

«Original Article»

## The relationship between the attitude toward islamic covering and mental health among the female students of Bushehr university of medical sciences

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### Abstract

**Background:** Mental health as an important part of overall health can be affected by various factors. It seems that Islamic covering associates with an individual's overall health and affects mental health and wellbeing. This study was performed to evaluate the relationship between the attitude toward Islamic covering and mental health in female students of Bushehr University of Medical Sciences.

**Material and methods:** This was a descriptive correlation study conducted on 225 female students selected by stratified sampling from different schools of Bushehr University of Medical Sciences. The attitude toward Islamic covering and mental status of students were measured by the means of a researcher-made and GHQ<sub>28</sub> questionnaire and correlated afterwards. In order to analyze the data, SPSS<sub>17</sub> was used and descriptive statistics, Pearson correlation, *t*-test, and X<sup>2</sup> test were employed.

**Results:** The results showed that 19.55% of the students had a positive attitude towards having Islamic covering, 23.12% were against it, and 57.33% remained neutral. Among the participants, 55.6% had good mental health, and 44.4% were in unhealthy conditions. It was also revealed that a significant relationship existed between the attitude toward Islamic covering and all the aspects of mental health among the students (*p*<0.001).

**Conclusion:** Considering the significant relationship between the attitude toward Islamic covering and all the aspects of mental health, we suggest that the university should pay more attention to the students covering and enhance their attitude toward it in order to prevent and reduce social vulnerability, particularly a mental one.

**Keywords:** Islamic covering, Attitude, Mental health, Medical students, Bushehr

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## Introduction

Covering is one of the issues deeply rooted in human societies, which helps discriminate human beings from other creatures and protect them against morbid thoughts (1). Creating covering and garment to fit the human spiritual and physical characteristics and bringing it on human nature is considered one of the blessings of God, which Islam has paid special attention to that. Holy Quran has regarded nudity and abandon of covering as Satan's trap spread in the human's path, and has identified it as opposed to human nature (2). This holy book when depicting the story of creation of Adam and Eve, refers to the innate needs of humankind to be covered by clothing, which shows that the desire to be covered is in the depth of the human's soul (3-5).

Although covering has been mentioned in all religions and is accompanied by instructions with reference to Quranic evidence and the testimony of history, the most complete decrees and concept of it are introduced by Islam (5). Holy Quran introduced Hijab as one of the best examples of protecting Islamic values. Hijab or its related words and means are stated in more than 10 verses (5,6).

In the Persian Moeen encyclopedia, Hijab is defined as a cloak, veil, cover, and chador (7). Commentators have different interpretations of Hijab, but according to the most common view, it should cover the human body in public, so that others know them as virtuous people and not of debauchery (8,9). They believe Islam considers Hijab as the best means of the women's safety, regarding the nature and innate of human beings. Although, they

necessitate Islamic Hijab for both genders, today in their view and common words it is only considered for women's covering because of a more emphasis on it (4,7)

According to religious context, it seems that the observance of Islamic covering creates social security, physical and mental health and family solidarity (4, 6). It is suggested that lack of Islamic covering is one of the social and individual health threatening issues especially for women, and may cause insecurity, corruption, and anti-values in the society (4). Therefore, considering the important role of the women and girls in education, and their role for the future generation and keeping the stability of the family, providing their health is a necessity that ensures the health of the society.

Mental health means maintaining a healthy mind from any kind of mental damages, which plays an important role in ensuring dynamism of every society and is considered as a part of the society health and the pivot of health assessment (10). The experts in the World Health Organization define the thought and mental health as the ability to connect with others in harmony and synchrony, change and reform individual and social environment and solve discrepancies logically, fairly, and properly. They believe that mental health is not just a lack of mental disease, and that it can be a rational and flexible reaction against different kinds of life experiences (11).

Based on recent investigations, mental health of medical sciences students is not in a good status (12-14). Therefore, due to the fact that students are more vulnerable members of society, it is important to

provide proper condition to ensure their mental health. According to some religious and scientific research, it seems that the Islamic covering can be considered as a means to provide mental and physical health (1). In a study conducted by Bhui et al. (2008), it is suggested that the Bangladeshi girls who prefer the traditional and religious dress to the western ones, are less prone to mental problems in the future (15).

Covering from the viewpoint of sociology and psychology is considered as a kind of behavior that its sociability can be influenced by factors such as family, peer groups, social institutions, and communication (4). So that universities are not isolated from the society and consequently are affected by the surrounding society, and since university is an important place for every young student, and may form and develop views, beliefs, attitudes and mental damages (16,17), this study sought to evaluate any probable relation between the attitude toward Islamic covering and mental health in the female students of Bushehr University of Medical Sciences.

### **Material and methods**

This descriptive–analytic correlational study was performed on female and last grade students of Bushehr University of Medical Sciences on 2012. We selected students from Para medicine, health and nursing and midwifery schools who were interested to participate in this study and excluded students who did not fill out the questionnaire completely.

Using the formula for estimating the size of a restricted society at the confidence level of

95% and regarding the pre-test results on the attitude toward the Islamic covering and the mental health carried out among 20 students (not included in main sample), the number of needed samples was calculated as 225. For sampling, at first we gathered students list according to their fields, degree of study and the number of students in each school, and then randomly selected students of different majors and degrees with a pre-defined size.

Data collection tools were a researcher-made and general health questionnaire (GHQ<sub>28</sub>). The first questionnaire, contained 26 questions, divided into the individual questions and the questions about the attitude toward the Islamic covering, based on the Likert scoring method (5= totally agree, 4=agree, 3= somewhat agree, 2= disagree, 1= totally disagree). Depending on the mean and the standard deviation, the attitude was categorized into disagree (less than 60), neither agree nor disagree (60-84) and agree (more than 84). In this questionnaire, our purpose of Islamic covering included Chador, Manteau and scarf together. To evaluate the credit of researcher-made questionnaire, the content validity was used and the opinions of professors were applied. According to the Cronbach's alpha, the questionnaire reliability was obtained as 0.80.

The second questionnaire, which was applied to evaluate the mental health, was the GHQ<sub>28</sub>. It consisted of four scales (physical symptoms, anxiety and sleep disturbance, social dysfunction and depression disorder), and each contained seven questions. Numerous studies have shown its reliability and validity, both inside

and outside of the country (11). Furthermore, the validity and reliability of the questionnaire were corroborated by the study of Taghavi (2002) in a student society (18), and in many researches it was used for mental health among the students of medical sciences (12-14,17). The test has five scaling methods, of which the Likert scaling method is considered the best. This type of scaling consists of maximum 84 points, for which each question can possess 4 points (0, 1, 2, 3). Answers are written in the form of “no”, “a little”, “too much” and “a lot more”. In this study, at first answers were lined up and points from 0 to 3 were allocated to each question, then in order to compare the students mental health, we used 23 as a cut-point and categorized mental health status into two distinct groups of healthy (less than 23 points) and unhealthy (23 points or more).

In order to collect data, questionnaires were completed by the participants, after obtaining the permission from the university authorities, and students consent. Data was analyzed by SPSS<sub>17</sub> using descriptive statistics (numbers, mean and percent), and Pearson correlation and *t*-test with 95% ( $\alpha = 0.05$ ) coefficient interval. Also,  $\chi^2$  test was applied to examine the hypothesis and determine the correlation between the two aforementioned variables.

## Results

Based on demographic characteristic, the mean age of students and the standard deviation (SD) was  $23.96 \pm 3.62$  years,

respectively. Other demographic characteristics are shown in table 1.

Regarding the students' attitude toward having Islamic covering, majority of the students (57.33%) had neither agreed nor disagreed (Table 2). The obtained mean and SD scores were 72 and 12, respectively. The results of Pearson correlation indicated that only a significant direct but weak relationship existed between the age and monthly income with their attitude toward Islamic covering ( $r=0.23$  and  $r=0.20$  respectively). Furthermore, *t*-test showed the same results ( $P=0.002$  for both variables).

The majority of the students (55.6%) possessed an acceptable mental health and 44.4% of them were not in a good mental health status. Dimensions of mental health show that most students (36%) suffered from social dysfunction and less (16.44%) suffered from depression disorder (Table 3). The results of the statistical independent *t*-test showed a significant link between the mental health of the students and their age ( $P=0.05$ ), and the amount of monthly income ( $P=0.000$ ). In addition,  $\chi^2$  test showed a significant relationship between marital status ( $P=0.025$ ) and residence status ( $P=0.025$ ) with mental health of students.

Research results employing  $\chi^2$  test, revealed a meaningful connection between the positive attitude toward Islamic covering and mental health of the students ( $P=0.001$ ) (Table 4). The Pearson correlation test, also showed a direct and weak correlation between positive attitude toward Islamic covering and mental health ( $r=0.22$ ).

**Table 1. Demographic characteristics of students**

Variables		Mean ± SD	
Age		23.96 ± 3.62	
Religion (%)	Shiite	99.00	
	Sunni	1.00	
Marital Status (%)	Single	79.60	
	Married	20.40	
Employment status (%)	Only study	69.90	
	Student work	7.10	
	Working and studying	16.00	
State of residence (%)	Residential	59.10	
	Private	36.40	
	Leased	4.50	
Monthly income (IRR)		15249 ± 13258	
Field of study (%)	Public health	Continuous	6.00
		Discontinuous	3.2
	Environmental health	Continuous	5.00
		Discontinuous	4.45
	Laboratory science	Continuous	5.00
		Discontinuous	3.55
	Operating room	Continuous	5.35
		Discontinuous	4.45
	Anesthesiology	Continuous	5.35
		Discontinuous	3.58
	Librarianship		9.80
	Nutrition		3.20
Nursing		30.10	
Midwifery		11.00	

**Table 2. The students' attitude toward Islamic covering in the present research**

Attitudes	Number	Percent
Disagree (less than 60)	52	23.12
Neither agree nor disagree (84-60)	129	57.33
Agree (more than 84)	44	19.55
Total	225	100

**Table 3. Distribution of student's mental health and its dimensions in the present research using GHQ<sub>28</sub>**

Variables	Healthy (0 – 23)		Unhealthy ( > 23)	
	Number	Percent	Number	Percent
Mental health	125	55.60	100	44.40
Physical symptoms	176	78.20	49	21.80
Anxiety and sleep disturbance	166	73.70	59	26.30
Social dysfunction	144	64	81	36
Depression disorder	188	83.56	37	16.44

**Table 4. Distribution of students' mental health in terms of their attitude towards Islamic covering**

Attitudes	Mental health			
	Healthy		Unhealthy	
	Number	Percent	Number	Percent
Disagree	20	38.46	32	61.54
Neither agree nor disagree	70	54.26	59	54.74
agree	35	79.55	9	20.45

## Discussion

In the present study, majority of the students neither agreed nor disagreed with having Islamic covering. The results of Hoseinidust's study (2000) on 120 Students of Allameh Tabatabaei University showed that 42% of the students had positive attitude towards having Islamic Hijab, 12.5% were against it, and 45% neither agreed nor disagreed (19). In Rejali et al.'s survey (2013), performed on 315 female students of Isfahan University, same values found to be 19.4%, 19% and 61.6%, respectively (20).

Although the results of our study are consistent with that of both researches, more similarity in our results with the results of Rejali et al. may be because of gender similarity. We focused only on female students but Hoseinidust conducted his research on both female and male students.

The results of our study revealed that a significant relationship existed between age, income, and attitude toward the Islamic covering. Although such correlation was weak, it still means that with increasing age and income, the students' attitude will become positive, a fact against the results of the study performed by Alavi and Hojjaty (2008) who found no significant relationship between the age and the acceptance of the Hijab at Shahid Bahonar University of Kerman (8). However, this is similar with

the results of a study conducted by Ahmadi et al. (2010) which revealed a meaningful relationship between the acceptance of the Hijab and age on 531 girls and women under the study in Iran (4). In this study, no significant relationship existed between the attitude to the Islamic covering and variables such as profession, marital status, field of study and residency status. In this respect, our results are consistent with the results published by Ahmadi et al. (2010). They believed that no relationship existed between job status and attitude toward Hijab (4); and the results of Rejali et al. (2013), indicating no relationship between Hijab and either the field of study ( $P=0.21$ ), or the marital status ( $P=0.26$ ) (20).

Our results revealed that most of the students possessed good mental health. Mosallanejad and Amini (2004) also found similar results about the first and final year students at Jahrom University of Medical Sciences. In their research, 75.5% of the students were mentally normal, 20.6% were suspicious, 3.70% showed significant disorders, and just a small number of the students were at risk of mental health problems (21). Ahmadi et al. (2007) carried out a survey on nursing and non-nursing students at Shahroud Islamic Azad University, in which 66.1% of the nursing students had a poor status of mental health,

while only 5.6% were mentally defined normal. Related values were 62.2% and 5.6% among the non-nursing students, respectively (12). It should be noted that in this study, 44.44% of the students were not in the range of mental health, while this rate was 3.7% in the study of Mosallanejad and much higher in the study of Ahmadi. These differences could be interpreted as either due to students being exposed to a new educational environment and new student life style, or educational and cultural diversities in the Azad and the state universities.

Dimensions of mental health show that most students suffered from social dysfunction and suffered less from depression disorder. In this respect, our results are the same as Mousavi et al.'s results (2008) carried out on the nonmilitary medical students of Army University (22) and Hosanei and Mosavy's (2004) on the medical and Para medical students of Mazanderan University (24). Regarding these results, using educational strategies to enhance social skills seems essential and indicates holding social skills courses in the student counseling centers.

In our study, significant relationship was found between mental health and age groups that is not aligned with the results of Jadoon et al. (2010) in Pakistan and Bahrani and Zare (2011), at the Ahvaz University of Medical Sciences (24,8). According to the present study, the married students had a higher mental health compared with the singles, a fact that is consistent with the results of Mousavi et al. (2008), and Yusefi et al. (2011) (22,25), while being inconsistent with the results obtained by Khadem-Al-hoseini et al. (2009), and Zare

and Bahrani (2011) (26, 8). In this study, the relationship between the mental health and the students' income was significant, which were consistent with the results of the survey performed by Fakhraei (1996). He indicated that the students with less funding suffered more from intense depression disorder (27). This is also consistent with the results of Solaimanizade et al. (2011) conducted on the students of Razi nursing and midwifery school in Kerman and Dasjerdi and Khazae (2003) in Birjand University of Medical Sciences (28, 29). Our results showed a significant relationship between mental health and residential area of students, which was concordant with the results of Jadoon et al. (2011), but inconsistent with the results of Zare et al. (2007), at Shiraz University of Medical Sciences and Dastjerdi at Birjand University of Medical Sciences (24,30,29).

The hypothesis of our study was approved: the results revealed that the relationship between attitude toward Islamic covering and all aspects of the mental health in female students of Bushehr University of Medical Sciences is significant. On the other hand, the highest percentage of mental health belonged to the students with the positive attitude toward Islamic covering. This indicates that the more adherence to Islamic covering, the less physical symptoms, anxiety, sleep disturbances, depression and social dysfunction. The results of the study conducted by Bhui et al. (2008) showed that the Bangladeshi girls who preferred traditional and religious dress to the western ones are less prone to mental problems in the future (15). Also, Dehaghin et al. (2005), showed that the mean mental

health in the women wearing Chador was higher than in the others wearing Islamic Manteau (1). The results of both studies are consistent with our results. Furthermore, in a study conducted by Pur-rahimi Marny et al. (2009), a positive correlation ( $r>0.13$ ) and significance relationship ( $p>0.02$ ) were reported to exist between the sense of latency and mental health. Their results showed a negative correlation ( $r>-0.14$ ) and significance ( $p>0.01$ ) between the sense of latency and both anxiety and insomnia. Also, a negative correlation ( $r>-0.13$ ) and significance ( $p>0.02$ ) existed between the sense of latency and depression, while no relationship were found between the sense of latency, and somatic symptoms and social dysfunction (1).

Mental health is preserving the mind from any kind of mental damage, and the main task in this way is to prevent the creation of mental disorders. Islamic covering can be confirmed as a protective factor against the vulnerability of individuals, society and families, and therefore, plays a main role in providing and maintaining mental health. Islamic covering, as a basic rule of Islam, can provide a good mental health by keeping the environment safe. It plays an important role in developing the future generations and

maintaining family's harmony and synchrony. Therefore, it seems to be an essential factor to ensure the health of a society. Thus, promotion of Islamic covering and familiarizing the younger generation with it could be effective in creating more progress and welfare in the society.

### Conclusion

Given that there is a significant relationship between attitude toward Islamic covering and all aspects of the mental health, it is suggested that the universities pay more attention to students covering and enhance their attitude toward it to prevent and reduce social vulnerability, particularly the mental ones.

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