



Original Article

The Role of Islamic lifestyle in Predicting Emotional Disturbances of University Students

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ABSTRACT

Background: Given the importance of students' mental health, this study aimed to investigate the role of Islamic lifestyle (ILST) in predicting emotional disturbances of university students.**Methods:** This cross-sectional study was conducted on students at University of Mohaghegh Ardabili during 2013 to 2014. A total sample of 200 students were selected by convenience sampling method. Participants completed ILST questionnaire and depression anxiety stress scale (DASS-21). Data were analyzed using correlation coefficient and multivariate linear regression method.**Results:** A total of 173 students including 96 men and 80 women were participated. ILST was inversely correlated with depression ($r=-0.52$, P -value <0.001), anxiety ($r=-0.35$, P -value <0.001), and stress ($r=0.38$, P -value <0.001). In multivariate model, ILST was independently associated with emotional disturbances.**Conclusion:** This study showed significant association between Islamic lifestyle and mental health. Therefore more attention should be paid to students' tendencies to Islamic lifestyle.**Keywords:** Anxiety, Depression, Emotional Disturbance, Lifestyle, Students**Citation:** Atadokht A, Norouzi F. The role of Islamic lifestyle in predicting emotional disturbance of university students. Caspian J Health Res. 2018;3(1):1-4. doi: 10.29252/cjhr.3.1.1

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Introduction

Human health is the cornerstone of the community health and these two are so interrelated that it is difficult to distinguish between them. It seems that one of the most important educational goals should be to improve mental health and social skills of the students which, in turn, can influence the individuals and community health and the educational success in young population (1). Mental disorders including depression, anxiety and emotional stress are among the leading causes of burden of disease worldwide and the second leading cause of disease burden in Iran (2). The college students after entering university deal with a new environment which is different from their previous life and social environment. So that the new environment can cause

some problems for them such as bad condition of dorm, feeling homesick, educational problems, severe competition among students, lack of entertainment, concerns related to finding a good job after graduation, problems for continuing education, etc. These conditions may have negative effects on their mental health and cause mental disorders like anxiety and depression (3, 4). Thus, it is necessary to pay special attention to mental health of students. According to previous study, 30% of college students was depressed and 26.8% complained about being stressed (5). Tabrizzadeh et al. reported that 27.7% of students had minor and 3.2% had moderate mental disorder (6). Given the importance of mental health, the effective methods to prevent mental

problems and their negative consequences seem to be necessary and inevitable.

The term “lifestyle” is internationally known in public health and is an important predictor of future health, productivity, and life expectancy. The specified dimensions of lifestyle in today's scientific world is the way of an individual's living and include physical activities, sleep-wake cycle, social interactions, spirituality, safety, calmness, nutrition, and the use of medication (7). People can protect themselves against a variety of non-communicable diseases including mental disorders through healthy lifestyle (8). However, global trends indicate a movement toward more unhealthy behaviors and lifestyle (9). The increased adoption of western life style during the 1900s resulted in a decrease in healthier lifestyle and an increase in related disease in the global community (10). The Islamic lifestyle is originated from Islamic rules and covers all different aspects of life appropriately. Islam has a set of values and behavioral norms that suggest the best lifestyle to individuals. There are few studies addressing the association between Islamic lifestyle and happiness, positive mood, physical health and social commitments. Regarding the importance of mental health among university students, this study aimed to determine the relationship between Islamic lifestyle and students' emotional disturbances.

Methods

This cross-sectional study was conducted on 200 college students of Mohaghegh Ardabili University during 2013-2014. The samples were selected using non-probability convenience sampling method. Islamic lifestyle was considered as the independent variable and the emotional disturbances including depression, anxiety and emotional stress as the dependent variables. Two instruments were used to collect data. Islamic lifestyle test (ILST) and depression, anxiety, and stress scale (DASS-21). ILST is designed by Kaviani (11) and includes two long (135 questions) and short (79 questions) forms. It has adequate internal consistency (Cronbach's alpha= 0.71) and concordant validity with religious orientation test (Pearson correlation=0.64). At present study, the short form was used to measure many dimensions of Islamic lifestyle such as social, worship, beliefs, moral, financial, family, health, thinking, safety, and timing. The short form includes 79 questions in 10 dimensions with different items. Each item was ranked in 4 scales from very low to very high. The total score was calculated from summing of weighed items in 10 dimensions. The higher scores indicated better Islamic lifestyle. To evaluate depression, anxiety, and stress (emotional reactions) the Persian version of questionnaire DASS-21 was used. This questionnaire has 21 questions. It was first introduced by Lewinda and included 21 items scaling in 4 ranks from not at all to most of the time. This scale has a high correlation with Beck depression index and anxiety questionnaire and its reliability was 0.7 for depression, 0.66 for anxiety, and 0.76 for stress. The questionnaire has been validated by Sahebi et al for Iranian population (12). The higher scores indicated more severe emotional disturbance. To collect the data from male participants, the researcher attended the dorm and asked people in the rooms to complete the questionnaires. The participants were told that all the information provided in the questionnaire would be kept confidential. After some minutes

the researcher came back to receive questionnaires. A female research assistant who was living in the dorm collected the data from female students as well. Data were analyzed using Pearson correlation coefficient and multivariate linear regression analysis in Stata/SE version14 (StataCorp LP, College Station, Texas).

Results

Of total, 173 participants completed the questionnaires (response rate= 86%). The mean age of participants was 21.20 years (Standard deviation=1.49). Among all students, 54.5% were men and 45.5% were women. Regarding the economic status, 12.4% of students had low, 53.4% had moderate, 21.3% had high and 5.1% had very high economic condition. Most of the participants (91.6%) were studied in bachelor and others in master degree. The mean score of Islamic lifestyle and mental disorder dimensions are shown in Table 1. The mean score of total Islamic lifestyle was 471 (SD=56.07). According to the mean score of mental disorders, the participants had moderate depression (mean=13.30), moderate anxiety (mean=12.88) and mild stress (mean=15.04).

Table 1. Islamic lifestyle, depression, anxiety and stress score of participants.

Characteristics	Mean	SD
Islamic lifestyle components		
Social	51.74	8.40
worship	41.08	7.06
Beliefs	68.73	11.88
Moral	58.54	9.99
Financial	71.88	10.50
Family	57.77	11.18
Health	23.67	3.43
Thinking	53.40	8.77
Safety	28.97	6.60
Timing	15.31	4.14
Total	471.1	56.07
Depression	13.30	4.75
Anxiety	12.88	4.41
Stress	15.04	4.28

Abbreviation: SD, Standard deviation

Table 2 illustrates the correlation between Islamic lifestyle components and three measures of emotional disturbance including depression, anxiety and stress. There was a significant negative correlation between depression and stress with all components of Islamic life style. Anxiety had significant inverse correlation with all components of Islamic lifestyle except for worship (P-value =0.09, Table 2).

The multivariate adjusted associations between Islamic lifestyle and three measures of emotional disturbances are shown in table 3. Each model is adjusted for age, sex, economic condition and students' average course score. Background characteristics of students including age, sex, course score and economic condition were not significantly associated with depression, anxiety and stress. Lifestyle was independently associated with depression and the model accounted for 30% variation in depression. Anxiety and stress significantly decreased by 3% per one score increase in Islamic lifestyle score. The model accounted for 16% variation in Anxiety and stress, separately.

Figure 1 shows the correlation between Islamic lifestyle components and emotional disturbances score. As illustrated, there was significant inverse correlation between Islamic

lifestyle and emotional disturbances (Pearson correlation coefficient=-0.495, P-value=0.001).

Table 2. Correlation between Islamic lifestyle components and depression, anxiety and stress

Islamic lifestyle Components	Depression		Anxiety		Stress	
	Correlation Coefficient	95%CI	Correlation Coefficient	95%CI	Correlation Coefficient	95%CI
Social	-0.40	-0.56, -0.26	-0.31	-0.47, -0.12	-0.23	-0.39, -0.08
Worship	-0.24	-0.38, -0.09	-0.13	-0.28, 0.06	-0.23	-0.37, -0.10
Beliefs	-0.46	-0.57, -0.34	-0.30	-0.42, -0.16	-0.25	-0.42, -0.08
Moral	-0.37	-0.49, -0.25	-0.34	-0.49, -0.18	-0.39	-0.54, -0.23
Financial	-0.37	-0.49, -0.25	-0.29	-0.44, -0.09	-0.24	-0.39, -0.12
Family	-0.37	-0.5, -0.21	-0.25	-0.36, -0.09	-0.23	-0.35, -0.07
Health	-0.35	-0.46, -0.19	-0.29	-0.41, -0.12	-0.25	-0.41, -0.09
Thinking	-0.32	-0.49, -0.18	-0.22	-0.38, -0.06	-0.30	-0.44, -0.16
Safety	-0.29	-0.47, -0.13	-0.20	-0.33, -0.01	-0.23	-0.42, -0.09
Timing	-0.25	-0.39, -0.13	-0.19	-0.35, -0.03	-0.23	-0.38, -0.06
Total	-0.523	-0.63, -0.39	-0.384	-0.48, -0.25	-0.385	-0.49, -0.25

Abbreviation: CI, Confidence interval

Table 3. Adjusted association between Islamic lifestyle and depression, anxiety and stress using multivariate linear regression model.

Characteristic	Depression			Anxiety			Stress		
	Coefficient	95% CI	P-value	Coefficient	95% CI	P-value	Coefficient	95% CI	P-value
Islamic lifestyle	-0.04	-0.05, -0.03	0.001	-0.03	-0.04, -0.01	0.001	-0.029	-0.04, -0.02	0.001
Age (years)	0.11	-0.37, 0.59	0.65	-0.17	-0.67, 0.33	0.51	-0.03	-0.49, 0.44	0.91
Sex (female)	-0.86	-2.28, 0.56	0.23	0.90	-0.56, 2.36	0.23	1.16	-0.21, 2.54	0.09
Course score	0.17	-0.23, 0.59	0.40	-0.29	-0.72, 0.13	0.18	-0.31	-0.72, 0.09	0.12
Economic condition*	-0.74	-1.67, 0.19	0.12	0.31	-0.65, 1.26	0.53	-0.04	-0.94, 0.86	0.93

Abbreviation: CI, Confidence interval

* Economic condition was measured as ordinal scale ranging from 1 (weak) to 4 (excellent)

Discussion

This study was an attempt to cast the light on the role of commitment to Islamic lifestyle in predicting emotional disturbances among college students. The results revealed a significant negative relationship among dimensions of Islamic lifestyle and psychological disorders such as depression, anxiety, and stress in college students. These findings is in agreement with studies by Shojaian (13), and Bahrami (14) that reported a negative correlation between religious direction and mental disorders.

Lifestyle is in fact a multidisciplinary concept. Clinicians, public health specialists, psychologists and religious representatives can contribute to improve lifestyle from different perspectives. Studies on religious background and health showed that some religious behaviors are related to increase in the level of physical and mental health (15). The religious direction is related to increase in mental health as well as decrease in mental disorders (14). In general, there is a negative correlation between religious direction and mental disorders. In different cultures, there is a relationship between religious tendencies and mental health and it can be concluded that religion and religious direction lead to improving mental health among individuals.

Shojaian and Zamanimonfared also examined whether prayers had any effect on mental health and job performance among technical personnel of ammunitions industries (13).

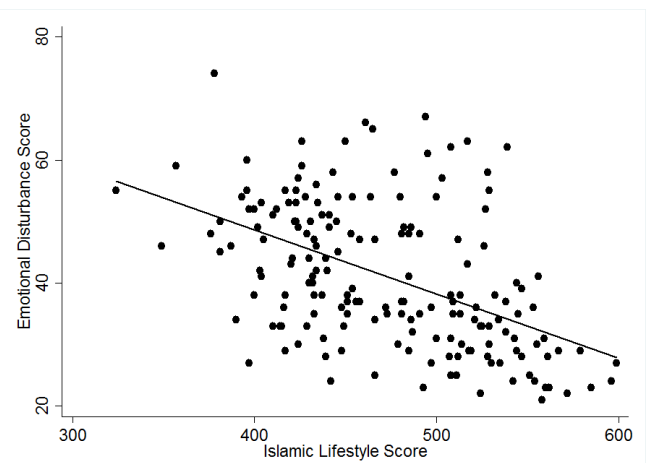


Figure 1. Scatterplot of Islamic lifestyle and emotional disturbance score

They found a significant relationship between prayers and mental health of participants and prayers lead to increase in mental health. Also, prayers caused a decrease in the scores of depression and anxiety. Previous study also found strong correlation between trusting God as a psychological reinforcement and mental health (16). Pournamdarian et al. found that the metacognitive beliefs were the best predictors of depression, anxiety, and stress (17). Based on negative association between religious belief and mental disorders, some researchers tried to evaluate the effect of spiritual

therapy on improving mental health. Bolhari et al. (18) found a significant relationship between group-based spiritual-therapy approach and decreased depression level in women who suffer from breast cancer. Yousefi reported that religion-oriented cognitive-therapy and logo-therapy can help to decrease symptoms like aggression, anxiety, and depression and their effects is stable during recurrent period. They believe religion-oriented cognitive-therapy was more effective than logo-therapy for reducing depression (19). Karimi et al. examined how meditation reduces depression and anxiety in female college students considering that meditation is a useful method to treat anxiety and depression in women (20). Religion can decrease the probability of suicide, drug abuse, juvenile criminality, divorce, depression, and anxiety and helps to increase family and matrimony satisfaction (21).

Having a detailed knowledge of the factors influencing mental health and their management in one's life is one of the most important aspects which have been considered in Islamic lifestyle. Humans can protect themselves against a variety of problems including mental problems through following accurate norms and doing healthy activities which are established and recommended in Islamic lifestyle. Since Islamic lifestyle has been originated from Islam religion and covers all aspect of life appropriately, obeying all rules of this lifestyle can reduce the probability of mental disorders.

This study suffers from some limitation including small sample size and non-probability sampling method. These limitations may have induced some selection bias and confined generalizability of the results to a larger population. Moreover, our participants did not complete the questionnaire in identical conditions during the same session.

Conclusion

This study found a negative independent association between Islamic lifestyle and emotional disturbances including depression, anxiety and stress. This study recommends utilizing Islamic lifestyle principles for developing recreational programs dedicated to students.

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Ethical consideration

This study has been approved by Research Ethics Committee of School of Education and Psychology, Mohaghegh Ardabili University, Ardabil, Iran.

Conflicts of interests

No conflict of interest has been declared by the authors.

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