Religious Orientation and Suicidal Thoughts among Students

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Abstract

Background and Purpose: Students are one of the groups most at risk of suicide. Suicide of mental health priority issues to be considered by the World Health Organization. It seems that religious beliefs and religious beliefs are in direct contact with the mental health, Adaptive mechanisms to increase and improve the disorders caused by traumatic events in the cooker. The aim of this study was to assess religious orientation and suicide ideation in university students Jiroft was in 2014.

Materials and Methods: In this descriptive study, 338 university students from different disciplines participated in Jiroft. Data collected by questionnaire Allport Religious Orientation Inventory and the Beck Suicidal thoughts were performed. Data SPSS software using descriptive statistics, inferential statistics (test-T, ANOVA, etc.) were analyzed.

Results: In this study, 376% of female and 23.7% male, mean age students (82/1 ± 68/20), respectively. 17.8% of students have had suicidal thoughts or severe low risk. There was no significant difference between gender and suicidal thoughts. (p = 0/16) But between religious orientation, there was a statistically significant association with suicidal ideation. (p=0/020)

Conclusion: Due to the necessity of further research on mental health Support and counseling for mental health screening program to include religious Educational and psychological tests for students of classes will be emphasized.

Keywords: Suicidal Thoughts, Religious Orientation, Medical Students.
Introduction

Orientation to religion has a long history and as anthropological and archeological studies have shown religion has been an integral part of human life at all ages. (1, 2, 3) According to Frankel, the founder of the school of therapeutic sense there is deep and real religious feeling in the unconscious mind of every human being (1). Also Benjamin Rush as the father of psychiatry states that the role of religion in mental health is like the role of oxygen for breathing. Religion is the deepest source of growth of human existence and its all aspects including human unity with God depends on religion (4). During the recent century, religion and its effect on psychology have been studied, famous psychologist like Freud, Allport, Maslow and Forum have done great efforts in the field of religion and psychology and mental health (5,6,7). Allport states that at two levels we can speak about religion: mature religion and immature religion. Mature religion comes from self-reflection and creates an organized and fabric system in human personality while immature religion which is accompanied by individuals' satisfaction does not lead to personality integration (6,8). Based on this, there are two types of religious orientation: intrinsic religious orientation includes experiencing religion as an important incentive factor in a person's life is important and perfectly in internalized in life and is practical and second is extrinsic religious orientation that is equivalent to immature religion and includes using religion to achieve rank and acceptance in society and family and also to increase self confidence and justifying their actions (3,6,8).

Religious orientation means person's general viewpoint related to a higher being (9). Participation in religious activities and religious belief is closely related to the reduction of depression (12, 11, 10), anxiety, higher healthy lifestyle and reduction of suicidal thoughts. Among social issues, suicide is known as one of the issues of our present time, Structural change and younger people who attempt suicide has increased problem (12,13,9). In this situation, society loses its productive forces (14, 15). Suicide harms to mental health of victims' family members and has negative effects on social life (16). Statistics has shown that after accidents, suicide among students is the second reason of death. (17). Medical students especially nursing and midwifery students because of high psychological demands and low decision domain in their jobs and need to learn multiple skills for different roles they are encountered with numerous stressors (18,19). This group is not only affected by stressors of educational environment but also they are at the risk of stressors of clinical environment because almost 50 percent of time of these students is allocated to clinical activities (20). As a result of factors such as the educational environment, clinical experiences, unpleasant emotions, observing death of patients, observing patients' suffering, fear of failure at the patients' bedside, dealing with a variety of dangerous and contagious diseases, instructor's note at the presence of patient and communication with hospital personnel are stressor factors that students struggle with them during their education (21, 22). On the other hand, more rapid access to medicines and more awareness of effects and complications of some
medicines and narcotics, stressful work environment and even reluctance to apply appropriate
drug treatment for depression or other mental disorders have made this group more
vulnerable to suicide (23). Several studies in various parts of the world have supported the
role of religion as a protective factor against suicidal behavior (24). Results of this study may
be a small step to prevent risky behaviors or underlying psychological disorders.

**Method**

This research is a cross-sectional and all the students of Jiroft University of Medical Sciences
were selected for sampling and studied. Inclusion criteria were: 1. Desire to participate in
study. 2. Students of Jiroft University of Medical Sciences.

To collect information 3 part questionnaire is used which includes:

1- Questionnaire- demographic variables questionnaire includes: age, parents job, parents
education, family income, number of family member, and major

2- Suicidal thought questionnaire

Questions of this questionnaire assess cases such as death wish, active and passive suicidal
tendencies, duration and frequency of suicidal thoughts, feelings of self-control, inhibitory
factors of suicide and person's readiness to attempt suicide. Beck suicidal thoughts
questionnaire has 19 items, each has three choices which are graded from zero to two. Using
Cronbach's alpha, its reliability has been reported 0.95 and with this depression scale of
General Health Questionnaire , its concurrent validity has been reported 0.76 (25, 26). Final
scoring of this test was as follows: 0-3 lack suicidal thoughts 4-11 have low risk suicidal
thoughts 12-38 high risk suicidal thoughts

3- Religious orientation questionnaire

In this questionnaire, choices of statements1-12 assess intrinsic religious orientation and 13-
21 assess extrinsic religious orientation, this test consists of 21items and scoring is done
based on Likert scale. Total score of sentences 1-12 determines rate of intrinsic religious
orientation and total score of 13-21 determines rate of extrinsic religious orientation.

To analyze the data descriptive statistics, mean, standard deviation, and inferential statistics
including Pearson correlation coefficient, regression and T-test were used.

**Result**

In the present study, 338 student of Jiroft University of medical science participated, 76.3
percent of samples were women and 23.7 percent were men. Students' age limit was between
18- 38 (20.68± 1.82). Major of 15.7 was operating room, major of 10.9 percent was Environmental Health, 26.9 percent was studying nursing and 23.1 percent studying midwifery.

<table>
<thead>
<tr>
<th>Education</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency (percentage)</td>
<td>Frequency (percentage)</td>
</tr>
<tr>
<td>Illiterate</td>
<td>13 (26.5)</td>
<td>36 (73.5)</td>
</tr>
<tr>
<td>Fathers' education</td>
<td>Diploma and academic</td>
<td>37 (19.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30 (29.4)</td>
</tr>
<tr>
<td>Illiterate</td>
<td>19 (35.8)</td>
<td>34 (64.2)</td>
</tr>
<tr>
<td>Mothers' education</td>
<td>Diploma and academic</td>
<td>38 (18.4)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23 (29.1)</td>
</tr>
</tbody>
</table>

From among phrases of extrinsic religious orientation, the highest mean is related to item of ((purpose of religious worship is providing a happy and quiet life)) (2.86±0.89) and to item ((mosque as a place to provide good social relations is so important)) (2.86±0.91) and from among phrases of intrinsic religious orientation the highest means are related to item ((I Often feel the presence of God in my life)) (3.59±0.74) and item ((My religious beliefs are my real support of my general view to life)) (3.11±0.83). The mean score of extrinsic and intrinsic religious orientation were calculated respectively (25.78±3.87) and (27.47±4.43). Also in terms of suicidal thoughts, 82.2 percent of participants lack suicidal thoughts, 10.7 percent had low risk suicidal thought and 7.1 percent had high risk suicidal thought. Independent t-test showed there is significant difference between gender and extrinsic religious orientation (p=005) and mean of men extrinsic religious orientation is (2.08±0.97) more than women (1.76 ±0.86). also mean of omen intrinsic religious orientation (3.13 ± 0.78) is higher than men (2.85 ± 0.83) and there is a significant relationship between intrinsic religious orientation and gender (p=0.006). Although the mean score having suicidal thoughts in men (3.30 ± 6.96) is slightly higher than women's mean (2.13 ± 4.67), t-test showed that there is no statistically significant difference between gender and having suicidal thoughts (p=0.16). there is a significant relationship between extrinsic religious orientation and suicidal thoughts.
so that based on conducted statistical analysis, Pearson correlation coefficient was equal to 0.127 (p=0.020). Also Pearson correlation test showed there is a significant relationship between intrinsic religious orientation and suicidal thoughts (p=0.002) but considering obtained (r=0.165) this relationship is not as strong as the above relationship. Unilateral variance analysis showed significance of difference between scores of intrinsic religious orientation and different majors (p=0.001). Findings are presented in table 1.

Table 2: Comparison of the mean scores of intrinsic religious orientation in terms of majors

<table>
<thead>
<tr>
<th>major</th>
<th>number</th>
<th>mean</th>
<th>Standard deviation</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating room</td>
<td>53</td>
<td>27.28a</td>
<td>3.34</td>
<td></td>
</tr>
<tr>
<td>Environmental health nursing</td>
<td>37</td>
<td>26.62ab</td>
<td>3.29</td>
<td></td>
</tr>
<tr>
<td>physician</td>
<td>91</td>
<td>24.79b</td>
<td>4.11</td>
<td></td>
</tr>
<tr>
<td>midwifery</td>
<td>77</td>
<td>26.05ab</td>
<td>3.67</td>
<td></td>
</tr>
</tbody>
</table>

The same small letters indicate lack of significant differences based on Turkey’s multiple comparison tests.

Table 2 shows the relationship between intrinsic religious orientation and suicidal thoughts according to gender This relationship was significant among women who lack suicidal thoughts (21.72 ± 2.83) and women with high risk suicidal thoughts (23.93 ± 3.04) (p=0.001).

Table 3: Comparison of mean scores of intrinsic religious orientation in terms of suicidal thoughts according to gender

<table>
<thead>
<tr>
<th>Suicidal thoughts</th>
<th>man</th>
<th>woman</th>
<th>p</th>
<th>Standard deviation</th>
<th>Standard deviation</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Without suicidal thought</td>
<td>22.11</td>
<td>2.92</td>
<td>21.72</td>
<td>2.83a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low risk thought</td>
<td>20.25</td>
<td>3.15</td>
<td>0.250</td>
<td>23.21</td>
<td>1.85ab</td>
<td>0.001</td>
</tr>
<tr>
<td>High risk thought</td>
<td>21.95</td>
<td>3.06</td>
<td>23.93</td>
<td>3.04b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The same small letters indicate lack of significant differences based on Tukey's multiple comparison tests.

In linear regression analysis between age, sex, parents' education variables intrinsic and extrinsic religious orientation are independent variables and having suicidal thoughts is considered as a dependent variable, results indicated that one unit increase in score of extrinsic religious orientation increases about 0.2 rate of having this suicidal thoughts. Also among people whose father is illiterate compared to others who have a diploma degree, rate of having this suicidal thoughts increase about 2.13. Findings have been presented in table 3.

Table 4: results of multiple stepwise regression to investigate effect of different variables on suicidal thoughts

<table>
<thead>
<tr>
<th>Variable</th>
<th>Calculation</th>
<th>Standard error (SE)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extrinsic religious</td>
<td>0.2</td>
<td>0.06</td>
<td>0.002</td>
</tr>
<tr>
<td>orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fathers’ education</td>
<td>2.13</td>
<td>0.81</td>
<td>0.008</td>
</tr>
</tbody>
</table>

Discussion

Suicide is the third reason of death among people of age (15-24) and is the second reason of death among Iranian students after accidents (28) although they are more successful than ordinary people in it (29), during years 2000-2002, 4390 students in united states attempted suicide. According to records of central consulting office of Ministry of Science, Research and Technology in Iran, during years 1998-2006, 292 suicide cases have been reported among students of the mentioned ministry that among them 25 cases have been complete suicide (30).

In a study in terms of rate of suicidal thoughts based on applied scales, about 7.1 percent had high risk suicidal thoughts.

Presented statistics in different studies is different so that in investigating students in Colombia in 2000 prevalence of suicidal thoughts as about 4.4 and in Australia was 62 percent (31, 32). A study among students of Atlantics in 2009, showed prevalence of this suicidal thought about 6 percent (33). In a study in Spain in 2003 has been indicated that prevalence of this suicidal thoughts among senior students was about 3.6 (34). The differences in presented data in different studies can be attributed to type of used instrument or features of studied communities. Of course, religious and spiritual belief and commitment decrease prevalence of suicide (35).

Based on research findings regarding determining religious orientation, religious beliefs among students indicate that students without suicidal thoughts have more intrinsic religious
orientation, religious orientation of people with more suicide is extrinsic it means these people pay attention to religion to meet the needs, gain comfort, personal and social safety and this is in line with conducted studies by Bergin et,al (1991), Navara and Jaimz (2005). Results of present studies indicate people whose religion is internalized and is rooted in their nature compared with people using religion as a means to achieve their goals have higher mental health (36, 37). Results of this study indicated that there is significant difference between two groups of students with suicidal thoughts and without suicidal thoughts in terms of religious orientation components. Those without suicidal thoughts compared with those with suicidal thoughts had more strong religious orientation. People with suicidal thoughts got lower scores at any scale of religious orientation questionnaire. The results of this study are in line with results of conducted studies by Valker and Bishab (2007), Zoorayda (2005), Molook et,al (2006) (28, 30, 31, 32).

In another study, rate of suicidal thought at two scales had significant relationship with religious beliefs and sex (p=0.006) and (p=0.005), in this case results of study are different, so that in a study prevalence of suicidal thought was significantly higher in male students (38). In similar studies suicide thought and history of suicide attempt was higher in female students than males and in a study conducted in Colombia prevalence of suicidal thought was higher in women (31, 34). However in conducted studies in Australia gender has no effect in appearance of suicidal thoughts (32). There has been no significant relationship between gender and suicidal thoughts in Hamiton’ s study. In the present study there is a significant relationship between suicide thoughts, major and religious orientation (39).

The present study revealed that students who live with their families or are indigenous have better religious belief and have less suicide compared with those who are in dormitory and those who live in dormitory have less suicidal thoughts compared with those who live alone that is in line with lee's study. Lee and Dybyrne LN believe student who live alone are at more risk of suicidal thoughts compared with those who live with their family (40,41). Person with critical thinking requires a personality which acts consciously and persists on his/her opinions and commits to values and the amount of self-esteem influences on all levels of his/her life, including the thinking, feeling and action.(42)

Gross, N. & Simmons, reported that students who have higher religious orientation (religious beliefs) have higher educational attainment (43).

Different approaches use different coping strategies. In religious beliefs referred to prayer and going to religious places, obviously through these strategies an appropriate level of physical and mental health is realized.
Conclusion

Considering that suicide thought can be a precursor to suicide attempt especially in this group of people who make future and their job is such that they should be present at the bedside with love. All training managers including dean of the faculty, advisors, nursing instructors are responsible of promotion of students' mental health. It is recommended that screening tests be done and roots of problems determined.
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