The Relationship Among Life Style, Coping Strategies and Religiosity With General Health in Iranian Students

Jamal Ashoori¹, Mohammad Ashoori²

¹Department of Psychology, PhD Student in Educational Psychology, Islamic Azad University, Young Research Club, Varamin-Pishva Branch, Varamin, Iran
²Department of Psychology, PhD Student in Psychology and Exceptional Children Education, Tehran University, Tehran, Iran

ABSTRACT

General health has been associated with many variables that from most important can be noted Life Style, Coping Strategies and Religiosity. This study examined the relationship between life style, coping strategies, religiosity and general health among Iranian students. This cross sectional study was conducted on 180 students of 15-17 years old who were selected via multi step cluster sampling method design from schools in the Varamin suburb, Iran in 2013. All students completed the questionnaires of life style, coping strategies, religiosity and general health and regression was used for data analyses. The statistical analysis revealed a positive relationship between life style, problem solving strategy and internal religiosity with general health (P<0.01) and a negative relationship between emotional coping strategy with general health (P<0.05). Life style, internal religiosity and problem-focused strategy predicted 32 percent of variance of general health and also share of life style in the prediction of general health was over of other variables. These results highlight the importance in considering life style at further understanding of general health in students.

Copyright © 2013 Institute of Advanced Engineering and Science. All rights reserved.

Corresponding Author:
Jamal Ashoori,
Department of Psychology, PhD Student in Educational Psychology, Islamic Azad University, Young Research Club, Varamin-Pishva Branch, Varamin, Iran.
Email: Jamal_ashoori@yahoo.com

1. INTRODUCTION

General health is one of the main elements of health that is considered a requirement of an active, useful and effective life of every man, especially the youngs and students in every society. Because of on the one hand, students as an important part of the youngs population in any society and on the other hand, the students life due to this specific duties in this period and living in an environment with new requirements associated with some high risk behaviors [1]. Mental health helps individual to make decision when they are in crisis situations, when they have to deal with life difficulties and stressful issues [2]. General health has been associated with many variables that from most important can be noted Life Style, Coping Strategies and Religiosity.

Life style is defined as a typical way of a person goes about daily living. Lifestyle is expressed in both work and leisure behavior patterns and in activities, attitudes, interests, opinions, values, and allocation of income [3]. The researches show a significant positive relationship between life style and general health [4]-[8].
There exist many definitions of coping. Coyne, Aldwin and Lazarus refer to coping as cognitive and behavioral efforts to manage environmental and internal demands and conflicts affecting an individual that exceed the person's resources [9]. Also coping is defined as an active or a passive attempts to respond to a threatening situation with the aim of removing the threat or reducing the discomfort [10].

Lazarus and Folkman refer to two types of coping strategy. The first type, problem-focused coping, intends to address to the source of the life-related to tension directly. The second type, emotion-focused coping, aims at minimizing the emotional consequences of stress. Negative emotion-focused coping behaviors with potential negative outcomes include withdrawal, self-blame, wishful thinking, and emotional avoidance [11]. Catalano et al. suggests that people under stress are most likely to deal with stressful situations by adopting negative coping behaviors, whether problem focused or emotion focused. Thus they exhibit behaviors that are reactive, rather than proactive [12]. Many studies have reported a positive relationship between problem solving coping strategy and general health. Also, between emotional coping strategy and general health, there is a negative relationship [13]-[18].

Religiosity is defined as a structured system of beliefs which incorporates tradition, moral values, rituals and cooperation in a religious society for maintaining a belief in God or a higher power [19]. According to theory of Allport and Ross religiosity includes internal religiosity and external religiosity. While intrinsic religious orientation is innate and included universal organization principles, extrinsic religious orientation is external and for satisfies individual requirements [20]. In summary, studies have reported a significant positive relationship between internal religiosity and general health and a significant negative relationship between external religiosity and general health [21]-[25].

Though, previous studies were showed the relation of life style, coping strategies and religiosity in general health, but these studies have no tried to specify simultaneous contribution of these variables. Which of these variables in a predictive model will be more effective role in predicting general health? In addition, general health of students is a specific field. What evidences there are that we could generalize previous relations in this field? With attention to the importance of general health, present study was aimed to investigate the relationship between life style, coping strategies and religiosity with general health among the students.

2. RESEARCH METHOD

2.1. Participants

This cross sectional study was conducted on 180 students of 15-17 years old who were selected via multi step cluster sampling method design from schools in the Varamin suburb, Iran in 2013. Accordingly, six schools, ten students from each grade and 30 students from each school were randomly selected. Prior to conduct the main project, a pilot study was carried out in which the relevant questionnaires were administered to 40 students who were similar to participants in main study to evaluate clarity, length, comprehensiveness, time of completing and also internal reliability (chronbach’s alpha coefficient) of the measures. The questionnaires consisted of several sections that will be addressed as follows: Demographic information included age, gender, course of study, parents’ educational status and local/non-local student.

2.2. Life Style Inventory (LSI)

The life style Inventory (LSI) is designed by Miller and Smith (1988). The LSI is consisting of 20-items that grading was based on five-point Likert scale (1=always, 2=often, 3=some time, 4=almost never, 5=never). Miller and Smith (1988) reported reliability with Cronbach’s alpha 0.85 [26]. Behdani, Sargolzae and Ghorbani (2000) in Iran reported its reliability 0.81 [27]. In this research Cronbach’s alpha coefficients were calculated (see table 1).

2.3. Coping Strategies Questionnaire (CSQ)

The coping strategies questionnaire (CSQ) is designed by Lazarus and Folkman (1993). The CSQ is consisting of 66-items in two domains: problem-focused and emotion-focused that grading was based on four-point Likert scale (1=never, 2=some time, 3=often, 4=always). Lazarus and Folkman (1993) reported reliability with Cronbach’s alpha for subscales problem-focused and emotion-focused, respectively 0.82 and 0.71 [11]. SadeghiMovahhed et al (2001) in Iran reported its reliability for mentioned scales, respectively 0.85 and 0.76 [18]. In this research Cronbach’s alpha coefficients were calculated (see table 1).

2.4. Religiosity Questionnaire (RQ)

The religiosity questionnaire (RQ) is designed by Allport and Ross (1967). The RQ is consisting of 21-items in two domains: internal religiosity and external religiosity that grading was based on five-point
Likert scale (1=totally disagree, 2=disagree, 3=neither, 4=agree, 5=totally agree). Allport and Ross (1967) reported reliability with Cronbach’s alpha for subscales internal religiosity and external religiosity, respectively 0.81 and 0.84 [20]. Abolghasemi, Moradisoroush, Narimani and Zahed (2011) in Iran reported its reliability for mentioned scales, respectively 0.78 and 0.76 [28]. In this research Cronbach’s alpha coefficients were calculated (see table 1).

### 2.5. General Health Questionnaire (GHQ)

The general health questionnaire (GHQ) is designed by Goldberg and Hillier (1979). The GHQ is consisting of 28-items that grading was based on four-point Likert scale (0=never, 1=rarely, 2=usual, 3=always). Goldberg and Hillier (1993) reported reliability with Cronbach’s alpha 0.84 [29]. Ashoori, Vakili, Ben Saeed and Noei (2009) in Iran reported its reliability 0.82 [30]. In this research Cronbach’s alpha coefficients were calculated (see table 1).

### 2.6. Statistical Analyses

Pearson’s correlation coefficient test was used to test the correlation between life style, coping strategies, religiosity and general health and a stepwise regression model was computed to determine the effective variables. P-values<0.05 were considered as statistically significant. The data were analyzed with SPSS version 19.0.

### 3. RESULTS AND ANALYSIS

Participant was 180 students (122 girls and 58 boys) with mean age 16.34 years. Students were from low social-economical background. To investigate this assumption that which variables have more effective role in predicting general health was used the method of stepwise regression. First, distribution of score of all variables was investigated. There is not any outlier. Scatter plot of observed and expected values of density showed a slope of 45 degrees that suggests the residuals was normally distributed. The maximum variance of inflation factors showed that there is no multi-linearity between independent variables (VIF= 1.1).

The result of correlation matrix showed there are a positive and significant relationship between life style, problem solving strategy and internal religiosity with general health (P<0.01) and a negative relationship between emotional coping strategy with general health (P<0.05). Other variables have no any significant relationship with general health (Table 1).

| Variables       | Mean | SD  | X1 | X2 | X3 | X4 | X5 | X6 |
|-----------------|------|-----|----|----|----|----|----|----|
| X1 Life style   | 1.95 | 0.62| 0.78|    |    |    |    |    |
| X2 Problem-focused | 3.62 | 1.24| 0.28**| 0.79|    |    |    |    |
| X3 Emotion-focused | 2.37 | 1.56| -0.22**| 0.12| 0.74|    |    |    |
| X4 Internal religiosity | 2.19 | 0.71| 0.25**| 0.15| 0.08| 0.78|    |    |
| X5 External religiosity | 3.27 | 1.03| -0.17*| -0.07| 0.19*| 0.22**| 0.80|    |
| X6 General health | 2.65 | 1.12| 0.48**| 0.37**| -0.17*| 0.29**| 0.14| 0.82|

Results of stepwise regression analysis were reported in table 2. The findings suggest that in the first model, life style has the most effective role in predicting of general health. The zero order correlation coefficient of this variable with general health was 0.48 and it could predict 23 percent of variation of general health. In the second model of life style and religiosity into the equation. The multiple correlation coefficients of two variables with general health were 0.54 and these variables could predict 29 percent of variation of general health. Internal religiosity could be increase 6 percent predicting. In the final model, problem-focused strategy entered into the equation. The multiple correlation coefficient of three variables with general health was 0.57 that these three variables predicting 32 percent of variation general health. Problem-focused strategy could be increased into 3 percent of predicting.

Also to examine the contribution and importance of each variable, the unstandardized and standardized coefficients are reported in table 2. Since life style has a higher standard coefficient (Beta=0.476). So this variable has a greater share in predicting general health. Then internal religiosity has a higher standard coefficient (Beta=0.169) and finally problem-focused strategy has a higher standard coefficient (Beta=0.124).
Table 2. Summarizes the Regression with Stepwise Model and Unstandardized and Standardized Coefficients

| Model | Predictive variables | R    | R²   | Change of R² | Change of F | df1 | df2 | P    | B    | Beta |
|-------|----------------------|------|------|--------------|-------------|-----|-----|------|------|------|
| 1     | Life Style           | 0.48 | 0.23 | 0.23         | 65.98       | 1   | 178 | 0.0005 | 1.23 | 0.476 |
| 2     | Life Style and Internal Religiosity | 0.54 | 0.29 | 0.06         | 9.87        | 1   | 177 | 0.002  | 0.375 | 0.169 |
| 3     | Life Style and Internal Religiosity and Problem-focused Strategy | 0.57 | 0.32 | 0.03         | 8.01        | 1   | 176 | 0.005  | 0.678 | 0.124 |

5. CONCLUSION

The findings showed a positive and significant relationship between life style, problem solving strategy and internal religiosity with general health and a negative relationship between emotion-focused strategy with general health. In one predicted model life style, internal religiosity and problem-focused strategy could predict general health and life style had the most contribution in prediction of general health.

Finding of this research suggest that life style had a relationship with general health. This association in terms of direction and intensity were consistent with findings of previous studies [4]-[8]. In explanation this finding can say lifestyle is the way that a person choice in life and a reflection of how to deal with obstacles and problems. While this approach is desirable, persons more happiness and this topic increase the adjustment with the environment. Ultimately these factors increase general health.

Like previous studies from between coping strategies, problem-focused strategy showed a positive and significant relationship with general health and emotion-focused strategy showed a negative and significant relationship with general health. This finding is consistent with previous research [13]-[18]. As noted above findings of this research are consistent with findings of other research. In explanation this finding must say according to the theory of Lazarus and Folkman in coping processes, cognitive skills are used for solve problems. Persons with applying adjust coping style, means problem-focused strategy use from cognitive skills to solve the problems. In result ways to deal with problem directly are examined and usually find good solutions to the problems. On the other hand this situation makes the coherence of thought and reduces emotional distress. With the integration of mental and emotional relaxation, the source of stress better identify and the problem to be resolved better. Finally, these topics improve the general health.

In the context of religiosity, only internal religiosity showed a positive and significant relationship with general health. This findings are consistent with previous studies [21]-[25]. External religiosity does not show a significant relationship with general health that this finding directed with findings number of previous studies [21]-[23], [25], and was undirected with findings number of previous studies [24]. A possible explanation if interpret the religion inner than outer, we have a greater general health. Persons with internal religiosity, unlike persons with external religiosity, who considered religion as a purpose. Also, internal religiosity sense of commitment, conscientiousness and satisfaction which improve general health. Another explanation is that religious persons believe in a transcendent source. These persons relying on the power of God and trust to God which knows likely to make pleasant events and relying on the God behind the unpleasant events places easily. Finally, these topics improve the general health.

In this study, we found that in one predicted model that the life style, coping strategy and religiosity simultaneously compete in predicting general health. Life style, internal religiosity and problem-focused strategy are most effective variables in predicting general health. In this model, life style had the highest weight. So, what in the first place plays a major role in general health is a person’s way of life.

The first and most important limitation of this study is the use of correlation method. The relationship found can not be assumed as a causal relationship. Perhaps, this relationship is perhaps due to the effects of other variables. Another limitation of this research is the use of self-report tools. Many of these tools may collect responses of other think which think that they are correct. Participants may are not self-insight and respond to the items without responsibility. To attain the validate conclusions, it is suggested that this study to repeat with a different design for example, experimental or quasi–experimental design.

ACKNOWLEDGEMENTS

We would like to thank the students at Varamin Suburb for their excellent participation and collaboration. The study was conducted based on self-funded ground. The authors declare that they have no conflicts of interest.
REFERENCES

[1] Niemz, K.; Griffiths, M.; Banyard, P.; "Prevalence of pathological Internet use among university students and correlations with self-esteem, the General Health Questionnaire (GHQ), and disinhibiting." *American Journal Cyber psychological Behavior*, vol.8, no.4, pp.562-570, Winter 2005.

[2] Shokerkon, H.; Neissi, A.; ; "The relationship between job satisfaction and mental health in the personnel of an oil refinery in Iran," *International Journal of Psychology*, vol.1, no.1, pp.1-16, Summer 2007.

[3] Regina, L. T.; Alice, Y. T.; , "Populations risk life style Behaviors," Health promoting behaviors and psychosocial well-being of university student in Hong Kong," *Korean Public health nursing*, vol.22, no.1, pp.204-216, Spring 2005.

[4] Steffy, B. D.; , "The impact of occupational psychology," *British Journal Psychology*, vol.63, no.3, pp.217-229, Autumn 2009.

[5] Pederson, L. L.; , "Relationship of Smoking to Lifestyle Factors in women," *American Journal woman and health*, vol.12, no.2, pp.47-66, Summer 2007.

[6] Pinhas-Hamiel, O.; Singer, S.; Pilpel, N.; ; "Health-related quality of life among children and adolescents: associations with obesity." *International Journal of Obesity*, vol.30, no.11, pp.267-272, November 2006.

[7] Benavente-Aguilar, I.; Morales-Blanquez, C.; Rubio, E. A.; ; "Quality of life of adolescents suffering from epilepsy living in the community." *Japenian Journal Podiatri Child Health*, vol.40, no.2, pp.110-113, Summer 2004.

[8] Baca. B. C.; Vickrey, B. G.; Hays, R. D.; Vassar, S. D.; Berg, A. T.; ; "Differences in Child versus Parent Reports of the Child's Health-Related Quality of Life in Children with Epilepsy and Healthy Siblings," *Journal Value Health*, vol.13, no.6, pp.779-786, May 2010.

[9] Coyne, J. C.; Aldwin, C.; Lazarus, R. S.; , "Depression and coping in stressful episodes," *American Journal of Abnormal Psychology*, vol.90, no.4, pp.439-447, April 1981.

[10] Staiger, P. K.; Melville, F.; Hides, I.; Kamboourooulos, N.; Lubman, D. I.; ; "Can emotion-focused coping help explain the link between posttraumatic stress disorder severity and triggers for substance use in young adults?" *Journal of Substance Abuse Treatment*, vol.36, no.4, pp.220–226, Winter 2009.

[11] Lazarus, R. S.; Folkman, S.; , *Stress, Appraisal, and Coping*. New York: Springer Publications.

[12] Catalano, R.; Rook, K.; Dooley, D.; ; "Labor markets and help-seeking: A test of the employment security hypothesis," *Eur Journal Health and Social Behavior*, vol.27, no.1, pp.277-287, Spring 1986.

[13] ShoaKazemi, M.; ; "The relationship between religious coping strategies and mental health in MS patient," *Eur Social and Behavioral Sciences*, vol.5, no.1, pp.1387–1389, January 2010.

[14] Gelief, C.; Taytard, A.; ; "Coping strategies utilized by patients," *British Review Mal Respiratory*, vol.16, no.4, pp.349-353, Winter 1999.

[15] Ghazanfari, .; Kadampoor, A.; ; "The relationship between mental health and coping strategies in citizenship of Khoramabad city," *Iranian Quarterly Journal Fundamentals of Mental Health*, vol.9, no.1, pp.47-54, Spring 2008.

[16] Behrouzian, F.; Khajeddin, N.; Hodaei, F.; Zamani, N.; ; "The relationship of job satisfaction and coping mechanism with general health, among private industrial's staff," *Iranian Research Medicine*, vol.8, no.3, pp.345-353, Autumn 2009.

[17] Steiner, H.; Erickson, M. S.; Hernandez, N. L.; Pavelski, R.; ; "Coping styles as correlates of health in high school students," *American Journal Adolescent Health*, vol.30, no.2, pp.326-335, Summer 2003.

[18] SadeghiMovahhed, F.; Molavi, P.; Sharghi, A.; Narimani, M.; Mohammadhia, H.; et al.; ; "On the relationship between coping strategies and mental health of diabetic patients," *Iranian Journal Fundamentals of Mental Health*, vol.12, no.2, pp.480-487, Summer 2010.

[19] Chatters, L. M.; , "Religion and health: Public health research and practice," *American Annual Review of Public Health*, vol.21, no.1, pp.335-367, Winter 2000.

[20] Allport, G. W.; Ross, J. M.; ; "Personal Religious Orientation Prejudiced," *Eur Journal of Personality and Social Psychology*, vol.5, no.1, pp.432-443, Spring 1967.

[21] James, A.; Wells, A.; , "Religion and mental health: towards a cognitive-behavioural framework," *British Journal of Health Psychology*, vol.8, no.4, pp.359-376, Winter 2003.

[22] Francis, L. J.; Robbins, M.; Lewis, C. A.; Quigley, C. F.; Wheeler, C.; ; "Religiosity and general health among undergraduate students: A response to O'Connor, Cobb, and O'Connor," *American Journal Personality and Individual Differences*, vol.37, no.1, pp.485–494, Spring 2004.

[23] Faiyer, C. M.; O'Brien, E. M.; Ingersoll, R. E.; , "Religion, Guilt, and Mental Health," *British Journal of Counseling & Development*, vol.78, no.2, pp.155-161, Summer 2000.

[24] Dezutter, J.; Soenens, B.; Hutsebaut, D.; ; "Religiosity and mental health: a further exploration of the relative importance of religious behaviors vs. religious attitudes," *American Journal Personality and Individual Differences*, vol.40, no.4, pp.807-818, Winter 2006.

[25] HadiBahrami, E.; Atashak, A.; ; "The dimensions of the relationship of religious orientation and mental health and the assessment of the scale of religious orientation," *Iranian Psychology and educational science Journal*, vol.34, no.2, pp.41-63, Summer 2005.

[26] Miller, A.; Smith, E.; ; "Developing a Lifestyle syntactics for persons involved in psychological Therapy & college Student," *Indian Journal Cross Cultural Psychology*, vol.25, no.2, pp.215-221, Summer 1991.

[27] Behdani, F.; Sargolzae, M. R.; Ghorbani, E.; ; "Study of the relationship between life style and prevalence of depression and anxiety in the students of sabzevar universities," *Iranian Journal Medicine Research*, vol.7, no.2, pp.27-38, Summer 2000.

The Relationship Among Life Style, Coping Strategies and Religiosity With General Health (Jamal Ashoori)
[28] Abolghasemi, A.; Moradisoroush, M.; Narimani, M.; Zahed, A.; ,"The relationship between personal initiative, religious orientation and organizational social capital and workers job performance in the productive centers," *Iranian Knowledge & Research in Applied Psychology*, vol12, no.1, pp.86-94, Spring 2011.

[29] Goldberg, D. P.; Hillier, V.; ,"A scaled version of general health questionnaire," *American Psychological Medicine*, vol.9, no.1, pp.131-145, Spring 1979.

[30] Ashoori, A.; Vakili, Y.; Ben Saeed, S.; Noei Z.; ,"Metacognitive beliefs and general health among college students," *Iranian Journal Fundamentals of Mental Health*, vol.11, no.1, pp.15-20, Spring 2009.

**BIBLIOGRAPHY OF AUTHORS**

| Name                        | Information                                                                 |
|------------------------------|-----------------------------------------------------------------------------|
| Jamal Ashoori               | Jamal Ashoori is a Ph.D student in educational psychology of sciences and research branch of Esfahan University who teaches at the University of Farhangiyán. He is a member of the psychology and counseling organization and has more than ten research articles. |
| Mohammad Ashoori            | Mohammad Ashoori is a Ph.D student in psychology and exceptional children education of Tehran University. He is a member of the psychology and counseling organization and has seven research articles. |