A Study of the Relationship between Resiliency, Religious Belief and Post Menstruation Symptoms among Single College Students

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Abstract

The current research study of the relationship between resilience, religious belief and post menstrual symptoms (PMS) among single college students in Ahvaz, Iran. The average age of participants in this study was between 18-28 years. A sample of 230 college students were selected in Ahvaz. A 25 item questioner was developed using the ALPORT model for measuring religious beliefs and a 22 item PMS questioner was used for measuring post menstruation symptoms descriptive statistic and the Pearson correlation coefficient was used for analyzing the results and the analysis was carried out at a significant difference of (0.01) .The results showed significant negative correlation between resilience and PMS. The higher the students resilience, the rate of PMS decreased. The relationship between religious belief and PMS also showed a significant negative correlation.

Key Words: Resilience, religious beliefs, post menstrual symptoms

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Etymologically, the word ‘resilience’ comes from the Latin ‘salire’ (to spring, spring up) and ‘resilient’ (spring back). This means that resilience can be regarded as the capacity to recover or spring back (Davidson et al., 2005). There are considerable variations in the way in which resilience is defined in the literature (Wolkow & Ferguson, 2001). This makes it difficult to interpret the research into resilience. Moreover, research into resilience often employs a wide range of measuring tools that are only partly connected with resilience. This causes problems in assessing and comparing the results (Friborg et al., 2005).

Garmzy and Matsen (1991) have defined the resiliency as process, ability or outcome of consistency. Indeed resiliency is the positive adjustment of reaction to adverse condition (Waller, 2001). Resiliency isn’t mere passive resistance against injury or threatening condition, but an abiding is active participants and the creator of her/his environment, a kind of heading that is associated with the positive outcome of emotional affective and cognitive (Matsen, 2001; Ruther, 1999; Cicchetti&Becker, 2000). An abiding has protective resources that raise his resistance against threats and consequently mental health. Freiburg, Hjmdal, Zuznyng, Martinson (2005), in their theoretical paper proposed three-fold classification of resiliency: 1- mood features include: personal competence, social competence and private structures. 2- Family cohesion or intimacy is include: Family correlation or rate of conflicts, cooperation, supports, stability and loyalty in the family, 3- the external support networks of friends, affiliates and the protector is being. The researches have been done about antecedent of resiliency have examined the role of protective and risk factors in people’s life in three areas, intrapersonal, family and external environment (Garmezy, 1985; Kampfr, 1999).

The optimism, self-esteem, self-efficacy and interest in others that contribute to a child’s success at school are also characteristics of resilient neighborhoods and communities, where norms of trust, tolerance, support, participation and reciprocity may provide some protection from the effects of deprivation. At the same time, there are significant and important caveats: emotional and cognitive advantages are generally trumped by material advantage. Such evidence highlights the importance of moving beyond an exclusive focus on individual mental health status, to identify and understand the context for people’s emotional and cognitive responses. Surveys of positive affect, self-efficacy, subjective wellbeing or life satisfaction also need to provide a context for considering the potential sources of these attributes and feelings. For example, Alkire has argued that the literature on agency has focused too much on ‘own’ rather than ‘other regarding’ agency (Alkire, 2007). Others have

suggested that an undue emphasis on the individual self reflects cultural bias and a limited world view (Christopher & Hickinbottom, 2008).

A strong belief is a supernatural power or powers that control human destiny religious belief. Internal religious belief is as a mean frame that based on all like known. People, who have these Beliefs, find their main motive within religious. Other reeds no matter how strong they are less than his value of this motivation. When these people accept such a belief, the try to made it inside and follow it completely (Alport & Ross, 1966).

There have been numerous researches about the important role of religious beliefs in psychological problem. Koeing in 2007, research showed that mental and physical health has positive relationship with religious belief. People who have strong religious belief, coping better with stressful situations when they're in, they are improving aster than non-religious people, they are experiencing lees anxiety and depression and enjoy the social support (Askarianet al, 2009). Also Hockney and Sanders (2003) in research about relationship between religious and mental health found the religious people gained higher scores on tests of mental and physical health and lower scores on tests of mental disorders.

Fraser (2005) research shows that religious beliefs have significant and negative relationship with subject's depression. The different level of religious is cause different styles of behavioral personality, so that (Balter 2002) showed in review the role of religion on mental health, those belief are stronger, more self-believable, more efficient, more compromising than others have higher academic performance and positive emotions and are more flexible and have dedicated friends. Periodic recurrence of PMS include a combination of disturbing changes in physical, psychological or behavioral during the secretary phase of the menstrual cycle that occur with family activities, social or a job (Kistner's gynecology, 1990).

Premenstrual syndrome is a recurring set of signs and symptoms that appear every month for about a week before menstruation and destroys with starting of bleeding or in the first few days (Dikrson et al., 2003). For the first time 60 years ago, apparent of premenstrual syndrome and negative effects of symptoms in women's life was described by Frank (Sperff, 1999). The severity of symptoms varies in different people and even from cycle to cycle in one person. Women of reproductive age are prone to premenstrual syndrome and it does not consider special age. Some believe that the syndrome is more common among young girls (Benton, 2002).

PMS can be affected by the social relationship in family, school and at work. Reports show that crime, suicide, accident, family argument and hospitalization because of mental

problems, is higher in women who suffer from PMS than other time (Lowder, & Perrys 2004). The main cause of PMS is still unknown and seems to be complex and combination of several factors (Derman et al, 2004). Thus the purpose of this study is to examine the relation of resiliency, religious belief and post menstruation symptoms among Single Female College Students.

Method

Participants

Participants were 230 single female students, studying various subjects (English-languagescience, engineering, science education, social science education, primary school education, mathematics, biology, geography, economics, psychology, and sociology, architect,), at the three university in the Ahvaz, inclıded: Shahid Chamran University, Azad Eslami University & Jahad Daneshgahi. Of the participants, 185 (78%) were undergraduate students and 45 (22%) were postgraduate students. Their ages ranged from 18 to 28 year-old (M = 23, SD= 1.24). Cluster sampling was used in selection of participants.

Measures

Resiliency questionnaire 25 questions Conner & Davidson (CD-RISC). To measure resiliency this scale has 25 questions. That is scoring in a liket scale between (zero) to completely wrong (four) always right. And the total score 0 to 100 that high scores on this scale indicates a person resiliency which Is more to determine the validity of this scale, first calculating correlation of question with total score used factor analysis. The correlation of each score with the total score calculated except question showed coefficient between 0/41 to 0/64. Reliability of (CD-RISC) tests gained with the help of Cranach's alpha equals to 98% (Conver Daivid & Kronbh, 2003).

Alport Questionnaire includes 25 questions of religious beliefs. This scale made by Alport in 1966 that included 25 questions and has executed in America. This scale is measuring the religious orientation in both internal and external aspects of religion. This scale has structural validity. Alport reported the reliability of test is correlation coefficient of orientation in both internal and external aspects of religion. This scale has structural validity. The reliability of test is correlation coefficient of 90% used Kuder Richardson's method. Responses provided to these scale questions are Yes-No. It is awarded one as score to yes response and zero as score to no response. Question 5-9-11-12-15-20-22-24 are scoring to reverse method, it's mean that no response has 1 score that finally the total score which belongs to this scale is 25, so if someone takes less than 12, has internal religious direction and if it is higher than 13 he has external religious direction (Alport, 1966).

Questionnaire 22 questions of (PMS) pain during menstruation. This questionnaire was developed by R.Singnol Bonnlnder first,used and standardized in 1991. The questionnaire contains 22 articles, 11 articles of that were related to psychological symptoms and another 11 articles were related to physical symptoms that immediately appeared a week before menstruation and disappear after first two days of menstruation. This questionnaire has 22 questions that there are 4 options which include no (zero), mild, moderate, sever. To determine the validity of this questionnaire used the content validity method and to determine it's reliability coefficient has been used reload executive method. The authentication of reliability coefficient of validity is %76 with cronbach's alpha method and it is %72 with bisection method (Ssingnol & Bonnlnder, 1991).

Procedure

Self-report questionnaires were administered in a university setting, during autumnterm 2011-2012.Permission for participation by the students was informed about purposes of the study was obtained from chiefs of departments' all three universities from above and students voluntarily participated in this research. Participants' confidentiality and anonymity were assured.

Results

In order to analyze data has been used two parts of descriptive statics "Table 1". as (std Error mean , std. Deviation , mean) and in the second part was used Pearson correlation coefficient to answer the main question.

Table 1

Std. Error, mean , std. Deviation , mean.

Descriptive Statistics

	Mean	Std. Deviation	N
PMS	22.62	11.24	230
Resilience	63.10	14.718	230
Religion	16.04	2.86	230

The hypothesizes of research were consist of relationship among resiliency and pain during menstruation that analysis with Pearson's correlationcoefficient. Just as should in "Table2". There is negative and meaningful correlation among variables of resiliency andPMS, thus increasing resiliency scores the scores of PMS are also reduce the negative and significant relationship was seen between religious beliefs, so that with higher score on religious beliefs (internal beliefs).

Table 2

Correlation among variables.

Correlations				
		PMS	Resilience	Religion
PMS	Pearson Correlation	1	~~.237~~**	~~.311~~**
	Sig. (2-tailed)		~~.004~~	~~.002~~
	N	230		
Resilience	Pearson Correlation	-.237**	1	~~.245~~**
	Sig. (2-tailed)	.004		~~.003~~
	N	230	230	
Religion	Pearson Correlation	-.311**	.25**	1
	Sig. (2-tailed)	.002	.003	
	N	230	230	230

**. Correlation is significant at the 0.01 level (2-tailed).

The scores of PMS had reduced , and this correlations were significant on Alpha level %1 of address finding of this study can be pointed to positive and significant correlation between the degree of resiliency and religious beliefs. In this way that with increased resiliency scores, scores of religious beliefs increased resiliency scores, scores of religious beliefs increased.

Conclusion

After the statistical analysis of hypothesis results showed that there is significant relationship between resiliency, religious beliefs and pain during menstruation, so that the resiliency and religious beliefs (in the course of his inner beliefs were more to present sample, PMS scores declined, that was expresses the negative and significant correlation relationship between variables of research. The results of the research were aligned with Koenig, 2007; Waller, 2001; Matsen, 2001; Rutter, 1999; Lother, Sychty, and Berker 2000; Hockeny and Sanders 2003.

Possible reasons for this result can be obtained from the psychological indicators such as resiliency and religious belief can affect on physical parameters such as PMS, however the

study design doesn't determine cause-effect condition but it can be introduction of other research.

The reasons to get the above result can point to prelateship among positively correlated religious beliefs consider impact of religious beliefs are more in tolerance people , that this issue can affect the resiliency and the PMS. But it is recommended to conduct study to experimental research project can consider the importance of amplified and training attributes that lead to more resiliency and more inner religious on the amount of menstrual pain or other physical problems.

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