religious orientation, religion, the dominant motive in social life, to work goes on. As ALLPORT, introspective

orientation whole life in the sink sense of motivation inspiration and worship. For personal, introspective orientation, religious needs although important are less ultimate importance [4]. From the definition so that is the hope involves imagination and attention to the future and with the notion that it is possible the positive results achieved will try to be patient. Any kind of conceptualization hope characteristics of multi-dimensional, dynamic, Futurism and the review process reflecting [5]. Generally seven important feature for hope is considered, it can be positive expectations for the future-oriented, activity, realism, setting goals and internal communications and in the broadest sense and psychological, etc. [6]. Hope important coping mechanism in the problems and defined as a factor in a complex, multidimensional and potentially powerful, healing and effective adaptation [1]. BENZIN and Tower of Hope the physiological and emotional support to patients and to the crisis of the disease tolerate. Other sources expectation as a factor in predicting severe disease is mentioned. Conversely, despair as tolerated the insuperable defined where to achieve any goal it is not expected is related to depression desire for death, and suicide [7]. Currently there is considerable studies the effects and relationship between religiosity and spirituality on physical health and mental are considered [8]. Health including the most important topics in the field of social sciences and psychology which attracted many international organizations including the World Health Organization has drawn. Psychologists, sociologists, anthropologists and many other scientists each with a unique perspective on a variety of health, including mental health, attention and to promote it in human societies, programs and solutions have offered [9]. The first systematic research was in the field of psychology, religion, Francis Galton his most famous work the effect of prayer objective need dory did. Since then research in the field of religion and issues related to religion, continued and produced many theories and probably with different results led to [10]. Robert Emmons (1999) argues that religion in part because that provides personal integrity to increase the well-being [11]. NOGHANI and et al (2005) a collection of teachings and religious obligations (prayer, fasting and meditation) and its effect used to relieve depression, and have concluded that 55 percent of those who in the study attended after prayers, tranquility had better [12]. Other findings indicated a significant relationship between religion and mental health [13]; however other research has also found that the lack of relationship between religion and physical health and mental or negative relationship between religions, the above-mentioned variables emphasis has been reported [14]. In research on the relationship between mental health, religion, internal and external to the conclusion that a significant relationship between religion internal, mental health there is but this relationship the outer religion has been observed. Also no significant difference between the sexes in terms of religion has been observed. Regarding the comparison of each of the subgroups of Mental Health Inventory the inner religion and all the scales the relationship between the inner religions but religion outside only with serious depression scale scores contact [15]. BAHRAMI and RAMEZANI FARANI (2004) in research on the role of religious orientation (internal and external) on mental health and depression among the elderly to the conclusion that a significant correlation between religious orientation, health psychosis and depression in seniors; that is the scores of religious orientation to the outside increased, scores disorder in mental health and depression rises and the score will tend toward internal religious orientation, scores disorder, mental health, depression and loss [16]. Also, LAHSAEEZADEH et al (2005) In a study entitled "Investigation of the relationship between religious orientation and mental health of migrants based on ALLPORT and Ross" have concluded that the correlation coefficient between the religious orientation, health mental 0/79, 0/75 and inter-religious and the results of their research the default ALLPORT's theory about the relationship between mental health and religion and its relationship with the mental health of immigrants confirms [16]. MOUSAVIMOGHADAM et al (2014) in his study the results showed that the attitude of regression religious and spiritual intelligence in about 20% of the variance explained their tendency to addiction [17]. MOUSAVIMOGHADAM et al (2014) the results showed that the age, grade and public health the relationship has been observed [18].Given the importance and role of religious, religious human in daily life and especially in our Islamic society therefore the researcher intends to investigate the relationship between religious orientation with life expectancy and public health the students engage in ILAM.

Method

The study is descriptive and the association is to determine the relationship between religious orientation with life expectancy and general health of students of ILAM has been done. The study society consisted of all students of ILAM was that among them 100 persons, to the simple randomization as the statistical sample were selected. The instrument was a questionnaire religious orientation ALLPORT, Schneider life expectancy questionnaire and this questionnaire is.

ALLPORT religious orientation scale: ALLPORT and Ross in 1950 the scale has been used to measure the orientation of the internal and external of religion, have been prepared. In the original study therefore has been observed that the correlation between external orientation, with the inner 0/21. ALLPORT and Ross of the scale with 21 items to measure the orientation of the side and the output side of religion were prepared. According to ALLPORT's theory of religion in hand, comprehensive religious, organizational principles and internalized and the expression of a commitment learner motivation which is the ultimate goal not a means for achieving personal goals; However the output side of religion as something external and tools to meet the needs of the individual functions such as capacity and security known. In this case in 2000 translated and is normalized. Internal consistency by JANBOZORGI, using CRONBACH's alpha coefficient 0/71 and 0/74 reliability is obtained. The 21item scale 1-12 phrases external orientation, religion and of religion expression within 13-21 orientation measure and based on LIKERT scale, their scoring, ranging from strongly agree to strongly disagree. The answer is awarded a score of 1-5; Therefore the option of a single score, the score of the two options, Option A score of four and then a score of five and phrases without answers, score three are [4]. Schneider life expectancy questionnaire: This questionnaire developed by Schneider et al (1991) to measure hope was built has 12 phrase and into your self-assessment is implemented. These statements, statements of reflection factor of 4, 4 statements of strategic thinking, 4phrase are misleading. Therefore this questionnaire the following scale will be in the agent and strategy.

General Health Questionnaire: Goldberg (1972) the first time General Health Questionnaire to be adjusted. Original questionnaire with 60 items, Goldberg and Hiller (1979) Form 28-point questionnaire the first time through factor analysis based on the long form they have developed. In the present study the 28-item form is used. Of This questionnaire to assess the health status of the individual in a deal last month and includes symptoms like thoughts and feelings are normal and aspects of behavior can be observed that the situation here and now insists. 28-item General Health Questionnaire the four subscales, are formed each of which seven items. Articles 1 to 7 the subscale of physical symptoms, Articles 8 to 14, that of the subscale anxiety and insomnia, Articles 15 to 21, related to the impairment of social functioning subscale and of Article 22 of the 28 on the depression scale. A score of 0 to 7, signs of a serious condition accountable. 7 to 14 eve of the show and a score of 14 to 21 indicating the respondent's health. The overall score for each individual the sum of the scores of four subscales is obtained. A person who in total the four subscales, scores of 0 to 28 the situation is dire. The 28 to 56 the eve of the show held accountable and the individual's score is 56 to 84 in good health status [(16)].To analyze the data descriptive statistical methods such as frequency and mean and statistical methods Pearson correlation coefficient using the statistical software SPSS 20 is used.

Finding

In this part of the study after a brief review of the results of descriptive statistics the religious orientation (internal and external) physical health, mental health and life expectancy the results of inferential statistics the assumptions the following tables offered.

Table 1: Distribution of sample by age

Age	Frequency	percentage
Less than 20 years	26	26
25-20 years	32	32
30-25 years	18	18
More than 30 years	24	24
Sum	100	100

Table 2: Frequency Distribution of Statistical sample in terms of Education

Education	Frequency	percentage
Resource	42	42
Expert	48	48
Graduate	10	10
Sum	100	100

Table 3: Frequency Distribution of Statistical sample in terms of Field of Study

Field of Study	Frequency	percentage
Humanities	35	35
Science	42	42
Art	9	9
Medical	14	14
Sum	100	100

Table 4: Results of the test variables religious orientation (internal and external)

Scale under consideration	Average
Religious Orientation	2/89

Table 5: Results of the Test of Variables of life expectancy

Scale under consideration	Average
Life expectancy	3/26

Table 6: Results of the Test of Variables of public health

Scale under consideration	Average
Physical Health	3/27
Mental Health	3/01

Table 7: results of a test to examine the relationship between religious orientation (internal and external) and physical health

	religious orientation (internal and external)	
Physical Health	Pearson correlation coefficients	Significant level.
	0/181	0/072

Table 8: results of a test to examine the relationship between religious orientation (internal and external) and mental health

	religious orientation (internal and external)	
mental health	Pearson correlation coefficients	Significant level.
	0/652	0/000

Table 9: results of a test to examine the relationship between religious orientation (internal and external) with life expectancy

	religious orientation (internal and external)	
life expectancy	Pearson correlation coefficients	Significant level.
	0/450	0/020

Table 10: F test to compare the mean result of religious orientation (internal and external) between different levels of education

	Sum of squares	Degrees of freedom	Mean square	F	Significant level
Intragroup	**11/694**	**3**	**3/898**	**3/057**	**0/032**
Outgroup	**122/416**	**96**	**1/275**		
Sum	**110/134**	**99**			

Discussion

Based on the results of this study in Table 1Statistical sample Frequency Distribution of by age is shown. As can be seen 26% of the sample, younger than 20 years (32%) aged between 25-20, 18% aged between 30-25 and 24 percent were older than 30 years. In the meantime most frequent belong in the age range 25-20 years, in Table 2, the frequency distribution of the sample in terms of education shown. As can be seen most of the undergraduate education, with 48% of frequency is allocated. Table (3) the distribution of the sample based on field research has shown. As can be seen most related to the field of science the frequency is 42%. Based on descriptive statistics on the religious orientation, (internal and external), the following scores is in the average level. Based on descriptive statistics on life expectancy marks the next level is moderate to high. In other words the subjects have the high level of life expectancy. Based on descriptive statistics on public health both physical health scores, and mental health there is a moderate to high level. Among the general health, physical health with a mean of 3.27 higher than the average mental health is 3/01. Table (7) using the Pearson correlation coefficient the relation between religious orientation (internal and external) pays with physical health. Since the correlation matrix the significance level (0/07) is greater than the error rate (0/05) is therefore null hypothesis is confirmed and the assumption of a rejected. That is the relationship between religious orientation and physical health does not exist. Table (8) using the Pearson correlation coefficient the relation between religious orientation (internal and external) pays with mental health. Since the correlation matrix the significance level (0.000) lower error rate (0/05) is therefore null hypothesis was rejected at 95% and assuming an approval and as can be seen the Pearson correlation coefficient between two variables, the sample is 0.65 which indicates a significant relationship and directly between them. This means that with the strengthening of religious orientation, mental health will be improved. Table (9) using the Pearson correlation coefficient the relation between religious orientation (internal and external) with the hope of life. Since the correlation matrix the significance level (0/020) lower error rate (0/05) is therefore null hypothesis is rejected at the 95% confidence level and assume an approved and as you can see the Pearson correlation coefficient between two variables the sample is 0.450 which indicates a significant relationship and directly between them. This means that with a tendency toward religious orientation, life expectancy has also improved. Table (10) using ANOVA the average difference between the religious orientations based on the student pays grades. F test value is equal to 3/05, 0/05 is less than the significance level of the test the null hypothesis is rejected and the opposite assumption will be accepted. Namely the religious orientation of different educational levels there is a significant difference.

Conclusion

As part of the analysis and hypothesis were shown, hypothesis 1 of the relation between religious orientation (both internal and external) and physical health the rejection of the null hypothesis was accepted which means that the direction religious orientation and physical health in a sample of female students there is no statistically significant relationship. Hypothesis 2 that showed the relationship between religious orientation, internal and external with later mental health there is a lot of research. GHARAEE (2009) investigate the relationship between mental health, religion, internal and external to the conclusion that the relationship between religion internal, mental health there is but this association was not observed in the outer religion. BAHRAMI and RAMEZANIFARANI (2006) in research on the role of religious orientation (internal and external) mental health and depression among the elderly to the conclusion that a significant correlation between religious orientation, mental health and depression seniors. LAHSAEEZADEH and et al in a study entitled "Study of the relationship between religious orientation and mental health of immigrants according to ALLPORT and Ross model" to the conclusion that the correlation coefficient between the religious orientation, mental health 0/79 and inter-religious -0/75 is. In explaining these results we can say that finding a positive association between mental health and internal religious orientation it is not far-fetched because those that are intrinsic religious orientation have internalized their beliefs and they live with although signs of crisis, outside they can be seen. In other words, according to their apparent conflicts, the environment, due to internal coherence and intrinsic value the more high level of unity in action, feeling, and thinking and enjoy. ALLPORT internal religious orientation explains that the people the main motivation of their beliefs the subjective opinion of religion and other needs of the people which is of secondary importance, conscience and religion does not affect them and satisfying the needs of both the religious beliefs may know. Religious people with these characteristics are present, religion built their faith and it is in your life to perfection, and the religious orders as well as their complete. These are person who with a pattern of behavior and their belief, their life. As the results of this hypothesis consistent with other research in this area suggests that religious beliefs especially the internal religious orientation, positive relationship with symptoms and psychiatric disorders and increased mental health therefore to it seems that this issue should be on prevention and treatment, considered and based on it is planned. Although the present study is to understand the relationship between religious orientation (internal and external), mental health and irrational beliefs will help but the extent and nature of this effect requires longitudinal studies because the cross-sectional studies the fact that certain sections of the form and for a deeper

study of the long-term effects of religion is essential. Hypothesis 3 this analysis also showed that between religious orientation there is a significant positive correlation with life expectancy which is the result of research HAJIPOUR and et al who showed religious orientation and especially internal religious orientation, life expectancy is predicted is consistent. As it is the different religions in order to have a hope of life and the hope the most important thing is that a lot of positive effects on quality of life. It is quite natural that people with religious backgrounds have greater life expectancy and a religious orientation especially intrinsic religious orientation can be predicted life expectancy. Hypothesis 4 of the study stating that the religious orientation of students is different in this regard relevant research, have not found.

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