

The Relationship between Religious Attitude and University Students 'Tendency to Commit Suicide

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ABSTRACT

Religious adherence is an important factor that has increased the level of mental health and causes the decrease in mental disorders and tendency to commit suicide. Therefore, the objective to implement this research is the assessment of the relationship between religious attitude and the rate of students committing suicide in universities (Payam e Nour and Azad) in Sanghar city. Present Research plan is descriptive – sectional. The statistics population is all the university students of Sanghar city universities. Using Random sampling 150 students were selected. To evaluate religious attitude, religious attitude questionnaire was used and to measure the rate of tendency to commit suicide, BECK(BSSI) questionnaire was used. Data resulted from testing ,was measured through using Pierson Solidarity coefficient.

The results of data analysis showed that between general religious attitude and tendency to commit suicide in university students, there is a significant negative solidarity ($P= 0.001$, $R= 0.336$).

Also, there was a significant negative solidarity between ideological dimension with tendency towards committing suicide ($p= 0.022$, $r= -0.187$), and experimental dimension with tendency towards committing suicide ($r= -0.151$, $p= 0.002$) and outcome dimension with tendency towards committing suicide in university students, but there was no relationship seen between ritual dimension with tendency towards committing suicide in universities. The research results show that there is negative relationship between religious attitude and tendency of committing suicide in university students.

Therefore, it is worth paying more attention on more consolidation of religious foundations of university students, because, religion in addition to beneficial impact on mental health, has an important role in decreasing mental disorders such as; stress, depression and committing suicide.

KEYWORDS: Religious attitude, ideological dimension, outcome dimension, committing suicide, tendency to commit suicide

1- INTRODUCTION

In today's world despite of various and amazing developments occurred in all economic and social aspects including science, but human – being could not cure mental diseases such as; Anxiety, Depression, Stress, absurdity activism, meaninglessness of life. It seems that human today has lost his real identity and has been alienated from himself (Navabakhsh and Pooryosefi,2006) . World Health Organization in 2011 considered spirituality, religiosity and personal ideologies as an important component is quality of life. Within past years, major part of research literature has implemented the assessment of the relationship between spirituality, religiosity and mental health (How et al.,2011). religion can be divided into three components; organizational aspects of religion, intellectual aspects of religion and religious beliefs. The organizational aspect of religion includes; attending religious rituals in religious organizations such as; Church Membership. Intellectual aspect of religion indicates the commitment and the importance of religion in their individual life. Finally, religious beliefs are related to the central core of belief system on God. According to history religious beliefs aspect in religious researches have been neglected. Religious aspects impact on beliefs, values and the method of life. Many General practitioners of England believe that religious beliefs are healers and 75% of them believe that praying makes the healing process faster (Huang et al.,2011).

Historically, there have always been strong bonds between “religion” and “Health”, but in scientific psychology, this issue that whether religion has any relationship with mental health or not , had been the subject of theorizing and a lot of researches and has followed by various outcome and results and even conflicting results. Thus, some theories has basically considered religion as mental disease and considered religious rituals as abnormal behavior and called them as “Scrupulous “.Rituals”. Many of theories in a complete opposite have considered the role of religion a lot, as to achieve health (Sadeghi and Mazaheri.,2005). It has been nearly a century that Dorkim has provided a conceptualization process for sociologists. This idea, evaluates the

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relationship between “committing suicide” and “religion”, times and times during this period. Dorkim raises that Protestants commit suicide more than others, he refers that the key to this differences, were the tremendous social developments in 19th century (pesco Georgiana, 2009). Among existing problems and damages, committing suicide has been recognized as one of the issues of recent era, structural changes and more younger people commit suicide, has added up to the problems. Committing is an 8 sided issue: 1) Semantic 2) Statistics 3) historical 4) religious 5) philosophic 6) Psychological 7) sociological 8) Behavioral. Committing suicide not only is a personal issue, but also it is a social loss (Alivardiniya *et al.*, 2011).

In today's societies especially western countries, committing suicide is not a random issue and unimportant issue, but it is way for a person to run away from problems and crisis which causes extensive pain and pressure on a person and according to Edwin Ashnaydmn saying, committing suicide is along with a wish not achieved, hopelessness feeling and retardation, challenge between life and un bearable stress, weakness of beliefs and the need to flee (Sadock and Sadock, 2005). During some past decades, many researches regarding committing suicide have been implemented and their results show that committing suicide is related to threat multi factors; biological, psychological, social, family and religious (Edalati Shateri *et al.*, 2011). Pandemic studies on committing suicide in Iran during 2 recent decades is indicator of the increase in suicide and committing it (Koshan *et al.*, 2009).

Committing suicide is one of socio-psychological issues that today considering that communications and interaction have become more complex in most of the societies, committing suicide is increasing. Committing suicide is the action of awareness destroying oneself which can consider it as multi-dimensional disorder in human in need (Saber Zafarghandi *et al.*, 2005). The most clear reason for committing suicide, are the complex issues that the patient in order to flee from them, and chooses committing suicide as the best solution. Most important factors basing committing suicide are psychological disorders including; mood disorders, hopelessness, depression and the sexual and physical harassment experiment in childhood. Its occurrence rate differs according to geographical status, in countries and different areas (Memari *et al.*, 2011). Regarding personal factors mostly have focused on; depression, hopelessness, self-confidence and so on. Regarding Social factors, there has been more emphasis on the impacts of; Family support, religion, social support and so on (Matini Sadr *et al.*, 2009).

It has been seen that people suffering mood disorders, Drug abuse and Schizophrenia, are seriously subject to Suicide risk. The risk of committing suicide in people suffering anxiety disorders is significantly higher than ordinary people (Baci and Sevincok, 2010). Belief, religious beliefs, religious orders, rituals are factors that could be used effectively in treatment and prevention of mental disorders, in condition that their application method to be learnt and their uses to be recognized (Bayan Zadeh *et al.*, 2004). Recent researches have considered the religion as a source with the importance of social and psychological support against stress. Various Coherent researches which have been implemented in many countries around the world, have shown that attending in religious activities is related to lower depression, committing suicide, anxiety, drug abuse, and also better confronting with stress situation (Saber Zafarghandi *et al.*, 2005).

Following Islamic teachings causes that the possibility to suffer mental disorders to be decreased. To surrender to God's will, has an important role in optimized health care. Documenting the holy Quran causes us the peace of mind and helps us in fighting with diseases and problems. These activities and prayers guarantee physical and psychological health. Following Islam's teachings, is an appropriate guidance against anxiety, hopelessness, depression and committing suicide and it reduces them (Mahdavi Azadboni and Rabinataj, 2011). Therefore, the recent research is implemented with objective of the assessment of relationship between religious attitude and the tendency to commit suicide among university students.

2- CONTENTS AND METHODS

Present research method is descriptive – sectional, because the main objective of this research is the assessment of relationship between religious attitude and tendency university students to commit suicide. In present research, statistic population include; all university students of Payam e Nour university and Azad university of Sanghar city.

Case study sample in this research includes; 150 students of Sanghar universities (Azad and Payam e Nour) that were selected in simple random order. The research method is that after referring to universities (Payam e Nour and Azad) in Sanghar city, providing required explanation and attaining students' satisfaction and cooperation, the questionnaires of religious attitude and tendency to commit suicide were applied on. Tools for gathering required data in this research are:

Religious attitude questionnaire: Religious attitudes assessment questionnaire by Seradj zadeh (1998) based on Gluk and Stark (1965) and it has been adapted and proportional with Islam's point of view especially SHIA' Islam. This questionnaire includes 26 sentences which evaluates 4 dimensions of religiosity: A- Believe dimension, B-Experimental dimension or religious emotions, C- Outcome dimension, D-ritual dimension. For Questionnaire justifiability assessment, the solidarity coefficient has been reported 0.41-0.62. Standard alpha for

4 scales related to 4 dimensions of religiosity reported 0.87 to 0.92 (Huang et al.,2011). Also its stability in split method into half for all measures and its dimensions in another research were respectively; 0.75,0.60, 0.53, 0.63, and 0.76,and through Kronbakh alpha method they were respectively 0.78,0.62,0.56,0.66and 0.79(Sharifi et al.,2005).

Beck Scale of Suicide Ideography (BSSI)

This scale has been formed of 19 questions and it is implemented in shape of self-assessment. This questionnaire is prepared to reveal and measure the intensity of attitudes and planning to commit suicide and issues such as ; hope to die , active tendency towards committing suicide , duration and abundance of suicide thoughts, the rate of self-control ,and measures the factors deterrent of committing suicide and the personal preparation to commit suicide. Each question has been ranked from 0 to 2 and the responder should select one based on his status. This questionnaire has also 5 screening questions (from 1 to 5). In case, the responder answers question no 5 as 1 or 2 , it is required that he answers the rest of questions from 6 to 19, otherwise, meaning to mark zero for question 5, there is no need to continue responding. This scale has high solidarity with standardized depression and tendency to commit suicide, from 0.9to 0.94. Also, the reported Kronbakh alpha regarding this scale is from 0.87 to 0.97[9]. After collecting questionnaires, raw data were analyzed by SPSS-18 software and using Pierson solidarity coefficient.

3 – RESULTS

As it is observable , the statistic sample includes 150 people of university students of Azad and Payam E Nour at Sanghar city which was randomly selected from above –said university students. Subjects are of both sexes 65 men and 85 women. Educational level include from high school graduate (university student) up to Bachelor (7 and 8 semesters). Age domain includes from 19 to 35 and from various groups, social and economic classes with different income level (poor, middle, and good). The average of standard deviation related to the research variables has also been provided in table (1). In order to analyze the data of research hypotheses, the solidarity coefficient among variables was measured. Pierson test results are in table (2).

Table (1): Indices of religious attitude statistics with the tendency of students towards committing suicide

<i>Index</i>	<i>average</i>	<i>Standard deviation</i>
Religious attitude	71.9400	16.59070
Belief Dimension	21.3267	9.09937
Experimental Dimension	20.2067	7.88533
Outcome dimension	15.8467	7.16792
Ritual dimension	14.4400	7.21341
Committing Suicide	15.1467	12.00245

Table (2): solidarity coefficient and significance level of religious attitude with tendency of students to commit suicide

Committing Suicide		
	Solidarity Coefficient	Significance level
Belief Dimension	-0.187	0.022
Experimental Dimension	-0.151	0.002
Outcome dimension	-0.204	0.012
Ritual dimension	-0.110	0.182
Religious attitude	-0.336	0.001

Considering table no (2), data analysis showed that there is a significant negative solidarity between general religious attitude and university students tendency towards committing suicide which ($p= 0.001$ and $r= 0.336$),this means the higher scale of religious attitude follows by the decrease in tendency towards committing suicide. Also regarding other components of religious attitude test, there was a negative significant solidarity between dimensions of religious attitude and the students tendency to commit suicide, as belief dimension of religious attitude and university student's tendency towards committing suicide ($p= 0.022$ and $r= 0.187$), experimental dimension of religious attitude and university students tendency towards commit suicide ($p=0.002$, $r= -0.151$)and outcome dimension of religious attitude with university students tendency towards committing suicide ($p=0.012$ and $r= 0.204$),but there is no relationship seen between ritual dimension of religious attitude and university students tendency towards committing suicide ($p=0.182$ and $r= -0.110$).

4 - DISCUSSION

Results show that there is negative significant solidarity between general religious attitude and university student's tendency towards committing suicide, meaning that the higher the rate of religious attitude follows by the decrease in university tendency towards committing suicide. Also, regarding other components of religious attitude test, there was a negative relationship between belief dimension of religious attitude and university student's tendency towards committing suicide. These results are coordinated with other researches.

Phenomenology of depression in people suffering depression who have high commitment to religious rituals according to thoughts of committing suicide and not having hopes, differ with those suffering depression and having weak commitment to religious rituals (Delazar and Farahi,2009). Morality and religious attitude, because of belief in human health preservation act as a protection of those suffering depression against committing suicide (Lizardi et al.,2011). Also, in this research we reached this conclusion that there is significant relationship between experimental dimension of religious attitude and university student's tendency toward committing suicide, also there is also a significant relationship between outcome dimension of religious attitude and university student's tendency towards committing suicide, but there was no relationship between ritual dimension of religious attitude and university students' tendency towards committing suicide. It has been seen that in people suffering depression (who are one –poled), suicide- oriented behavior with higher level of aggression and follow low levels of morality or low religious obstacles against committing suicide (Azorin et al.,2010). For as much as Islam religion, has officially banned committing suicide. Of course, the abundance of committing suicide in Islamic societies is low (Rezaeian et al.,2007).Religion impact analysis on the rate of committing suicide in population groups in American society in 1970 shows that religion still impacts on the rate of committing suicide. In this case, that the rate of tendency to commit suicide among Catholic and Protestant religions (Evangelic religions) is low and among fundamentalist Protestants are high. The presence of Jews creates low support impact but it creates instability (Pesco Georgiana et al.,2009). Fr8 total researches which have been implemented regarding committing suicide and religiosity up to 2000, 57 assessments have shown lower suicides or more negative and stronger attitude towards (suicide) in people with religious approach(Mahdavi Azadboni et al.,2011). In a linear research that has implemented a research on 1091 people, in a pandemic cognitive research, has evaluated the relationship between attending in religious prayers and spirituality with major depression, anxiety disorders, tendency towards suicide and committing suicide in Baltimore. They reached to conclusion that attending religious activities act as an obstacle against mental disorders and tendency and committing suicide (Rasic et al.,2011).

Considering that the present research is descriptive –sectional, could not presume from the results, any cause and effect relationship between religious attitude and the rate of tendency towards committing suicide. Other restrictions of this research which have no witness group, include; another considerable point is that other impacting variables on tendency towards committing suicide in this research were not evaluated. Therefore, it is suggested that other complementary research regarding the assessment of impacting factors on this variable.

On the whole, the results of this research and other researches show that there is negative relationship between religious attitude and the tendency towards committing suicide and basically religion has relationship with the decrease in the rate of people committing suicide. One of the useful solutions to, confront committing suicide, is to have inner religion and belief in God that a behavioral –cognitive method towards dominating on stress situations, physical and mental disorders and it is a way to facilitate outside and inside pressures which acts as an obstacle against committing suicide. Hoping that by implementation of next researches, further steps have taken towards religious achievements and beauty of Islam to be cleared for human –beings.

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