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ORIGINAL RESEARCH

Predicting mental health based on religious beliefs and social intelligence in Payame Noor university students

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Abstract

Objective: Students in terms of the importance and direct impact they have on the growth, development and progress of society are considered as efficient and specialized forces of the future for society and due to the special conditions of the student period such as being away from family, entering a large and stressful complex. Economic problems, high volume of courses and intense competition require more mental health. Religion, as one of the spiritual and psychological aspects of human beings, is one of the important and special issues and examining its effects can help human beings in terms of mental health. It seems that there is a relationship between mental health and religious beliefs and social intelligence in students. In this regard, the purpose of this study is to investigate the role of religious beliefs and social intelligence in predicting the mental health of students at Payame Noor Khoy University.

Materials and Methods: The present study was descriptive and performed through multivariate regression and Pearson correlation. For this purpose, from the statistical population of undergraduate students in Payame Noor Khoy University with the help of Fidell & Tabachnick formulas, a sample of 120 people (60 girls and 60 boys) selected by random cluster sampling in the academic year 2016-2017. From the questionnaire, 28 questions of Goldberg mental health question, 25 questions of Braheni religious attitude and 21 questions of Tromso social intelligence were completed by the subjects and the results were analyzed using SPSS statistical program version 23.

Results: Out of 120 students, in this study, the highest number of students belonged to the group of 20-25 years old, 78.3% and the highest number of students belonged to technical students. Findings show that there is a significant relationship between religious beliefs and mental health, as well as social intelligence and mental health. R = 0.71), p <0.01 (Pearson correlation analysis shows that according to the sample number of 120 people and coefficient There is a direct and significant relationship between mental health and religious beliefs (0.74) and there is a direct and significant relationship between mental health and social intelligence based on the correlation coefficient (0.76).

Conclusion: The results showed that there is a significant relationship between religious beliefs and mental health and social intelligence of Payame Noor Khoy University students. This means that the more positive religious beliefs people have, the better their mental health, and the higher their social intelligence, the better their mental health.

Keywords: Mental health, Religious beliefs, Social intelligence, Students Goldberg mental health questionnaire tool

Introduction

Health is an undeniable issue that once existed as the absence of disease and today includes physical, mental and social well-being. This comprehensive definition also has two important features, The first is that it is ideal and unattainable, and the second is that it is not easy to separate the border between health and disease (1). In fact, by this definition, health should be considered a high peak that no one can conquer, but everyone should strive towards it (2). The World Health Organization considers health to be a state of complete physical, mental and social well-being (3, 4). Psychologists believe that mental health is one of the most important indicators of health and well-being of a society and an effective factor in the growth and prosperity of individuals, and any disorder in it can cause serious and costly individual and social problems. The reason for this is the effect of mental health on various human functions (5). Experts attach great importance to the mental health of people, especially young people, and believe that the desired mental health status can be directly and indirectly affected by various factors (6, 7). Students of any society are efficient and future professionals of the society. A group that is the main part of planning in any country and their mental health is very important in achieving future success. Therefore, identifying and providing effective factors to increase their mental health is an essential step towards the progress and development of any society. Researchers believe that the most important sign of the efficiency of science and the most prominent sign of what any educational system should do is the mental health of learners (8). Many factors are important in increasing students' mental health. One of these factors is religious belief. The common denominator of all religious practices is the formation of religious beliefs and attitudes (9). Some researchers have shown that having religious beliefs closely related to one's overall health. It considered as an important source for coping with stressful life events. Studies show that religious beliefs not only affect people's moods, attitudes, behaviors (10) and mental health, but also improve their physical condition (9,11,12). Religion and religious beliefs strengthen people's coping styles in the face of adversity, and by using the functions of religion and spirituality in connecting man to God, as a source of comfort, keep people away from everyday stress and anxiety and harm (13). Another factor affecting students' mental health is social intelligence, which as a set of non-cognitive and skill capacities affects a person's ability to position and cope with environmental pressures (14). Social intelligence is the cause of our success in social communication (15,16).

Some researchers have described social intelligence as the ability to perceive and control emotions and feelings in order to aid in intellectual, decision-making, and communication activities. They believe that high social intelligence makes it easier for people to accept and communicate with each other (17). Given the different dimensions of social intelligence such as social information processing, social skills and social awareness, students with high social intelligence can have the ability to understand and predict the behavior of their audience and the ability to understand verbal and non-verbal footnotes and have a good level of mental health (18). In high social intelligence, the student has the ability to enter a new position and can behave appropriately in accordance with the new position (19).

Numerous studies have been conducted at home and abroad in the field of mental health and religious beliefs or mental health and social intelligence. However, no specific research on mental health based on religious beliefs and social intelligence has been conducted to date. In our society, many people's behaviors derived from religious beliefs and in accordance with their social intelligence and often evaluated with them and considering that religious belief and social intelligence are factors affecting health and based on the importance of the issue in students who are the future makers of society.

Materials and Methods

The present study was descriptive and the statistical population of all students of Payame Noor Khoy University was about 2000 people in the academic year 2020. Fidell & Tabachnick Provide a formula for calculating the sample size in multiple regression, given the number of prediction variables used (N>50+8m) (Number of forecast variables × m) (20). According to the number of predictor

variables of the present study, 120 students who were able and willing to participate in the study were studied by available sampling method. (More than the number of sample volumes according to the formula) (60 girls and 60 boys)

In this study, three types of questionnaires used: the Mental Health Questionnaire introduced by Goldberg and Hillier in 1979. The questionnaire is 28 questions, It includes four scales of physicalization (7-1), anxiety and sleep disorders (8-14), social dysfunction (15-21) and major depression (22-28) and examines the general health status of individuals. The validity and reliability of this instrument measured so that its reliability was calculated by test-retest method from 0.72 to 0.87 (21).

The scoring of this questionnaire is in Likert scale and each answer is assigned a score of zero to 3 and the cut-off point of the overall score is 23 and the cut-off point of the subtests is 6. In this questionnaire, a score less than 6 indicates good general health and a score equal to or higher than 6 indicates a degree of disorder(22).

The second questionnaire is the Social Intelligence Questionnaire, developed by David Silvera, Monica Martinussen & Tove I. Dahl (2001), which measures three areas of social intelligence: social information processing, social skills, and social awareness. This questionnaire consists of 21 items. It is with the spectrum (strongly agree, somewhat agree, somewhat agree, have no opinion, slightly disagree, somewhat disagree, strongly disagree). Their reliability coefficients for the subscales of social studies processing, social skills and social awareness were estimated to be 0.81, 0.86, 0.79 and for the whole 0.83 (23). The purpose of this questionnaire is to assess individuals' social intelligence and its subscales (social information processing subscale, social awareness subscale, social skills subscale). Social information processing score is the sum of questions 1 to 8. The social awareness score is the sum of 9 to 15 questions. Social skills score is the sum of questions 16 to 21.

The third questionnaire is the religious attitude questionnaire, which designed by Braheni in 1999. The validity of this test obtained through the correlation coefficient with the Allport-Vernon-Lindzey test, which was equal to 0.80. In validating this questionnaire, the method of known groups used and the mean difference between normal and religious groups was significant. The questionnaire has 25 questions, each of which has five scales (24). Based on the Likert scale, it has a score of 0-4 and its total score is 100. The classification of scores, which was done by the designer of the questionnaire, is classified from 0 to 100 based on four scales, respectively, excellent - good - average and poor, with a score of 76-100 Attitudes (religiously excellent) 51-75 (good) are classified as 26-50 (moderate) and 25 down (weak religious attitude). The inclusion criteria were undergraduate students of Payame Noor Khoy University. After identifying the sample group, students completed all the questionnaires by self-report method using cyberspace. During the research, all ethical issues (non-mandatory completion of questionnaires and giving code to the questionnaires and assuring students about the confidentiality of their information) observed. Data analysis performed at both descriptive and inferential levels using SPSS statistical program version 23. At the descriptive level, qualitative indicators such as mean, standard deviation, tables and graphs used at the inferential level according to the purpose of the research, type of variables, their measurement scale, multivariate regression analysis and Pearson correlation.

Results

Out of 120 students studied in this study, the highest age belongs to the group of 20-25 years (78.3%) and the lowest age belongs to the group of 35-31 (5.0%). The highest number of students related to technical college students (31.7%) and the lowest related to theology students (6.7%). Descriptive indicators such as frequency, frequency percentage, describe and classify these features. (Table and Chart No. 1).

Table 1- Demographic characteristics of the sample group (N = 120)

Property	Abundance	Percent
Age (years)		
20-25	94	78.3
26-30	20	16.7
31-35	6	5
College		
Literature and Foreign Languages	16	13.3
Law and Political Science	9	7.5
Theology	8	6.8
Psychology	18	15
Technical	38	31.7
Science	31	25.8

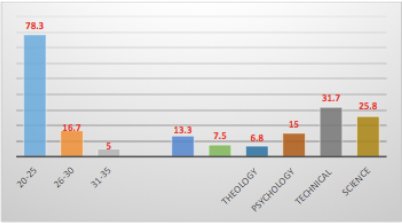

Figure 1- Bar chart related to the frequency distribution of the statistical sample based on age and college of the sample group

Descriptive indicators related to general health, religious beliefs, social intelligence for the research sample were calculated using multivariate regression statistical method and the results are presented in Table and Figure 2. The variables of religious beliefs, social intelligence and subscales of social intelligence (social information processing, social awareness and social skills) have been analyzed as predictive or independent variables and public health variable as a criterion or dependent variable.

Table 2 - Descriptive Indicators of Mental Health Questionnaire, Religious Beliefs, Social Intelligence and Social Intelligence Subscales Research Sample

Scales		Minimum	Maximum	Average	The standard deviation	Skewness	Kurtosis
Mental health		17	54	29.53	7.721	.932	1.587
1	Physicalization	2	20	7.19	3.574	1.271	1.734
2	Anxiety disorder and insomnia	0	14	5.21	3.285	.661	-.199
3	Disorders of social functions	7	20	13.00	2.826	.261	-.014
4	Major depression	0	21	4.11	3.593	1.665	4.002
Religious attitude		24	68	40.28	8.890	.721	.460
Social intelligence		42	126	91.31	14.873	.110	-.094
1	Social information processing	18	56	40.87	8.037	-1.495	3.395
2	Social Awareness	12	43	25.79	8.666	.258	-1.038
3	social skills	8	38	24.65	5.596	.031	-.018

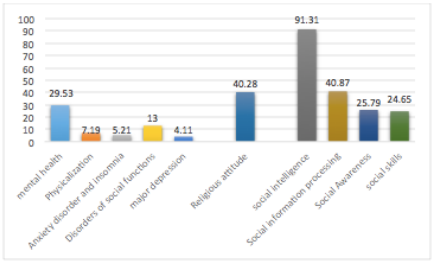

Figure 2 - Bar chart related to the frequency distribution of the statistical sample based on the demographic characteristics of the sample group

Based on the results, the observed F ratio (56.34) is significant and P <0.01 and R 2 = 0.71, ie 71% of the common variance ratio of predictors of religious beliefs, social intelligence and social subscales (social information processing, social awareness and skills). Social) in predicting mental health. Therefore, the linear regression model is significant. The results of model estimation in the table of regression coefficients show that the coefficient of influence of religious beliefs according to t (6.1), social intelligence (2.99), social information processing (2.04), social awareness (0.72) and social skills (2.83) in advance A variable nose is a significant criterion for mental health.

Table 3 - Summary of regression analysis for predicting mental health based on religious beliefs, social intelligence and social intelligence subscales

Indicator	sum square	df	Average squares	F	R	R2	SE
Model							
regression	21847.49	5	4369.49	56.34	0.84	0.71	8.80
left over	8840.43	114	77.54				

Indicator		B	SEB	BETA	t
Variable					
Fixed		-9.87	4.06		*2.40
Religious attitude		0.54	0.89	0.4	**6.1
social intelligence		-0.23	0.24	-0.28	*-2.99
1	Social information processing	0.54	0.26	0.29	*2.04
2	Social Awareness	0.72	0.29	0.29	*2.47
3	social skills	0.80	0.28	0.34	**2.83

P≤0.05* P≤0.01**

Pearson correlation test used to examine the relationships between variables. Pearson correlation results showed:

According to the number of samples (number = 120) and the correlation coefficient obtained (0.74), the result showed that there is a direct and significant relationship between mental health and religious beliefs at the alpha level of 0.01. There is a direct and significant relationship between mental health and social intelligence according to the obtained correlation coefficient (0.76) at the alpha level of 0.01.

There is a direct and significant relationship between mental health and social information processing (social intelligence component) according to the obtained correlation coefficient (0.62) at the alpha level of 0.01. There is a direct and significant relationship between mental health and social information processing (social intelligence component) at the alpha level of 0.01. The relationship between mental health and social awareness (social intelligence component) according to the correlation coefficient (0.65) showed that there is a direct and significant relationship between mental health and social awareness at the alpha level of 0.01. There is a direct and significant relationship between general health and social skills according to the obtained correlation coefficient (0.71) at the alpha level of 0.01.

Table 4: Pearson correlation coefficient between mental health, religious beliefs, social intelligence and social intelligence components

Scale (N = 120)		Pearson correlation coefficient
Religious attitude		**0.74
Social intelligence		**0.76
1	Social information processing	**0.62
2	Social Awareness	**0.65
3	Social skills	**0.71

P≤0.05* P≤0.01**

Execution of a regression model is possible by defining a regression model. The general state of the linear regression model is to determine the relationship between mental health with the independent variable of social intelligence and the independent variable of religious

attitude. Dependent variables are also called response variables and independent variables are also called explanatory variables. According to Table 5, the coefficients of the appropriate linear model are obtained and we can write the linear equations of mental health prediction from the independent variables of social intelligence and religious attitude.

Table 5 Coefficients of the linear model of mental health prediction from the independent variable of social intelligence and the independent variable of religious attitude

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
The width of the origin of the line equation		12.765	4.938		2.585	0.011
1	Religious attitude	0.035	.076	0.041	0.464	0.644
2	Social intelligence	0.168	.046	0.324	3.687	0.000

Linear model number 1 for predicting mental health from the independent variable of social intelligence is:

$$Y=12.765+0.168X$$

Linear model No. 2 is for predicting mental health from the independent variable of religious attitude:

$$Y=12.765+0.035X$$

Discussion

The findings of the present study showed that religious beliefs correlated with students' mental health. Findings show that there is a positive and significant relationship between mental health and religious beliefs. This result is in line with the findings of Sotoudeh et al. (The relationship between religious attitude and mental health in students of Semnan University of Medical Sciences) and according to it, religious attitude and religious beliefs have a high impact on students' mental health (25). The results of Tahmasebi et al.'s study entitled "Study of the relationship between religious attitude and anxiety, depression and mental health of a group of patients in Haft Tir Martyrs Hospital and Rasool Akram Complex" are consistent and according to it, religious beliefs and religious attitudes reduce anxiety And patients' depression has a direct impact on improving their mental health (26). It is in line with the results of Ramezani et al.'s research entitled (Religion and Mental Health Orientation) and according to it, religious orientation has a positive effect on people's mental health and no matter how correct and accurate religious orientation chosen, it will have a positive effect on promoting mental health(27).

In general, the results of this study show that students' benefit from religious beliefs and social intelligence has a positive and significant effect on increasing their mental health. Therefore, by cultivating religious beliefs and raising the level of social intelligence, people can expect high mental health.

One of the limitations of this research is its sample size, which makes its generalizability difficult. The reason is the unfamiliarity of the statistical population with field studies and evaluation only with the questionnaire, so it recommended that researchers in future research among students of other universities. It is also suggested that researchers use the test method in addition to the questionnaire, to provide more accurate mental health. Considering that the promotion of students' mental health due to religious beliefs and social identity is important for students and the health of the country's university community, it is necessary to conduct more studies in this field and promote their mental health. It is suggested that universities, in addition to the scientific and educational duties and responsibilities of students, provide a regular and practical program to increase students' mental health.

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Conflict of interest

Authors declare no conflict of interest.

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