

## Abstract

**Objective:** The present study was an attempt to compare tendency to substance use, educational, emotional, and social adaptation between adolescents with high and low religious attitudes.

**Method:** To this end, the number of 380 senior high school students was selected from three educational areas of Karaj. Adaptation scale pertinent to senior high school students, Iranian scale of tendency to substance use, and Khodayarifard's religious attitude scale were used for data collection purposes in this study.

**Results:** The results showed that adaptation and tendency to substance use are different at different religious levels so that people with high religious attitudes are less inclined to substance use and more adaptive than people with low religious attitudes. **Conclusion:** It is necessary that educational and training officials of schools provide the required conditions to increase religious attitudes in adolescents.

**Keywords:** Religious Attitude, Tendency to Substance Use, Adaptation

# On the Comparison of Tendency to Substance Use, Educational, Emotional, and Social Adaptation between Adolescents with High and Low Religious Attitudes

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## Introduction

Religion is considered as one of the factors effective in behavior and cognition which plays an important role in shaping individuals' lifestyle (Koenig, 2012). Both aspects of religion, including the involvement in positive activities, such as optimism, empathy, and forgiveness; and distance from negative activities such as theft, corruption, and prostitution bring about a sense of worth in the followers of religions (Schumann, 2002). People sticking to religious beliefs are less prone to stress, depression, divorce, crime, and suicide since religious teachings along with practical commitments reduce pressures arising from adverse events in people's lives (Birashk, Bakhshani, Biabanzadeh & Ardi Khani, 2001). Adaptation is among the important factors that influence religious beliefs. Adaptation is a psychological concept that is vital for individual and social development (Mazaheri & Fatehizadeh, 2006). In fact, the sequential and constant compatibility, and continuous changes of life between personal needs and environmental demands are the results of adaptation (Rogers, 1967; translated by Milani, 1997). Adaptation is very important in all stages of life, especially in adolescence and emotional, social, and educational adaptability in educational settings are among the important factors that have a considerable impact on the promotion of academic performance, learning, and future success of adolescents (Nasihatkon, 2010). In short, the mechanism of the influence of religion on the promotion of adaptability is based on several factors, including social facilities, sense-giving to life, providing models of attachment and separation, reinforcement and punishment, rituals, intellectual nourishment, identity, social discipline, and individual discipline (Janbozorgi, 1999). From another point of view and in McIntash's opinion, religious schemas are the major factors effective in higher adaptation of religious people (Mcintash, Silver & Wortman, 1993). Studies have been done on the relationship of each of the adaptation criteria such as physical health, psychological health and comfort, professional performance, and also useful social communications with religion (Chauhan, 1999). For example, Koenig (2012), in a cross-cultural research, knows various Eastern and Western religions as having common factors that affect mental health, and prevention of depression and anxiety and, thereby, enhance psychological adaptation. Participation in religious ceremonies is correlated with mental health and higher adaptation. Religious people highly resist to anxiety and depression by means of their religion-based beliefs (Susana, Ramirez, Macedo, & Sales, 2012) and they even maintain their hope at a higher level when encountering incurable diseases and show more adaptability (Braun & Ohayon, 2009). Schludermann, Needham & Mulenga (2001) showed that religion and religious practices increase the quantity and quality of interpersonal relationships and are the best predictor of social adaptation.

One of the other religious functions is recommendation to avoid risky behaviors such as addiction. Religion as a protective shield is the most important

protective factor against addiction (Wills, Year, & Sandy, 2003). In fact, addiction is a physical, psychological, social, and spiritual disease that pre-addiction factors are involved in the fixation of addiction (Gallanter, 2006). In other words, unhealthy factors of growth and special causes are required for the initiation and persistence of drug use whose foundations are built, first, in the family system and, then, in the community. In terms of drug dependence, various psychological, social, and biological factors are determinant (Franques, Auriacombe & Tignol, 2000).

Due to rapid cognitive, neurological, biological, and social changes, adolescence is the most critical period of individuals' lives in terms of tendency to drug use (Fathi, 2006). With emphasis on the importance and venerability of man, transferring a feeling of calm and a sense of security, trust, purposeful making of lives, and increase of endurance and resiliency against hardships of life; religious and belief factors can prominently be on agenda as a preventive factor of addiction, especially in young age group. Several studies have explored the relationship between religion and risky behavior, especially addiction. Alterman, Caciola, Ivey & Donna's review (2010) revealed factors such as religion, spirituality, and optimism as key factors in the prevention of substance abuse. Flavio, Kulis & Parsai (2005) demonstrated that religious attitudes and beliefs are effective in reducing psychological stress, depression and anxiety, as well as in the prevention of risky behaviors such as smoking, alcohol and drug use. Merrill, Folsoma & Christopherson (2005) conducted a study on a sample of 17-to-35-year students of higher education institutions in the United States and reported that the highest level of consumption of tobacco, marijuana and other illicit drugs was observed in those with less religious preferences.

Burdette & Weeks (2012) also showed that religious mothers give birth to healthier children with abstention from tobacco, alcohol and drug use.

Adaptation during vicissitudinous adolescence contributes to the improvement of educational performance in school settings (Rahimnia & Rasouljan, 2006). Religion also has a positive effect on adaptation (Kark, Carmel, Sinnreich, Goldberger & Friedlander, 1996). With regard to the prevention of drug use among adolescents who are more susceptible than other age groups due to the rapid effects on mood, attention, concentration, and other cognitive functions (Sargolzaee, 2001) and also due to the protective effects of religiosity on addiction prevention (Wills et al., 2003), this study was conducted with the aim of comparing tendency to substance use, educational, emotional, and social adaptation between adolescents with different levels of religious attitudes.

## **Method**

### **Population, sample, and sampling method**

The present study falls within comparative and case-control studies. The study population consisted of all male and female senior high school students

(N=65000) in the academic year 2011-12 in Karaj. The sample consisted of 380 students (190 girls and 190 boys) in the 14-to-16-year age range who were selected by random cluster sampling. For data collection purposes and removal of severe economic and cultural differences, educational areas were divided into three areas, namely good, moderate, and poor areas and two schools were randomly selected from each area and, then, two classes from each school were randomly chosen. Finally, sufficient explanation regarding the purpose of the survey was presented to the classes. Ethical standards such as confidentiality of personal information, voluntary participation in the research, and application of research results were taken into consideration.

### **Instrument**

**Religious attitude scale:** This questionnaire was constructed by Khodayarifard (1999) and consists of 40 items and 6 dimensions, namely worship, morals and values, effectiveness in behavior and lifestyle, social factors, worldviews and beliefs, and science and religion. This questionnaire was scored based on a 5-point Likert scale from strongly agree to strongly disagree. The minimum, average, and maximum scores of the scale are 40, 120, and 200, respectively. Scores of 188 or higher indicate high scores, 140 to 188 represent an average level, and scores of 140 and lower indicate low scores (Khodayarifard, 2008). Reliability coefficient of this scale was obtained equal to .93 and .92 through Split-half (Spearman formula) and Guttman, respectively. Similarly, its alpha coefficient was also obtained .95 (Khodayarifard, 1999).

**Iranian scale of tendency to substance use:** This questionnaire was constructed in accordance with the context of Iranian psychosocial population (Zargar, 2006). This scale consisted of 2 factors and 36 items plus 5 other items appraising lie-telling tendency. Each question is scored based on a continuum from zero (completely disagree) to 3 (completely agree). Two methods were used to determine the validity of the scale. In terms of criterion validity, the questionnaire has discriminated two groups of drug addicts and non-addicts from each other well. This test has been administered on a sample containing volunteers of addiction treatment referring to rehabilitation centers and employees of an industrial unit (N=841) in Ahwaz and the reliability of the scale was calculated .90 using Cronbach's alpha which is desirable (Zargar, 2006).

**Adaptation scale:** This questionnaire is intended to distinguish senior high school students with good adaptation levels from those with poor adaptation levels in three emotional, social, and educational domains. This questionnaire consists of 60 yes/no questions, which was constructed by Sinha in 1993 and has been translated into Persian by Karami in 1998. Reliability coefficient of the questionnaire was obtained .94, .95, and .93 using KR20, split-half, and retest methods, respectively. In the same way, Cronbach's alpha on the relationship

between self-esteem and adaptation was obtained .82 and .81 for boys and girls, respectively (Asghari Moghaddam, 2008).

## Results

Descriptive statistics for the variables of the study are presented in the following table.

**Table 1: Descriptive statistics of the variables**

<i>Variable</i>	<i>Students with high religious attitudes</i>		<i>Students with low religious attitudes</i>	
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>
<b>Religious attitude</b>	142.11	11.310	107.98	12.93
<b>Social adaptation</b>	10.32	2.42	9.19	2.96
<b>Emotional adaptation</b>	8.93	2.58	8.12	2.78
<b>Educational adaptation</b>	9.32	2.64	8.47	2.59
<b>Total adaptation</b>	28.63	6.06	26.5	6.50
<b>Tendency to addiction</b>	26.04	9.91	38.41	13.11

Multivariate analysis of variance should be used to compare the scores of the two groups. One of the assumptions for using this test is the equality of error variances. To this end, Leven's test is used whose results are presented in the following table.

**Table 2: Results of Leven's test representing the equality of error variances for the two groups**

<i>Variable</i>	<i>F</i>	<i>Df</i>	<i>Sig.</i>
<b>Social adaptation</b>	3.960	378	.057
<b>Emotional adaptation</b>	.570	378	.451
<b>Educational adaptation</b>	.004	378	.950
<b>Tendency to addiction</b>	12.169	378	.011

As it is observed in the above table, the variances are unequal just in tendency to addiction.

Another assumptions of using this parametric test is the equality of covariance matrices. Box test results indicated the satisfaction of this assumption ( $P > .05$ ,  $F = .978$ ,  $M \text{ Box} = 5.919$ ). With regard to the satisfaction of the assumptions, results of MANOVA test indicated the existence of a significant difference between the groups in linear combination of the variables ( $p < .001$ ,  $F = 25.857$ , Wilks Lambda = .748). To examine the differences of patterns, univariate analysis of covariance was used as follows.

**Table 2: Results of univariate analysis of variance**

<i>Variable</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>
<b>Social adaptation</b>	90.60	14.143	.001
<b>Emotional adaptation</b>	69.41	10.225	.001
<b>Educational adaptation</b>	106.59	15.771	.001
<b>Tendency to addiction</b>	9706.15	39.838	.001

As it can be seen in the above table, there is a significant difference in all the variables and components of the study. According to the descriptive statistics, it can be stated that the group with high religious attitudes received higher scores in all the components of adaptation and lower scores in tendency to addiction compared to the students with low religious attitudes.

### **Discussion and Conclusion**

The present study was aimed at comparing tendency to substance use, educational, emotional, and social adaptation between adolescents with high and low religious attitudes. The results of the study showed that there is a statistically significant difference between adolescents with high religious attitudes and adolescents with low religious attitudes in terms of educational, emotional, and social adaptation. In other words, adolescents with higher religious attitudes enjoyed higher levels of adaptation. These findings are consistent with those of the studies done by Koenig, Mcculloch & Larson (2000 & 2012), Braun & Ohayon (2009), Khodapanahi & khaksar Boldaji (2005), in which a significant positive correlation between religiosity and adaptation was obtained. However, there is a discrepancy between the results of this study and those of the study carried out by Kezdy, Martos & Boland (2011), in which a negative correlation was reported between religious attitudes and mental health in adolescents. To explain these results, one can argue that religious people have religious schemas that can be effective in people's adaptation (Mcintosh et al., 1993). They also feel less stress in life and make use of problem-focused approaches. Thus, they show a better compromise and adaptation in various situations (Park, Cohen & Herb, 1990). High adaptation requires beneficial and harmonious interpersonal relationships in the uncertain outside world. Religious attitudes and beliefs with the creation of tolerance and patience in the face of problems and difficulties are among the effective factors in generating a sense of confidence and an increase in adaptability in life. In general, factors such as positive attitudes toward the world, generation of hope and motivation, meaning and purpose in life, easier acceptance of traumatic events, sense of control and predictability through actions such as prayer, use of appropriate decision making patterns, especially in the harshness of life, cohesion of social-religious groups, and having the support of such groups are among the factors that account for greater adaptation in religious people.

In this study, more religious adolescents showed a lower degree of tendency to addiction. This result is consistent with the results of the studies conducted by Flavio, et al. (2005), Merrill, et al. (2005), Burdette & Weeks (2012), and Alterman, et al. (2010). In these studies, an inverse relationship was obtained between religiosity and the probability of using different types of drugs. To explain these results, one can assert that religion as an extensive system consists of many programs for the guidance of humans and contains elements of self-control as well because it provides humans with specific ethical guidelines and rules to control the ego and refuse carrying out some acts. Self-control and religiosity may interact with each other because the effect of religiosity on the prevention of behavior contrary to the rules and social customs may be different in individuals with different levels of self-control (Rachline, 1995). Religion as an intermediary process influences humans' evaluation of the events and the religious people will have a more positive emotional state in the face of difficulties of life with the help of faith. In fact, religious rules and rituals act as a shield against individuals' desire to use drugs with increasing self-esteem, weakening feelings of alienation and loneliness, creating a sense of purposefulness in life, increasing endurance and resiliency, fighting based on trust, recourse to God, contrivance, and finally providing the mental health of people.

In brief, the results of this study showed that adolescents with higher religious attitudes are more adaptive and have a lower degree of tendency to addiction compared to adolescents with lower religious attitudes. The large number of items of the questionnaires and the utilization of self-report scales were the limitations of this research. Due to the sensitivity of adolescence and their vulnerability to addiction and the necessity of adolescents' adaptation for better compatibility with the conditions of learning environment and ultimately ensuring a better future, educational authorities of schools are recommended to strengthen and internalize authentic religious attitudes in this age group via appropriate methods, of course, with considering the challenge-seeking spirit of adolescents.

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