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

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Article Info	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 a highlight the importance in considering life style at further understanding of general health in students.

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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=???, 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-nonlinearity 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).

Table 1. Mean, Standard Deviation, Correlation Coefficients and Reliability of Variables (N=180)

Variables	Mean	SD	X_1	X_2	X_3	X_4	X_5	X_6
X_1 Life style	1.95	0.62	0.78					
X_2 Problem-focused	3.62	1.24	0.28**	0.79				
X_3 Emotion-focused	2.37	1.56	-0.22**	0.12	0.74			
X_4 Internal religiosity	2.19	0.71	0.25**	0.15	0.08	0.78		
X_5 External religiosity	3.27	1.03	0.17*	-0.07	0.19*	0.22**	0.80	
X_6 General health	2.65	1.12	0.48**	0.37**	-0.17*	0.29**	0.14	0.82

Reliability coefficients are validated on the main diagonal *p<0.05 **p<0.01 .4

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	R^2	Change of R^2	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									
	Internal Religiosity	0.54	0.29	0.06	9.87	1	177	0.002	0.375	0.169
3	Life Style									
	Internal Religiosity									
	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.

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