

Investigation of correlation between religious attitude and mother-adolescent girls conflict

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ABSTRACT

Background: Religion is considered as one of the factors influencing one's behavior and cognition and plays an important role in shaping the individual's lifestyle. People with religious beliefs, due to less stress, may have less conflict with others. **Objective:** Comparison of adolescents with high and low religious attitudes in terms of conflict with mother. **Methodology:** This is a cross-sectional, analytic, epidemiological study on girls aged between 15 to 18 years in middle and high schools of Shiraz. The sample size, with a percentage of conflict in a sample of 86 pilots, was 509. Data collection tools included a demographic questionnaire, conflict tactics scale parents (CTSP), and religious attitude questionnaire. **Results:** There was no significant relationship between religious attitude and individuals' reasoning tactics ($P = 0.072$), and physical aggression tactics ($P = 0.83$) of the girls with mother conflict resolution. However, there was a significant relationship between religious attitude and verbal aggression tactics ($P = 0.83$) of adolescents and mothers ($P = 0.04$). There was a significant difference between religious attitudes and total the girls with mother conflict resolution scale ($P = 0.003$). Relationship between religious attitude and individuals' reasoning tactics in conflict resolution ($P = 0.072$) and physical aggression tactics ($P = 0.83$) of self and mother was not seen significant relationship. **Conclusion:** The majority of girls (91.2%) had a moderate religious attitude (48.4%) at low levels of conflict. There was a significant relationship between religious attitude and the total score of There was no significant relationship between religious attitude and individuals' reasoning tactics ($P = 0.072$) and physical aggression tactics ($P = 0.83$) of the girls with mother conflict resolution conflict.

Keywords: Adolescent, attitude, conflict, religious

Introduction

According to the World Health Organization (WHO), health is considered as a personal and social value. From the point of view of different nations and schools, it is considered to be the most important and most obvious human right and need. In order to achieve health, all countries pay attention to all different

groups of society. Among these groups, adolescent girls are of particular importance. This is because today's girls are tomorrow's mothers and they are able to play a key role in their health and the environment around them.^[1] On the other hand, adolescence, as the second decade of life, is a very important and vital period of human evolution, a period associated with severe physical, sexual, and psychosocial changes.^[2] Maturity is the most important change in adolescence, which is referred to as the turning point of teenage life.^[1] Maturity occurs in the physical, psychological, emotional, spiritual and social dimensions of adolescence.^[3] For adolescents, structural changes in puberty are considered a crisis and can lead to the emergence and continuation of adolescent

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problems, the emergence of sensitivity in interpersonal relationships and the reduction of adaptability.^[4,5] The number of neuropsychiatric disorders in the world has increased and a significant rate of diseases is due to these structural changes. According to the World Health Organization (WHO), neuropsychiatric disorders account for 33% of the elderly with disabilities and predict that mood disorders will be the second leading cause of disability in the world by 2020.^[6] Due to the rapid cultural and social changes, diversity of communication and expansion of needs, today's human encounters a lot of psychological pressures and coping with them requires knowledge and gaining skills and empowerment.^[7]

Tackling the life stress and acquisition of skills are always a part of the realities of life. In childhood, conflicts do not have much effect, but with increasing age and confronting the difficulties of young age, internal and external conflicts increase.^[8] In adolescence, the individual is looking to gain his identity and independence, and separate from childhood connections; also, the psychological state of adolescents will be less stable during this period. Therefore, most behaviors, emotions and compatibility problems occur in relation to others.^[9]

One of the methods to improve the adolescent's adaptability is to improve her/his psychological capacity through life skills training.^[10] Religion is another other thing that affects the behavior, cognition and lifestyle of individuals.^[11] Basically, the religions encourage positive activities and emphasize optimism, empathy and forgiveness which create the feeling of being valuable in the followers of religions.^[12] Considering the limitations of studies in this field, the researcher in this study investigated the correlation between religious attitudes and adaptation of adolescent girls with mothers in secondary schools and high schools in Shiraz.

Method

This study is a cross-sectional, analytical, epidemiologic study in which the religious attitudes of girls in conflict with their mothers were investigated in healthy between 15-18 year-old girls in middle and high schools in Shiraz. In determining the sample size, considering the percentage of conflict in a pilot sample of 86 subjects, and considering $\alpha = 0.05$, $z = 1.96$, $d = 5.5$, $P = .55$, the sample size was 509. The sample size was determine using Medcate 14 software, according to the following formula:

$$n = \frac{Z^2 p q}{d^2}$$

$$z = 1.96 \quad \alpha = 0.05 \quad d = 5.5, \quad P = 0.55$$

In this study, a sample of middle schools and high schools was selected as a cluster sample. Then, the number of samples per area was determined in proportion to the population covered. Approximately, 125 students were selected from each district. The schools were randomly selected and according to the number of students in each school, 3-4 schools were randomly

selected as clusters. Convenience purposive sampling was used. Inclusion criterion was healthy girls aged 15-18 years old living in Shiraz (girls' health was considered to be based on a health record or student self-report). All participants were willing to participate in the research and fill out the written consent form.

Not using any medication, except for anti-allergy and sedatives, at least for 3 months before the study, as well as not having a chronic physical and mental illness resulting in disability. Exclusion criteria were a crisis or stressful event during the study and lack of consent to participate in the study. Data collection tools in this study included: 1-Demographic and self-made questionnaire including demographic characteristics (the age, number of children, children's birth rank in the family, parental educational level, parental occupation). 2-Conflict Tactics Scale: Parents (CTSP) was made in 1990 by Murray Strauss and used successfully in a study entitled "Physical Violence in American Families." Strauss obtained the alpha coefficient of 86% for reasoning scale, 79% for verbal aggression, and 86% for physical aggression.

This scale has three forms: conflict with brothers or sisters, conflict with parents, and father-mother conflicts.^[13-16]

In the present study, conflict with parents was used with 15 items which eliminates conflict through three ways of reasoning, verbal aggression and physical aggression.

Comparison of conflict tactics questionnaire was used as the study tool. This questionnaire, which consists of 15 questions, was developed to measure the three conflict tactics (i.e. reasoning, verbal aggression, and violence) among family members.

Questions of conflict tactics scale parents (CTSP) questionnaire indicate the behaviors that a person has in conflict with family members. In Kamrany Fakour's study (2006), questionnaires were filled out by 100 students in Ray city and its reliability was 746% for the whole test. Content validity of this scale was approved by several experts in this field. Validity and reliability of the Kamrany Fakour's study were considered as the basis of the present study. The scoring method of this questionnaire is as follows.^[17] The scores of "reasoning" subscale in each scale of the conflict tactics are obtained based on questions A to E. Verbal aggression scores are obtained by questions F to J and "physical aggression" scores by total scores of questions K to O. The scores range from 0 to 15 in which higher scores mean using a particular tactic more than others. There are 6 levels as follows:^[17]

0 = never happened in the last year, 1 = once a year, 2 = two or three times

3 = often, but less than once a month

4 = approximately once a month

5 = more than once a month

3. The Religious Attitude Questionnaire contains 25 questions and it includes 6 areas related to religious attitude (Religion Attitude scale- Review (RAS-R)

These areas are: worship (prayer), ethics and value, effect of religion on life and behavior (prayer and fasting), social issues, ideologies and beliefs and science and religion. Scoring is based on the Likert scale. The highest score on this scale is 125 points. Scores below 50 show low attitude, 51-99 scores indicate medium attitude and scores of 100 and above indicate high attitudes. The obtained reliability by Spearman Brown and Gutman's methods in a study in Iran was 0.948 and 0.933. Coefficient Cronbach's alpha was equal to 0.954. This index was considered as the basis for our study.^[18]

Findings

About 42.2% (211 individuals) were between 15-16 years old and 58.8% were aged between 17-18 years old. 16.6% had studied in the field of empirical sciences, 5.2% were in the field of mathematical sciences, 13.2% were in the field of humanities, 16.6% in other fields, and 48.4% did not select any field (the first year of high school). According to Chi-square test, there was no significant relationship among the mother's education ($P = 0.14$) father's education ($P = 0.16$), number of children ($P = 0.57$), child rate in the family ($P = 0.89$), body mass index ($P = 0.57$), with mother conflict, but there was a significant relationship between these variables and mother's field of study ($P = 0.003$). According to Fisher test, there was no significant relationship between the girl's educational level ($P = 0.12$), father's job ($P = 0.23$), mother's job ($P = 0.58$) and conflict with mother. In 84.4%, the mother's conflict was low, 11% moderate, and 0.6% severe.

There was no significant relationship between religious attitude and individuals' reasoning tactics in conflict resolution ($P = 0.072$), and physical aggression tactics ($P = 0.83$) of the girls and mothers, but there was a significant relationship between religious attitude and verbal aggression tactics ($P = 0.83$) of the mother and girl ($P = 0.04$) [Tables 1-3]. The results revealed that there was a significant difference between religious attitudes and the total scale of conflict resolution of the girl and mother ($P = 0.003$) [Table 4]. Besides, relationship between religious attitude and body mass index was not significant [Table 5].

Discussion

The results of our study showed that there was a significant relationship between religious attitudes and the total score of the students' conflict with the mother. This means that with increasing the religious attitude, the intensity of the conflict with the mother decreased. The studies carried out in this area have mostly examined the relationship between the dimensions of personality and religion. Wink *et al.*^[19] pointed out that at the end of adolescence years, religiosity had a positive relationship with conscientiousness and agreeableness.

Table 1: Relationship between religious attitude and individuals' reasoning tactics in conflict resolution of girl with mother

Conflict level	Low (0-25)	Moderate (26-50)	Total	
Religious level				
Moderate (50-99.9)	423 (84.6)	33 (6.6)	456 (91.2)	Chi-square Value=4.100
High (100≥)	37 (7.4)	7 (1.4)	44 (8.8)	Df=1
total	460 (92)	40 (8)	500 (100)	Pv=0.072

Table 2: Relationship between religious attitude and verbal aggression tactics in conflict resolution of girl with mother

Conflict level	Low (0-25)	Moderate (26-50)	Total	
Religious level				
Moderate (50-99.9)	444 (91.7)	12 (2.4)	456 (91.2)	Fisher exact Value=3.84
High (100≥)	40 (8)	4 (0.8)	44 (8.8)	Df=1
total	484 (96.8)	16 (3.2)	500 (100)	Pv=0.043

Table 3: Relationship between religious attitude and physical aggression tactics in conflict resolution of girl with mother

Conflict level	Low (0-25)	Moderate (26-50)	Total	
Religious level				
Moderate (50-99.9)	454 (90.8)	2 (0.4)	456 (91.2)	Fisher Exact test Value=0.37
High (100≥)	44 (8.8)	0 (0)	44 (8.8)	df=1
total	498 (99.6)	2 (0.4)	500 (100)	Pv=0.83

Spirituality and religion included daily spiritual experiences, forgiveness and religious coping with low depression, especially in girls.^[20] Kézdy *et al.* (2010) conducted a study on 403 Hungarian students aged 15 to 25 years old to investigate the relationship between doubt to religion and mental health. The results of the study showed that having religious doubt had a positive correlation with anxiety and depression while religious beliefs showed a negative relationship with anxiety and depression.^[21] Other studies showed the rate of religiousness through attendance at religious places, spirituality by asking about belief in God or a supernatural power and the obtained results showed that the religiousness of adolescents had a positive relationship with their compatibility, regardless of the amount of their spirituality. These results indicate that adolescents who do religious practices and behaviors show lower levels of high-risk behaviors.^[22]

The analysis showed that more emotional changes were related to conflicting interactions during early adolescent.^[23,24] Larson *et al.* believed that religious faith enhanced the compatibility mechanisms.^[25] Abbotts *et al.*'s (2004) study examined the relationship between religiosity and mental health among Scottish children. In this study, the relationship between weekly attendance at religious ceremonies and mental health of children was investigated. Findings

Table 4: Relationship between religious attitude and total tactics in conflict resolution of girl with mother

Conflict level	Religious level	Low (0-25)	Moderate (26-50)	Sever 50>	Total	
Moderate (50-99.9)		410 (82)	44 (8.8)	2 (0.4)	456 (91.2)	Fisher Exact test Value=11.09 Df=2 Pv=0.003
High (100≥)		32 (6.4)	11 (2.2)	1 (0.2)	44 (8.8)	
Total		442 (84.4)	55 (11)	3 (0.6)	500 (100)	

Table 5: Relationship between religious attitude and body mass index

Religious level		BMI			Total
		18.5<	18.5-24.9	25≥	
Moderate high	n	93	285	73	451
	%	18.8%	57.7%	14.8%	91.3%
	n	6	29	8	43
	%	1.2%	5.9%	1.6%	8.7%
Total %	n	99	314	81	494
		20.0%	63.6%	16.4%	100.0%

Pearson Chi-Square; value=1.122, df=2, PV=0.574

showed that children who attend religious ceremonies showed less aggression at home and school settings and had higher self-esteem; also, less anxiety and depression were reported among them.^[26]

Ball, Armistead and Austin (2004) in a study investigated the relationship between religion and adaptation in African-American adolescent girls who were more at risk of inconsistency and health problems. In this study, it was also found that there was a positive and meaningful relationship between religious activities and high self-esteem, decreasing mental stress and, in general, higher mental health among African-Americans girls.^[27]

In Iran, various studies have shown that religious attitudes and healthy religious practices based on inner spirituality have a significant relationship with body health, mental health, and coping with stressful factors.^[28]

In a study by interview of 12,643 persons (mean age = 47.6 ± 17.9 years; 44.8% male) in Hungary (2002), the obtained results showed that religious practice was mainly associated with better mental health and better physical health status. Even after using a totally anti-religious political system, religion was still a protective factor in health.^[29] However, in a study analyzing the social survey data from Europe, no significant interaction was observed between religiosity level in the country and individuals' religion in anticipation of mental health. The author believes that religiosity is more related to psychological adjustment within the countries with higher mean religiosity.

The results indicated that religiosity was more related to psychological adjustment in countries with higher mean value of religiosity than other countries.^[30]

In general, based on the findings of this study, it can be said that the study of the concept of religiosity with regard to religious and cultural conditions can reveal more aspects of the influence of religion on basic functions of mankind. One of the important

points in the present study was evaluation of religiosity based on the Islamic criteria and indicators. Moreover, less attention has been paid to this issue in other studies. On the other hand, the present study was conducted on adolescents.

Adolescence is one of the most important periods of human development in which the teenager is facing many problems such as identity crisis. In this period, having strong religious backgrounds as a powerful factor can play a facilitating role for teenagers to go through this particular period.

One of the study limitations was the completion of religious attitude questionnaire because regarding our religious society; it is possible that the expression of the reality of the religious level of individuals may not be expressed due to the negative attitude of the community. Though to reduce the problem, the samples were told that they did not need to write their last name and they would be identified with codes.

Conclusion

The results showed that the majority of girls (91.2%) had a moderate religious attitude and there was no low attitude. Conflict level of the girls with their mothers was at a low level in 84.4 cases. There was a significant relationship between religious attitude and total score of mother-girls conflict. Therefore, considering that not having genuine religious beliefs paves the way for getting people to struggle with mental problems, emotional emptiness, aimlessness and despair against deprivations, hardships and stress, it is recommended that a systematic plan should be provided for strengthening and promoting religious foundations. At the same time, for better evaluation of the results of this study, it is suggested that other factors affecting the conflict such as family, peers, patterns, performance of the authorities of society and media should be investigated.

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Conflicts of interest

There are no conflicts of interest.

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