

Journal of Depression and Anxiety Forecast

Religious Commitment and Quality of Life among a Sample of Iranian Undergraduate Students

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Abstract

Objective: In the present study, we evaluated the relationship between religious commitment and quality of life among undergraduate students.

Methods: Two questionnaires including the Religious Commitment Scale, to assess four dimensions of belief, ritual, experience and consequence; and the Short Form Health Survey (SF-36), to evaluate vitality, physical functioning, bodily pain, general health perceptions, physical problems, emotional problems, social functioning and mental health, were completed by 200 undergraduate students aged 18 to 30 years old.

Results: We found that religious commitment can predict health-related quality of life among undergraduate students. We also found that religious commitment has significant effect on bodily pain, physical functioning, physical problems and vitality.

Conclusion: There are significant association between religious commitment and quality of life in undergraduate students.

Keywords: Religious commitment; Quality of life; Students

Introduction

Religion is a structured system of beliefs and behaviors related to spiritual domains. Religiosity means having a commitment to religious doctrines and commandments, which affects on individual attitudes and functions [1]. Quality of life is a multi-dimensional concept of everyone perception from life, values, goals, standards and personal interests [2].

Several researches showed individuals with strong religious beliefs have better quality of life [3]. Green and Elliott showed significant relationship between spiritual well-being and quality of life domains in African Americans women [4]. In a meta-analysis study, Moreira-Almeida et al reported significant correlation between religion and mental health in the majority of researches [5]. Koenig indicated positive relationship between mental and physical health and spiritual life [6]. Idler and colleagues investigated religion and quality of life in the last year of life and showed more mental health in religious participants [7]. Kirk found positive correlation between spiritual well-being and quality of life among African Americans, Native Americans and Latinos [8]. In a study performed by Ahmadi Gatab, there was a significant association between religious attitudes and quality of life among Iranian general health students [9]. However, Fife and et al reported no significant correlation between religious commitment and life satisfaction among African American and Caucasian American college students [10]. Also, Henning and et al did not find any significant relationship between religious affiliation and quality of life domains in New Zealand medical students [11].

In Persian researches, several studies indicated significant relationship between religious attitudes and mental health among university students [12-15]. Ansari found positive correlation between religious attitude and quality of life among patients with cancer [16].

Since there are few studies, we carried out this research to evaluate the relationship between religious commitment and quality of life among undergraduate students.

Materials and Methods

200 undergraduate students aged 18 to 30 years old completed the Religious Commitment Scale and the Short Form Health Survey (SF-36) at the Islamic Azad University of Neyshabur, Iran.

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Received Date: 31 Oct 2017

Accepted Date: 15 Jan 2018

Published Date: 26 Jan 2018

Citation: Behboodi M, Zeinali F, Salmanian M, Shamohammadi M. Religious Commitment and Quality of Life among a Sample of Iranian Undergraduate Students. *J Depress Anxiety Forecast*. 2018; 1(1): 1002.

ISSN 2643-7139

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Table 1: Test of Homogeneity of Variances and test of Normality.

Variables	ANOVA		Kovlmogorov-Smirnov	
	F	Sig	Statisitic	Sig
Religious Commitment	1.03	0.213	0.987	0.256
Health-related quality of life	1.33	0.107	1.14	0.09

Table 2: Regression analysis for religious commitment with respect to health-related quality of life.

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std.Error	Beta	T	Sig.
Constant	89.19	4.34		20.52	0.000
Religious Commitment	0.132	0.064	0.16	2.04	0.043

The Religious Commitment Scale was designed by Glock and Stark to measure five dimensions including belief, ritual, experience, knowledge and consequence. According to Shia religion, the Persian version of the Religious Commitment Scale was prepared by Serajzadeh, to assess four dimensions of belief (7 items), ritual (7 items), experience (6 items) and consequence (6 items). The criterion validity of the Persian scale was acceptable, with Eta correlation coefficient of 0.81. Also, Serajzadeh reported high reliability of the scale, with Cronbach's Alpha of 0.90 and split-half reliability coefficient of 0.64 [1].

The Short Form Health Survey is a 36-item questionnaire to measure 8 domains of health-related quality of life, including vitality (4 items), physical functioning (10 items), bodily pain (2 items), general health perceptions (6 items), physical problems (4 items), emotional problems (3 items), social functioning (2 items) and mental health (5 items). Montazeri and et al evaluated validity and reliability of the Persian version of SF-36 and reported Cronbach's Alpha of 0.71 to 0.90 for the scale domains; however, the Cronbach's Alpha of vitality domain was 0.65 [17].

Results

A total of 200 undergraduate students aged 18 to 30 years old participated; the questionnaires were completed by 50% women and 50% men.

According to Kolmogorov-Smirnov and ANOVA tests, normal distribution and Homogeneity of Variances were observed in religious commitment and health-related quality of life ($P > 0.05$) (Table 1).

Using independent t-test, there was significant difference between men and women in religious commitment ($P = 0.013$), so that women had higher Religious Commitment Scale score as compared to men. On contrary, no significant difference was observed between two genders in health-related quality of life ($P = 0.91$).

Table 3: Tests of between-subjects effects for health-related quality of life domains with respect to religious commitment.

Health-related quality of life domains	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power
physical functioning	1295.4	49	26.43	1.56	0.028*	0.414	0.995
physical problems	118.8	49	2.42	1.55	0.030*	0.411	0.994
emotional problems	69.05	49	1.4	0.919	0.62	0.292	0.875
vitality	498.95	49	10.1	1.46	0.045*	0.40	0.992
mental health	539.7	49	11.01	0.803	0.804	0.265	0.808
social functioning	70.56	49	1.44	0.973	0.533	0.304	0.90
bodily pain	409.09	49	8.3	1.76	0.008*	0.442	0.998
general health perceptions	299.29	49	6.1	1.03	0.426	0.426	0.924

Table 2 shows that religious commitment can predict health-related quality of life in the following regression equation:

$$\text{Health-related quality of life} = 89.19 + (0.132) * (\text{Religious Commitment score}).$$

So, increasing religious commitment can enhance health-related quality of life.

Using Multivariate Analysis of Variance (MANOVA), religious commitment had significant effect on 4 domains of health-related quality of life, according to effect-size measurement, including bodily pain, physical functioning, physical problems and vitality (Table 3).

Discussion

Several studies investigated the relationship between religious beliefs and quality of life. While the majority of studies showed significant relationship between religious attitudes and mental health among university students [9,12-15], others reported no significant correlation among them [10,11]. So, we studied religious commitment and health related quality of life among undergraduate students, and found that religious commitment can predict health-related quality of life in this group. We also found that religious commitment has significant effect on bodily pain, physical functioning, physical problems and vitality, which are 4 domains of quality of life.

The findings of this research confirm the results of AhmadiGatab's study which showed significant association between religious attitudes and quality of life among Iranian students [9]. But these findings are inconsistent with the results of Fife and Henning's studies which indicated no significant correlation between religious commitment and affiliation with life satisfaction and quality of life among college students [10,11]. This inconsistency may be due to difference between the questionnaires and methods used in our study and that of their studies.

While several studies indicated significant relationship between religious attitudes and mental health among university students [12-15], the current research showed that religious commitment had no significant effect on mental health which is one of the health related quality of life domain. This inconsistency may be due to different methods that were used in our study as compared to the others.

We found significant differences between men and women in religious commitment, so that women had more scores in Religious Commitment Scale. This finding is consistent with Kazemian et al (2009), Majdian (2001), Qamari (2009) and Zohoor et al (2001) studies [18-21]. We found no significant differences between men and women in quality of life. This finding confirms Farahani et al (2009) and Zaki (2010); but is inconsistent with Ansari (2012), Soltani

et al (2010) and Shams et al (2010) researches [16,22-25].

The results of this study suggest that there are significant association between religious commitment and quality of life among undergraduate students. This hypothesis should be reevaluated in larger samples with different questionnaires.

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