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The Study of the Relation between Students' Religiosity and their Risk Behaviors

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ABSTRACT

Introduction:The present research has aimed at exploring the relation between students' religiosity and their risk behaviors. The research statistical population consists of all male and female high school students of Rasht city in the academic year 2011-2012. Materials & Methods: A sample of 428 students was selected through a cluster random sampling procedure and the subjects replied to two appropriately valid and reliable questionnaires of "MA'BAD[1]" and "high-risk behavior". Findings: The data gathered were analyzed through Pearson's Correlation Coefficient and Multi-Variable Regression Analysis methods by making use of the SPSS software. The results obtained show that there is a significant ($p < 0.05$) reversed relation between the components of students' religiosity including "performing religious duties", "performing the recommended", "taking part in religious activities", and "involving religion in decision-making", on one hand, and their risk behaviors, on the other. Moreover, the results of the regression analysis shows that the three variables "performing religious duties", "taking part in religious activities" and "involving religion in decision-making" can significantly predict the students' risk behaviors. Discussion & Conclusion: Research findings also show that religious instructions can predict a decrease in the students' risk behaviors.

1. Introduction

Behaviors threatening the individual's health are among the most challenging health and psychological problems which somehow impose widespread severe difficulties on the societies of most countries of the world. In spite of many attempts made in the two recent decades in order to increase the public awareness about the potential damages and hazards of high-risk behaviors, we still come across the growing increase of such behaviors among the youth and the adolescent [1].

Risk taking refers to behaviors that may increase the likelihood of negative and destructive physical, psychological and social consequences for an individual [2]. Jessor (1987) introduces the term “problem syndrome behavior” and maintains that risk behaviors include smoking, using drugs and alcohol, risky deriving and pre-mature sexual activity[3]. In adolescence, such behaviors are highly correlated and follow a co-changing pattern. Sexual risk-taking has been more focused than any other behaviors in recent years due to its unpleasant and non-compensable consequences including pregnancy, infectious diseases, and HIV affliction [4].

Risk behaviors are, by definition, behaviors that threaten the health and welfare of the adolescent and the youth. Such behaviors are a threat to both the individual and others. Among more prevalent risk behaviors, one may refer to smoking, using drugs and alcohol, and unusual sexual behavior [5].

Adolescence is one of the most sensitive stages in the whole individual’s development in which we observe very rapid emotional and social changes [6] .Having sexual desires is quite prevalent among the adolescent and the youth. Adolescence is considered to be a period for risky behavior and for the increase of discovery activities. This period of change and development is characterized by the increase of risks for the individuals' addiction and misuse of drugs[7] .

Research findings in regard with adolescents’ attitudes and knowledge about sexual behavior and risk behavior have shown that a large number of adolescents are subject to such risks as undesired pregnancy, HIV affliction and other infectious sexual diseases. Melchert and Burnett (2011) have reported that due to the existence of some national norms representing premature sexual relationships and an increasing rate of pregnancy, there is some rationale behind extending the domain of traditional sexual trainings in some countries so as to start programs for sexual training in regard with premature sexual relationships [8] .

Adolescents who have experienced depress or anxiety disorders or those who drink alcohol or use drugs are more susceptible of committing risk behavior. To be engaged in a particular risk behavior increases the likelihood of being engaged in other risk behaviors as well. Those who consume illegal drugs have been reported to drink alcohol, be engaged in sexual affairs and carry arms and guns too; moreover, the further consumption of cocaine, tobacco, alcohol and marijuana has led to depress, thinking of suicide, disgust of going to school, making efforts for sexual activity, emotional problems, and a low educational achievement as well as committing anti-social behaviors [9].

According to research works done on the prevalence and common predictors of drugs misuse, aggression and delinquency among the adolescent, the highest frequencies are those of

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aggression, crimes committing, misuse of drugs and marijuana, drinking alcohol, smoking, and being engaged in sexual behavior [10,11,12,13,14].

Several studies have listed risk behaviors committed by the adolescents focusing on drugs misuse, drinking alcohol, illegal sexual behavior, violence, physical quarrels, carrying guns, delinquency, educational frustration, emotional problems, and behaviors related to severe diets [14,15,16] In addition to what was said, religiosity can also affect the adolescent's health and, as such, it needs more attention in future studies.

Findings of a research made on the relationship between religion and behaviors related to the adolescent's health indicate that there is a reversed relation between behavioral health and religiosity with behaviors such as smoking, drinking alcohol and using grass; such relations are more considerable in girls than in boys though the relation between religiosity and escaping from school has only been true for girls and there has been no relationships between religiosity and eating fruits, vegetables and sweets as well as being engaged in physical activities [17]. Kézdy *et al.* (2010) have studied the relation between religious hesitation and the individual's psychological health. They have shown that there is a positive correlation between hesitations over religion and anxiety or incompatible behaviors[18].

Kim (2008) studied the roles of religion in the levels of incompatibility of children with their despotic parents or with their authoritative parents. He showed that there was a significant relation between the protective function of religion and incompatible behaviors even in children who had despotic parents [19]. Nonnemaker *et al.* (2006) have investigated the relationships between internal/external religions and the health of adolescent students of grades 7 to 12. The criterion for external religion has been to take part in religious ceremonies and rituals and to participate in group activities of the religious youth. On the other hand, internal religiosity has been measured by the individual's level of praying and how important it has been for him. The results indicate that religiosity plays a protecting role in the adolescents' health. All in all, both internal and external religiosity protects the adolescent against the risk of smoking and using grass[20]. According to the results of another research done by Klein *et al.* (2006) on the women at risk, ladies with higher religiosity have been subject to less misuse of illegal drugs. Such results do mean that adolescents performing religious behaviors and actions are less likely to commit risk behaviors. According to such findings, faith affects our day to day life. So, we cannot ignore the impacts of religious faith and beliefs in our lives. Religion has a substantial protective role in the individuals' psychological health [21].

Cross-cultural investigations done by physiologists and anthropologists show that the relation between religious faith and beliefs with psychological-physical rehabilitation of psycho-physical diseases has been proved not only in the oriental societies but in the followers of all the world's religion[22]. Research done by Merrill *et al*. (2005) on a sample consisting of 17-35 years old university students has shown that the highest rate of using tobacco, grass and other illegal drugs has been devoted to individuals with less religious preferences. In addition, a more frequent presence of one's family in the church programs and parents' higher levels of religiosity have significantly been connected with a less misuse of drugs[23]. Abbotts *et al.* (2004) have dealt with the relationship between religiosity and psychological health in the Scot children focusing on "going to church" variable. They found out that children who had been going to church on a more regular basis, showed lower levels of aggression both at school and at home, were more self-esteemed and were less anxious or depressed[24]. Piko and Fitzpatrick (2004) have referred to the protecting role of religiosity against drugs misuse among the adolescents. Their research was done on a sample of 1240 junior/senior high school students and they concluded that there were significant positive relationship between the subjects' religiosity on one hand, and the boys' decrease of smoking, drinking alcohol and consuming marijuana as well as the girls' decrease of consuming marijuana, on the other hand[25].

In line with the above studies, the present research, too, aims at exploring the relation between students' religiosity and their risk behaviors, and attempts to answer the following question: Is there any relation between the students' religiosity and their risk behaviors?

2.Method

Since the present study deals with the relations between particular variables and aims at predicting risk behaviors on the basis of the individual's religiosity (performing the religious duties, performing the recommended[1], taking part in religious activities, involving religion in decision-making), so it is of the correlation type.

2.1 Procedure

The research population consists of all high school students of Rasht city in the academic year 2010-2011. The research sample includes 428 students (235 girls and 193 boys) selected through a multi-stage cluster random procedure. The subjects have been all at the age range of 14-19. For sampling purposes, we first selected District 1 from among the two existing districts of Rasht Education Department; then, we randomly selected 8 high schools including 4 boy's high schools and 4 girl's high schools; again, in each and every high school, three classes of grades 1, 2 and 3 were randomly selected. So, a total of 450 students were chosen who all replied to two research questionnaires. 22 incomplete questionnaires were ignored and in the end, the data of 428 questionnaires were extracted and analyzed by Pearson's Correlation Coefficient and Multi-Regression Analysis methods through the SPSS software.

2.2 Instruments

1) MA'BAD Test

This test was developed in the year 2000 by Golzari and includes 25 items measuring religious beliefs. The test items include four areas of performing religious duties, performing the recommended, taking part in religious activities, and involving religion in decision-making. The test overall score is 100. The aforementioned test was first administrated on a total of 944 subjects including 894 university students (521 girls and 273 boys) and 50 young prisoners (25 female and 25 male). Its reliability coefficients have been 0.76 and 0.91 respectively obtained through "test-retest" and "splitting methodologies". Moreover, Chronbach's Alpha Coefficient for the test has been 0.94. The creator of the test believes that it has a high content validity (formal and logical). The test criterion-dependent validity coefficients through a comparison between religious and not-religious individuals have been reported to be 0.84 and 0.74 [26].

[1] By "the recommended" (or *Mostahabbat* in Arabic & Persian) we mean what the religious instructions recommend us to do.

2) Risk Behavior Questionnaire (version 2007)

This test has been developed within National College Health Risk Behavior Survey (NCHRBS) and is now being used in annual surveys. The original version of the questionnaire includes 96 items developed by Douglas *et al.* (1997) covering the youth's risk behaviors in the areas of safety, violence, suicide, smoking, drinking alcohol, using different types of illegal drugs, sexual risk behaviors, nutrition and physical activity. In order to test the reliability, the two methods of internal consistency and re-testing were used. The first method ended up in an alpha coefficient of 0.87 indicating a high and acceptable correlation. To determine the break point of the questionnaire, the ROC Curve was used. The analysis of the results led us to a break point of 74 for the whole questionnaire which is capable of differentiating the individuals with risk behaviors from those without risk behaviors at a characteristic sensitivity coefficient of 85.5 [27]. In the present research, a Chronbach's Alpha Coefficient of 0.67 has been obtained. This questionnaire has been normalized in Iran by Bakhshani *et al.* (2006) [28].

3. Findings

The mean scores and standard deviations of the variables in question have been summarized in Table (1),

As observed in the table, the mean score of risk behaviors has been 39.88 and the overall mean score of religiosity has been 53.84. The highest score has been that of performing religious duties (25.48) and the lowest one has been that of performing the recommended (4.10). In order to answer the research question regarding the relation between components of religiosity and risk behavior, we have used the regression correlation coefficient and step-by-step multi-variable regression analysis, the results of both of which being summarized in table (2).

As shown in Table 2, the relations between components of religiosity and risk behaviors are reversed and significant so as to say that with an increase in the religiosity, the degree of the individuals' risk behavior decreases.

As shown in the table (3), in the first step the scores of the variable "performing religious duties" have been inputted into the model justifying for 13% of the variance reported. In the second step, the inclusion of the variable "involving religion in decision-making" into the model has resulted in an increase of about 3% in the variance. Moreover, the addition of the variable "performing the recommended" to the model has led to an increase of 1% in the variance. The results of the variance analysis of the 3 models in question are demonstrated in Table 4:

The data of table (4) indicates the results of the variances obtained in two models. According to the F values obtained, there are relationships among the three variables "performing religious duties", "involving religion in decision-making" and "performing the recommended" on one hand and the variable "risk behaviors" on the other. Moreover, the independent variables "performing religious duties", "involving religion in decision-making" and "performing the recommended" have the power of predicting the criterion variable. In the Model 2, as it can be shown, the obtained F is significant at the level of 1%. Therefore, at a certainty level of 99%, we may conclude that the three variables "performing religious duties", "involving religion in decision-making" and "performing the recommended" are significantly related to the variable "risk behavior". The results obtained for determining the significant power of predicting the independent variables and drawing the regression equation are presented in Table 5.

According to Table 5, the quantity of *t* of the variable "performing religious duties" is 8.036 being significant at the level of 0.01 indicating a significant reversed relation between "performing religious duties" and "risk behaviors". Taking into account the value of the standardized B of the variable "performing religious duties", it can be concluded that for one single unit of change in the variable "performing religious duties", a quantity of -0.363 is added to the value of the variable "risk behaviors", and that the more the value of "involving religion in decision-making", the less the value of "risk behaviors" will be. The quantity of *t* for the variable "involving religion in decision-making" is -3.530 which is significant at the level of 0.01 indicating a significant reversed relation between "involving religion in decision-making" and "risk behaviors". Taking into consideration the standardized B value of the variable "involving religion in decision-making", it is known that one single unit of change in the variable in question will result in an increase of -0.196 in the variable "risk behavior". Moreover, the more the variable "performing the recommended", the less the variable "risk behavior" would be. Furthermore, according to the results reported in Table 5, it can be realized that the *t* value of "performing the recommended" (2.966) is significant at the level of 0.01 indicating a reversed significant connection between "performing the recommended" and "risk behaviors". Taking into account the standardized B value of "performing the recommended", it can be understood that for one single unit of change in the variable "performing the recommended", we can observe an increase of 0.159 in the part of "risk behaviors".

4. Results and conclusion

In general, research findings stress the role and significance of students' religiosity in their levels of committing risk behaviors. The results show that there is a significant reversed connection between students' religiosity and their risk behaviors ($r = 0.339$, $p = 0.000$). This finding is consistent with those of the work by Ebrahimi *et al.* (2002) as well as those reported in a thesis by Fatemeh Askari (2005) entitled "*Impact of Religious Beliefs on Preventing Shirzai High School Students from High-risk Behaviors*" in which religious beliefs are taken as preventing risk behaviors [29,30]. It is also in line with the results reported by Pitel *et al.* (2011) under the title "the study of the relation between religion and health-related behaviors in the adolescent"[17] , the findings of Kézdy *et al.* (2010) on the relation between "religious doubts and mental health in adolescence and young adulthood" [18], the results reported by Kim (2008) on "the protective effects of religiosity on maladjustment among maltreated and non-maltreated children" [19], the findings of the research by Nonnemaker *et al.* (2006) on the relation between "religiosity and adolescent health risk behaviors" [20], as well as the results reported by Klein *et al.* (2006), Merrill et al. (2005) and Abbotts *et al.* (2004) [21,23,24].

Wills *et al.* (2003), too, have shown that religiosity decreases the impacts of living stresses on the individuals' tendency towards drugs misuse, and that over time it can control the increase of drugs misuse. There has been widespread research works in this area studying the relations between personality dimensions and religion[31]. Wink *et al.* (2007) showed that being religious in the late adolescence had a positive connection with dutifulness and compatibility[32].

Table (1): Descriptive Characteristics of the Research Variables (n = 428)

Variable	*Mean (X)*	*Standard deviation (S)*
Overall risk behaviors	39.88	14.574
Performing religious duties	7.20	2.863
Performing the recommended	4.10	3.015
Taking part in religious activities	17.29	6.012
Involving religion in decision-making	25.48	83.869
Overall score of religiosity	53.84	18.184

Table (2): Correlation Coefficients between Components of Religiosity & Overall Score of Risk Behaviors

Predicting variables	*Risk behaviors*	*P*
Performing religious duties	-0.363	0.000
Performing the recommended	-0.113	0.010
Taking part in religious activities	-0.299	0.000
Involving religion in decision-making	-0.343	0.000
Overall score of religiosity	-0.339	0.000

Table (3): Summary Analysis of Step-by-Step Regression Analysis of the Variables "Performing Religious Duties", "Involving Religion in Decision-Making" & "Performing the Recommended"

Step	*Predicting variables*	*R*	R^2	*Adjusted R*	*Standard error*
1	Performing religious duties	0.363[a]	0.132	0.130	13.597
2	Involving religion in decision-making	0.395[b]	0.156	0.152	13.418
3	Performing the recommended	0.417[c]	0.174	0.168	13.296

Table (4): Results of Variance Analysis by Running Regressions in the 3 models

1	Regression	11940.166	01	11940.166	64.580	0.000[a]
	Error	78762.451	426	184.888		
	Total	91702.617	427			
2	Regression	14183.951	2	7091.975	39.390	0.000[b]
	Error	76518.666	425	180.044		
	Total	90702.617	427			
3	Regression	15738.975	3	5246.325	29.674	0.000[c]
	Error	74963.642	424	176.801		
	Total	90702.617	427			

Table (5): Coefficients of Step-by-Step Regression Analysis

Model	**Component**	**Non-standardized Coefficients**		**Standardized Coefficients**		
		Slope coefficient (B)	**Standard Error**	**Beta**	**t**	**p**
1	Fixed number	53.200	1.782		29.851	0.000
	Performing religious duties	-1.847	0.230	-0.363	-8.036	0.000
2	Fixed number	57.116	2.079		27.470	0.000
	Performing religious duties	-1.252	0.283	-0246	-4.430	0.000
	Involving religion in decision-making	-0.322	0.091	-0.196	-3.530	0.000
3	Fixed number	57.976	2.081		27.863	0.000
	Performing religious duties	-1.431	0.286	-0.281	-4.996	0.000
	Involving religion in decision-making	-0.429	0.097	-0.261	-4.409	0.000
	Performing the recommended	0.770	0.260	0.159	2.966	0.003

Good and Wiloughby's research (2006) on the interaction between religion and spirituality on one hand and psychological compatibility of the adolescent on the other remarkably indicates that there is a positive significant connection between the adolescents' religiosity and their being compatible regardless of their levels of being spiritual. These findings indicate that adolescents performing religious obligations and showing religious behaviors are less likely to commit risk behaviors [33].

All in all, taking into account the fact that sickness can be regarded as a problem and a risk behavior in the young ages, encouraging and enabling the citizens, especially the youth, to follow a healthy style of living including appropriate nutrition, physical activity and a life free of psychological and behavioral disorders, smoking and addiction will certainly be a must.

According to research works done in Iran, the starting age of smoking is in the adolescence period providing for drugs misuse, and that the prevalence of addiction, especially injection addiction will result in the expansion of hazardous diseases such as HIV, Hepatitis and other dangerous infections imposing heavy costs on the country. In order to fight unhealthy styles of living and risk behaviors, it is required to realize and improve factors involved in the people's life so that it is possible to choose more healthy alternatives. Although all society groups are prone to unpleasant consequences of behaviors threatening the health, some groups including the adolescent are much more vulnerable so as to say that many victims of risk behaviors in future will be nowadays adolescents. For the purposes of fighting difficulties and crises of adolescence, many adolescents currently show behaviors which threaten their health at present and future. Drugs misuse, violence, and unsafe behaviors are the main reasons for cases of death in adolescence and early adulthood [34].

In explaining these findings, it can be said that if families raise their children on the basis of religious instructions, the resulting religious individuals, due to their knowledge and emotional feeling towards the God, the prophets, and masters of religion, do feel required to act in accordance with their religious duties in personal, social and economic dimensions. Further more, the children themselves do believe that the God monitors their actions and therefore, they do their bests in performing their religious duties including saying one's prayers, worshiping, fasting etc. As a matter of fact, a Muslim's religious behavior such as praying to God, saying one's prayers and fasting are the most important indicators of his general health[35]. So, as the findings of the present study and other research works have already shown, having strong religious beliefs and taking into account the religion in one's personal life decreases such behaviors as smoking, drinking alcohol, using grass, following risky sexual behaviors, and thinking of suicide or committing it. Therefore, religious and spiritual concepts are of great importance in helping the individual with his psychological and social life and as such, it is absolutely essential to pay attention to spiritual dimensions of the adolescents' life with the aim of preventing them from potential risk behaviors[36].

In explaining the existence of a relation between religiosity and risk behaviors in this research, it should be pointed out that having an aim or goal of one's own in the life, feeling like belonging to a supreme divine being, being hopeful for the God's assistance to solve one's problems in the life, being supported socially and spiritually and issues like these can all be regarded as potential sources of helping the individuals with bearing the stresses of their life events[37].

If an adolescent manages to find consistent and positive values in his family and cultural lives, and is able to attain a coherent and acceptable ideology, he will no longer be at risk of ideological confusion and therefore, will not be driven by risk behaviors. In the light of religious beliefs and their instructions, the individual can make sense of his own life. So, having a religious attitude towards one's life will never result in absurdness and aimlessness.

Taking into account the results of the present research, it can be concluded that religious beliefs do function as protectors of an individual against committing risk behaviors. Thus, reinforcing one's religious attitudes as a protecting factor against possible damages and as a factor involved in the improvement of the adolescents' psychological health is quite essential. It is, therefore, recommended that religious trainings through educational courses are taken into account in curriculum writings in order to prevent risk behaviors and to improve our sons' and daughters' levels of psychological health.

In addition to shedding light on the connection between religiosity and risk behaviors, the findings of this research can lead to comprehensive educational strategies to be adopted by citizens with regard to preventing their children from risk behaviors and following a safe style of living.

The last point to mention is that religiosity can play a protecting role against risk behaviors and since it is much more economical than treatment, raising the children on the basis of religious instructions in childhood can prevent them from so many risk behaviors in their adolescence and youth. Thus, the parents and educational centers are highly recommended to reinforce the religious beliefs in the individuals through methods desirable for the adolescents and the youth so that the likelihood for their tendency towards risk behaviors decreases.

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